

MOORES ANDREWS COLLINS

BARRISTERS, SOLICITORS & NOTARIES PUBLIC

ESTATE PLANNING CHECKLIST

PERSONAL INFORMATION		
	YOU	YOUR SPOUSE
Full Name:		
Date of Birth:		
Place of Birth:		
Address:		
Occupation:		
Employer:		
Home Telephone:		
Business Telephone:		
Marital Status:		
E-Mail Address:		
If Married, Date and Place of Marriage:		
Pervious Marriages:	Yes No	Yes No
If yes, Name of Former Spouse and Date of Death/Divorce/ Separation:		
Obligations Pursuant to Previous Marriage(s) (i.e. Spousal and Child Maintenance):		
If you are single, separated or divorced, are you planning on marrying in the near future:	Yes No If yes, with whom:	Yes No If yes, with whom:

Child's Name:	Lives in City/Province:	Date of Birth:	Marital Status:	Number of Children and Ages:

Are there any stepchildren, adopted children or children born outside of marriage of either you or your spouse? YES NO

Are you responsible for any other children? YES NO

Are any of your grandchildren adopted, stepchildren, born outside of marriage? YES NO
If yes to any of the above question, give particulars:

Are any of the children or grandchildren mentally or physically incapacitated? YES NO
If yes, please describe:

Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? YES NO

If yes, provide particulars:

Have any of your children predeceased you? YES NO
If yes, give the name and date of death of the deceased child and the names of his/her children, if any:

ASSETS		
Type of Asset:	Particulars: Identification Number or Description, Name and Location of Issuing Institution	Amount or Value
Life Insurance:		
Pension Plans/Annuities:		

RRSPs:		
RRIFs:		
RESP's		
Bank Accounts:		
Bonds, Stocks, GICs, Mutual Funds:		
Valuable Personal Property:		
Partnership, Unincorporated Business, Shares in Private Corporations:		
Boats/RV's/ATV's/ Skidoo's/Cars/Trucks		

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Real Estate Holdings:	Location	Value	Mortgage

Any other assets not listed above:

Have you an interest in any assets outside Newfoundland and Labrador? YES NO

Have you an interest in any assets outside Canada? YES NO

Have you an interest in another estate or trust? YES NO

Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? YES NO

Do you have a Safety Deposit Box? YES NO
Where and with who?

Do you own any property in joint tenancy with someone not described above? YES NO

Are you the owner of a life insurance policy on the life of another person? YES NO

Are you the owner of any pets? YES NO

Please provide particulars of any "yes" answers.

LIABILITIES

Type of Liability	Particulars: Identification Number or Description, Name and Location of Issuing Institution	Amount or Value
Mortgage:		

Loans- Personal, Business, investment:		
Credit Cards - Visa, Master Card, etc.:		
Other Accounts Payable - Guarantees, Family or Personal Debts, Revenue Canada, ETC.:		

Are any of your debts life insured?
If so, give particulars:

YES NO

Specific Cash Gifts or Property	
Amount of Monetary Gift or Describe Article	Name and Address of Beneficiary and Alternate Beneficiary, if any

INSTRUCTIONS FOR WILL	
Name of Executor(s)	Address:

Name of Alternate Executor(s):	Address:

DISTRIBUTION OF ESTATE

All to spouse? YES NO
 If no, describe:

- If spouse predeceases:
- (a) equally to all children
 - (b) all to children but different percentages
 - (c) different percentages to particular children

At what age are your children to receive their share of your estate? _____ years

- If one child dies before you do, or before attaining the age at which he/she is entitled to the share, who shall receive that share or the amount remaining?
- the children of the deceased child (my grandchildren)
 - my surviving children
 - other:

How is your estate to be divided if you and your spouse and all your children and grandchildren are killed in a common accident, or if any of your children or grandchildren survive you but die before becoming entitled to receive their entire portion of your estate?

BENEFICIARIES	
Name:	Address:

INSTRUCTIONS FOR GUARDIANSHIP

APPOINTMENT OF TEMPORARY GUARDIAN:

Name of Guardian:	Address:

INSTRUCTIONS FOR POWERS OF ATTORNEY	
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Power of Attorney For Personal Care:	
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Name of Attorney:	Address:
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Name of Alternate Attorney:	Address:
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Any specific instructions:	
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Continuing Power of Attorney (Property):	
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Name of Attorney:	Address:
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Name of Alternate Attorney:	Address:
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Any specific instructions:	
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