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ESTATE PLANNING INFORMATION  
*For Couples*

**1. Your Planning Information**

Mr.  Mrs.  Ms.  Miss  Other

Last Name

First Name

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Middle Name

Birth Date

---

Occupation

Citizenship

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Email

Home Tel:

Business Tel:

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Mailing Address

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Marital Status:

Married

Divorced

Separated

Common-law

Single

Widowed

**2. Your Partner's Planning Information**

Mr.  Mrs.  Ms.  Miss  Other

Last Name

First Name

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Middle Name

Birth Date

---

Occupation

Citizenship

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Email

Home Tel:

Business Tel:

Marital Status:

- Married       Divorced       Separated  
 Common-law       Single       Widowed

### 3. How did you hear about us?

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

### 4. Joint Retainer and Client Confidentiality

- 1) Do you wish us to act for both you and your partner?      Yes  No
- 2) Do you consent to treat information we discuss as not being confidential between the three of us? (But otherwise confidential)      Yes  No
- 3) Do you understand that if a conflict arises that we can't resolve, you may need to hire separate lawyers?      Yes  No

### 5. We Need To Know to Advise You Better

- 1) Have you or your spouse been married before?      Yes  No
- 2) Do you jointly own your own home?      Yes  No
- 3) Do you own a business?      Yes  No
- 4) Do you own real estate other than your home?      Yes  No
- 5) Do you own assets outside of Ontario?      Yes  No

- 6) Do you have a marriage contract or separation agreement? Yes  No
- 7) Have you been recently hospitalized or diagnosed With a Serious illness? Yes  No
- 8) Can you identify your assets with designated beneficiaries? (Life Insurance policies, R.R.S.P.'s, pensions, etc) Yes  No
- 9) Have you a child or beneficiary with special needs/in receipt of government benefits? Yes  No
- 10) If not married, are you planning to get married in the next year? Yes  No

Please identify any special concerns you wish to cover during our meeting?

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**6. Who's to be in charge? Estate Trustees, Executors and Guardians**

**My Executors and Guardians**

1) My executor will be my spouse  or my executor(s) will be:  
\_\_\_\_\_

Relationship(s): \_\_\_\_\_

Location: \_\_\_\_\_

2) Back-Up Executor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

3) Guardian for minor children: \_\_\_\_\_

4) Back-Up Guardian: \_\_\_\_\_

**7. My Partner's Estate Trustees, Executors and Guardians**

- 1) Same as above
  
- 2) If not the same as above, my spouse's executor will be:  
\_\_\_\_\_  
Relationship(s): \_\_\_\_\_  
Location: \_\_\_\_\_
- 3) Back-Up Executor: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Location: \_\_\_\_\_
- 4) Guardian for minor children: \_\_\_\_\_
- 5) Back-Up Guardian: \_\_\_\_\_

**8. My Beneficiaries**

| Names:         | Relationship to you: | Age: |
|----------------|----------------------|------|
| 1. _____       |                      |      |
| 2. _____       |                      |      |
| 3. _____       |                      |      |
| 4. _____       |                      |      |
| 5. _____       |                      |      |
| 6. Other _____ |                      |      |

Are you excluding a child or spouse? Yes  No

If “yes”, please provide the name of who you are excluding and a brief explanation of the reasons why (use back of sheet if necessary):

9. My Partner’s Beneficiaries  Same as mine, or:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. Other \_\_\_\_\_

Are you excluding a child or spouse? Yes  No

If “yes”, please provide the name of who you are excluding and a brief explanation of the reasons why (use back of sheet if necessary):

**POWERS OF ATTORNEY**

What if you become incapacitated? Have you signed a document to designate an “attorney” (a substitute decision maker) who will make financial and health decisions for you if you no longer can?

**10. Power of Attorney For Personal Care**

Is your spouse to be your attorney? Yes  No

Do you have someone else in mind, or an alternate attorney if your spouse is unable to act? Yes  No

My choice for Attorney(s) for Personal Care:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

My choice for Alternate Attorney(s) for Personal Care:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

My partner's choice, if different from mine:

A) choice for Attorney(s) for Personal Care:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

B) choice for Alternate Attorney(s) for Personal Care:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

**11. Power of Attorney For Property**

Is your spouse to be your attorney? Yes  No

Do you have someone else in mind, or an alternate attorney if your spouse is unable to act? Yes  No

My Attorney(s) for Property: \_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

My Alternate Attorney(s) for Property: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

My partner's choice, if different from mine:

A) choice for Attorney(s) for Property:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_

B) choice for Alternate Attorney(s) for Property:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Location: \_\_\_\_\_