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# Estate Planning

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New Client Information

## About Edward Olkovich

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**Edward Olkovich**

Ed is recognized as a leading Canadian estate expert. He has practised law in his own firm since 1978 and is a Certified Specialist in Trusts and Estates Law.

Ed is also the author of seven books, including *Choosing Executors*, *Breakthrough Estate Planning* and *Estate to the Heart: How to Plan Wills and Estates for Your Loved Ones*.

He is regularly quoted in national publications as an expert in estates and is a frequent guest on television and radio. As a lawyer, Ed advises clients on wills, estates, executors, estate administration, and handles legal challenges to wills.

Ed is a member of the Ontario Law Society of Upper Canada, Ontario Bar Association, American Bar Association, Society of Trust and Estate Practitioners (STEP), Canadian Association of Professional Speakers (CAPS), and National Speakers Association (NSA).

He is the founder of EstateTherapy.com, an online estate planning publisher, and is the Dean of Executor Academy.

Ed can be reached by email at [ed@MrWills.com](mailto:ed@MrWills.com) or by telephone at 416-769-9800 or toll free at 1-877-MrWills.

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## Estate Planning Client Information Form

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Your information is protected by solicitor client privilege. Your information will be held in **strictest confidence**. You must complete this form so we can properly advise you. Please print clearly the full names of all the people you list. Complete as much of this form as possible to save time.

- Section 1**            **You and Your Partner's Planning Information**
- Section 2**            **We Need To Know**
- Section 3**            **Tell Us Who You Want**
- Section 4**            **Powers of Attorney for Property and Personal Care**
- Section 5**            **Your Financial Summary**

**Please identify any concerns you wish to cover during our meeting.**

<b>Section 1 Your Planning Information</b>	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
<input type="checkbox"/> Other	
Full Name	
Birth Date	Occupation
Citizenship	
Email	
Home telephone	Business Telephone
Mailing Address	
Marital Status:	
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated	<input type="checkbox"/> Common-law
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed

<b>Section 1 Your Partner's Planning Information</b>	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
<input type="checkbox"/> Other	
Full Name	
Birth Date	Occupation
Citizenship	
Email	
Home telephone	Business Telephone
Mailing Address	
Marital Status:	
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated	<input type="checkbox"/> Common-law
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed

## Section 2 We Need to Know

How did you hear about us?

- Yellow Pages  
  Neighbourhood  
  Radio  
  Television  
  Ads  
  Internet  
 Referred by \_\_\_\_\_

**Please let us know if you or your spouse:**

**Yes / No**

- |                                                        |                          |                          |
|--------------------------------------------------------|--------------------------|--------------------------|
| 1) Have been married before?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Jointly own your own home?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Own a business?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Own real estate other than your own home?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Own assets outside Ontario?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have a marriage contract / separation agreement?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have been hospitalized / diagnosed with an illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have assets with designated beneficiaries?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Have children or beneficiaries with special needs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Plan to be married in the next year?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Already have a will?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Know anyone with a claim to your estate?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Own assets jointly with someone?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Intend to make a large gift outside of your will?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Know of anyone who may challenge your will?        | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 3 Tell Us Who You Want

An **executor** or **estate trustee** pays your bills and distributes gifts under your will.

A **guardian** handles the needs of those without full legal capacity, such as your minor children.

Executor(s)

Relationship

Backup Executor

Guardian(s)

Relationship

Backup Guardian

#### Beneficiaries – Who gets everything?

Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

#### Partner's Executor and Guardian

Executor(s)

Relationship

Backup Executor

Guardian(s)

Relationship

Backup Guardian

#### Partner's Beneficiaries – Who gets everything?

Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

## Section 4 Powers of Attorney for Property and Personal Care

An **attorney** is an agent or substitute decision maker you designate in a signed and witnessed legal document.

My attorney for property: \_\_\_\_\_ Backup: \_\_\_\_\_

My attorney for personal care: \_\_\_\_\_ Backup: \_\_\_\_\_

My partner's attorney for property: \_\_\_\_\_ Backup: \_\_\_\_\_

My partner's attorney for personal care: \_\_\_\_\_ Backup: \_\_\_\_\_

## Section 5 Your Financial Summary

Please use approximate numbers for values, where appropriate. This information is confidential and under our privacy policy.

### ASSETS

#### 1. Real Estate

Home \_\_\_\_\_

Vacation \_\_\_\_\_

Property \_\_\_\_\_

Rental Property \_\_\_\_\_

Land \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

#### 2. Bank Accounts

GICs \_\_\_\_\_

Savings \_\_\_\_\_

Money market \_\_\_\_\_

Chequing \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

**3. Retirement Accounts**

RRSPs \_\_\_\_\_

RRIFs \_\_\_\_\_

Pension \_\_\_\_\_

Other \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

**4. Investment Accounts**

Stock brokerage \_\_\_\_\_

Mutual Funds \_\_\_\_\_

Stock certificates \_\_\_\_\_

Bonds / Annuities \_\_\_\_\_

Money market \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

**5. Business Ownership and Value**

Sole proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

**6. Personal Property**

Vehicles \_\_\_\_\_

Home furnishings \_\_\_\_\_

Jewelry \_\_\_\_\_

Art \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

**7. Life Insurance Policies**

Term \_\_\_\_\_

Group \_\_\_\_\_

Whole \_\_\_\_\_

Universal \_\_\_\_\_

My Total: \_\_\_\_\_ My Spouse's Total \_\_\_\_\_ Combined Total \$ \_\_\_\_\_

<b>LIABILITIES</b>
<b>8. Mortgages</b>
Mortgage #1 _____ Mortgage #2 _____ Home Equity Line _____  My Total: _____ My Spouse's Total _____ Combined Total \$ _____
<b>9. Loans and Debts</b>
Credit Card Debt _____ Unsecured Credit _____ Loans _____ Promissory Notes _____  My Total: _____ My Spouse's Total _____ Combined Total \$ _____
<b>10. Other</b>
Family _____ Other _____  My Total: _____ My Spouse's Total _____ Combined Total \$ _____
<b>11. Total Liabilities</b>
My Liabilities: _____ Spouse's Liabilities _____ Combined Total \$ _____
<b>NET ESTATE (Total Assets – Total Liabilities)</b>
My Net Estate: _____ Spouse's Net Estate _____ Combined Total \$ _____

## Reminder

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This report is no substitute for legal advice.

If you are interested in a consultation with Edward Olkovich, contact his office through his web site at [MrWills.com](http://MrWills.com) or by telephone at 416.769.9800 or Toll Free at 1.877.Mr Wills (1.877.679.4557).

### Want more information?

Contact **Edward Olkovich Law Professional Corporation at [MrWills.com](http://MrWills.com)** for a consultation to review your needs.

Tel: 416.769.9800 / Fax: 416.769.9440 / TF: 1.877.MrWills (1.877.679.4557)

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