

**CONFIDENTIAL**  
**PERSONAL PROTECTION PLANNING QUESTIONNAIRE**

This questionnaire provides us with information about you, your family and your property. It requires you to consider your relationships with others that may impose obligations on your estate and to identify the types of property you own. This ensures that we are aware of any particular needs that may require tax consideration or special provisions in your will or powers of attorney. Please complete a separate questionnaire for each person who wishes a will or power of attorney. We've tried to make it as simple as possible – but we have to ensure that it is comprehensive. Please contact us if you have any questions. We'll be glad to help.

The Will Provisions section allows you to provide for the contents of the will and set out your distribution plan for your property.

The Powers of Attorney sections provide us with information about your attorneys and allow you to choose some administrative provisions to facilitate management of your property and affairs. The Personal Care section is quite detailed. Most people do not need that amount of detail and it is usually sufficient to complete questions 1 and 2 only.

We will treat your private information confidentially.

Name: \_\_\_\_\_

Here are some definitions before you start:

<b>Executors, Estate Trustees or Trustees</b>	This means the persons you have chosen to look after your affairs after you die. They will pay your debts from your assets and distribute your property as directed by the will.
<b>Alternate Executor</b>	This is a person who will act as your executor, if your primary executor is unable to do so. You should always name at least one alternate executor in case you primary executor predeceases you or is otherwise unable to act.
<b>Beneficiary</b>	This means a person who receives a gift or share of your property on your death under the will.
<b>Estate or Estate Property</b>	This refers to all of the property that is to be disposed of by your will. It does not necessarily mean the same as all the property you owned immediately prior to your death. For instance, real estate held in joint tenancy, insurance proceeds, RRSP and pension funds (and certain other funds) with specific people named as beneficiaries, for instance, usually pass separately from the will they will not be available to your executors to pay taxes and other debts or distribute under your will.
<b>Charitable Bequests</b>	These are gifts of money or property to charities.
<b>Joint Tenancy</b>	If you own real estate, look at the title deed or transfer. If the deed describes the owners as “joint tenants and not tenants in common”, then this real estate will automatically pass to the surviving named owner(s) and does not need to be mentioned in the will.
<b>Legacies</b>	These are cash gifts to named persons.
<b>Personal Property</b>	This is property other than real estate.
<b>Residue</b>	This is the portion of your estate (both real estate not in joint tenancy and personal property) that is distributed under your will after all the specific gifts, legacies and charitable bequests are dealt with. It is usually the largest part of the estate.
<b>Attorneys</b>	These are the persons you have chosen and named in a power of attorney who will administer your property or make decisions about your personal care. Despite the name (attorney is often used in the U.S. as a synonym for a lawyer), they are usually family members or friends, not lawyers.
<b>Substitute Attorney</b>	This is a trusted person, who will act under your power of attorney if your primary attorney is unable to do so. You should always name at least one substitute attorney in case you primary attorney predeceases you or is otherwise unable to act.

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**PERSONAL AND FAMILY INFORMATION**

- 1. Full name: \_\_\_\_\_  
Any other name used or known by: \_\_\_\_\_
- 2. Address (include postal code) \_\_\_\_\_
- 3. Contact Telephone(s): (B) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- 4. Birthdate : \_\_\_\_\_ Domicile (if other than Ontario): \_\_\_\_\_
- 5. Residence for tax (if other than Canada): \_\_\_\_\_
- 6. Professional Advisors:
  - 6.1 Accountant: \_\_\_\_\_
  - 6.2 Insurance: \_\_\_\_\_
  - 6.3 Investment: \_\_\_\_\_
- 7. Family Status:
  - 7.1  Married  Single  Separated  Divorced  
 Living with a partner  
 Engaged to (Name of fiancé): \_\_\_\_\_
  - 7.2 Is there a separation agreement, marriage contract, cohabitation agreement, divorce judgment or court order with a continuing maintenance/alimony/support obligation?  
 No  Yes If Yes, provide a copy of agreement, contract, judgment or order
  - 7.3 Former spouse(s) or partner(s) to whom you may have a support obligation, if any:  
\_\_\_\_\_
- 8. Name of your present spouse or partner, if any: \_\_\_\_\_
- 9. Spouse's or Partner's Birthdate: \_\_\_\_\_  
Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
or, Date commenced cohabitation: \_\_\_\_\_

10. For children of this marriage or relationship living at this time, if any, indicate full name(s), gender, birthdate(s); and, if not living with you , their address(es):

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11. For children of prior marriages or relationships living at this time, if any, indicate full name(s), birthdate(s), whether or not your present spouse or partner has formally adopted them; and, if not living with you , their address(es):

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12. If you wish to give a gift to the families of children who have predeceased you, if any, indicate their full name(s) and year(s) of death; and their children's full name(s), birthdate(s) and address(es):

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13. Other persons to whom you may have obligations:

13.1 Other dependants  
*(Ontario law requires you to make adequate provision for persons who are dependant on you for support. They cannot be omitted from your will.)* \_\_\_ None

For persons other than a spouse or minor child whom you are currently supporting, indicate their full name(s), birthdate(s), relationship to you

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13.2 Have you omitted any non-dependant person who, by reason of relationship or the gifts in your will to others, may have expected to receive a gift or a larger gift than you want to provide for in your will? \_\_\_ No

For such persons whom you are not currently supporting, indicate their full name(s), birthdate(s), relationship to you; if any and, the reason for your decision about them:

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14. Identify any persons for whom you wish to make special arrangements (i.e. disabled or spendthrift spouse/children/dependants):

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15. Do you currently have an Ontario will or a will in another jurisdiction? \_\_\_ Yes \_\_\_ No

**WILL PROVISIONS**

**EXECUTORS**

16. Executors:  Spouse or Partner  
or  
Full name of first executor: \_\_\_\_\_  
Relationship of first executor to you: \_\_\_\_\_  
Full name of second executor: \_\_\_\_\_  
Relationship of second executor to you: \_\_\_\_\_  
Others: \_\_\_\_\_  
If there are three or more executors, is a majority decision binding?  No  Yes

*(Since your primary executor(s) may predecease you or be otherwise unable to act, we strongly recommend that you name alternate executors who can act if your primary executors are unable to do so.)*

17. Alternate executors, if any:  
Full name of first alternate executor: \_\_\_\_\_  
Relationship of first alternate executor to you: \_\_\_\_\_  
Full name of second alternate executor: \_\_\_\_\_  
Relationship of second alternate executor to you: \_\_\_\_\_  
Others: \_\_\_\_\_

**DISTRIBUTION PLAN:**

*In this section, you describe your wishes for the distribution of your property after your death. If you wish to deal with your entire estate as a whole and then divide it all among one or more persons, complete only question 18 and move to question 28. For other distribution arrangements that deal with specific aspects separately, follow the sequence of questions 19 to 27. After the specific gifts of personal effects, legacies, charitable bequests, debt forgiveness, real estate (not passing automatically to a joint tenant), business interests and other special distributions, the remaining portion of your estate is called the residue. The residue is usually the largest portion of your estate.*

18. Distribution of the entire estate:

a) Do you wish to leave your entire estate to your spouse or partner if your spouse or partner survives you?     Yes     No     Not applicable

or

b) Leave the entire estate to (one person): \_\_\_\_\_

or

c) Divide my estate among: \_\_\_\_\_  
        in equal shares  
        as follows: \_\_\_\_\_

d) If none of the persons you identified in question 18 a), b) or c) survives you, indicate how your estate is to be distributed: *(If you outlive the beneficiary or beneficiaries named above, you will want to provide for others to receive your estate. Where a parent has surviving children, it is common to make a gift over to them. Or, you may prefer to make charitable donations, cash gifts and gifts of property to certain beneficiaries.)*

\_\_\_\_\_ to my children equally  
with the share of any who have predeceased you to be divided:  
       among his or her children (your grandchildren) equally  
       only among the rest of your children then alive

\_\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_

**IF YOU ANSWERED QUESTION 18 AND INDICATED THAT YOU WISH TO DEAL WITH YOUR ESTATE AS A WHOLE, SKIP QUESTIONS 19-27**

19. Gifts of Personal Property:

*(Many people wish to pass along meaningful items to specific beneficiaries. Jewellery and collections are commonly given in this way. Remember that at the date of your death you may no longer own the item you have set out in your will. Where the catalogue of items you wish to distribute is lengthy, it is possible to refer to a list of items and beneficiaries rather than setting them all out in your will. This can provide guidance for your executors as to how you would want these items to be distributed.)*

Do you wish to give specific items of personal effects to named beneficiaries?

No     Yes  
 I will leave a non-binding list of items; or:

\_\_\_\_\_

\_\_\_\_\_

20. Personal effects

Use blank paper if insufficient space

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Do you wish to leave the remainder of your personal effects to your spouse or partner if your spouse or partner survives you?

Yes  No  Not applicable Leave them to: \_\_\_\_\_

21. Legacies:

Do you wish to leave specific cash gifts to named beneficiaries?

No  Yes, as follows:

\_\_\_\_\_  
\_\_\_\_\_

22. Charitable Bequests:

Do you wish to make any gifts to charities?

No  Yes, as follows:

\_\_\_\_\_

23. Forgiveness of debts owing to you by others (*your executor has to pay any debts you owe*):

Do you wish your executor to forgive the repayment of any mortgages, loans, promissory notes or other debts owing to you?

No  Yes, as follows \_\_\_\_\_

24. Real Estate (not already passing to joint tenant):

*If you own real estate together with another person, look at the deed or transfer for your property. If it says that you hold the property as joint tenants, then the property will pass outside the will to the surviving owner on your death. If it says that you and the other person own the property as tenants in common, then your share of the property will pass under the will. THERE IS NO NEED TO ANSWER THIS IF YOUR PROPERTY IS ALREADY OWNED IN JOINT TENANCY.*

Do you wish to leave all your real estate to your spouse or partner absolutely if your spouse or partner survives you?

No special provision, distribute with my other property

Not applicable

Yes  No

To be held in trust for your spouse or partner on the following terms:

If your spouse or partner does not survive you, if you die simultaneously or if you selected No or Not applicable above, indicate to whom you wish to leave your real estate:

To your children in equal shares

or, as follows: \_\_\_\_\_

25. Business interests to be distributed as follows:

\_\_\_\_\_

Use blank paper if insufficient space

26. Other special distributions as follows:

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27. Residue

*Despite its desultory name, residue is usually the largest and most important part of an estate. It is the amount that remains after debts are paid and specific gifts of personal effects, legacies, charitable bequests, debt forgiveness, real estate (not passing automatically to a joint tenant), business interests and other special distributions are provided for. If you left everything to a spouse by answering Question 18(a) as Yes, or, you completed question 18(b) or 18(c), skip to question 28.*

Do you wish to leave the remainder of your estate to your spouse or partner if your spouse or partner survives you?  Yes  No  Not applicable

If your spouse or partner does not survive you, if you die simultaneously or if you answered No or Not applicable to the previous question, indicate to whom you wish to leave your estate:

To your children in equal shares

or, as follows:

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28. Postponement of Gifts to Minors:

Do you wish to postpone distribution of a minor beneficiary's share until a certain age after age 18?

Yes  No

if Yes, age(s) at which share or portions of share is/are to be given:

All at age:

% at age:  and  % at age:

Other; describe:

If you postpone a gift to a minor, you must provide the name of another person or persons who will receive the gift if the minor does not reach the specified age and their relationship to you:

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**SPECIAL INSTRUCTIONS:**

29. Do you wish to express your wishes concerning funeral arrangements?  No  Yes:  
Describe them here: \_\_\_\_\_  
\_\_\_\_\_

30. Do you wish to indicate your preferences for burial or cremation of your body after death?  
 No  Yes:  
\_\_\_\_\_ burial  
\_\_\_\_\_ cremation  
\_\_\_\_\_ specific arrangements:  
\_\_\_\_\_

30.1 If cremation is chosen, do you have any preferences for disposition of your ashes?  No  Yes, as follows:  
\_\_\_\_\_

30.2 Indicate name and location of specific cemetery, if applicable:  
\_\_\_\_\_

30.3 If a specific vault or plot is involved, choose one of the following:  
\_\_\_\_\_ my plot                      \_\_\_\_\_ my family plot  
\_\_\_\_\_ my vault                      \_\_\_\_\_ my family vault

30.4 If there are specific burial or cremation wishes not covered above, please describe them:  
\_\_\_\_\_

31. Human Tissue Gifts:  
Do you wish to donate your body for transplant, research or educational purposes?  Yes  No  
If Yes:  Only transplant purposes     Any transplant, educational or research purpose

32. Insurance, RRSP, RIF, RHOSP, OHOSP and Pension, Retirement or Profit-sharing Plans (Complete this section only if you have named your estate or there is no beneficiary yet named in the policy or plan. In most cases, it is preferable to make the beneficiary designation directly with the insurer or plan issuer.):

32.1 In your will, do you wish to designate a beneficiary under an insurance policy?  
\_\_\_ No \_\_\_ Yes, as follows (indicate beneficiary, company and policy number(s)):

\_\_\_\_\_

32.2 In your will, do you wish to designate a beneficiary under an RRSP, RIF, RHOSP, OHOSP or pension, retirement, profit-sharing plan? \_\_\_ No \_\_\_ Yes, as follows (indicate type of plan, beneficiary name, age, relationship to you, whether or not beneficiary is solely dependent on you for financial support, company and plan number(s)):

\_\_\_\_\_

**IMPORTANT NOTE FOR ALL RRSP AND SIMILAR PLAN OWNERS:** In most cases, capital gains or other taxes are payable by the estate on the value of these plans at your death, except where the plan beneficiary is a spouse, dependant child or dependant grandchild, even though the benefits are passing outside the estate. A named beneficiary of the plan takes the benefits free of tax. You must ensure that the estate will have sufficient funds **IN THE ESTATE**, separate from the plan or policy, to pay these taxes, particularly where the beneficiaries under the will and under the plan or policy are different people. Consider this aspect carefully with your tax adviser as gifts in your will can only be made after payment of these taxes. **WHERE INADEQUATE PROVISION HAS BEEN MADE FOR PAYMENT OF THESE TAXES BY YOUR ESTATE, YOUR BENEFICIARIES IN THE WILL MAY LOSE ALL OR PART OF THEIR GIFTS.**

33. Joint Bank Accounts:

Do you have any joint bank accounts?  
\_\_\_ Yes (Name of joint owner: \_\_\_ spouse \_\_\_ or (name) ) \_\_\_ No

If Yes, do you wish to insert a clause confirming your desire to have any joint account that you have pass at your death to the other joint account holder? \_\_\_Yes \_\_\_No

34. Guardians:

Do you wish to name guardians for your minor children?  
\_\_\_ Yes \_\_\_ No

If Yes, indicate full name(s) and relationship to you of proposed guardians:  
\_\_\_ Same as Executors; or:

\_\_\_\_\_  
\_\_\_\_\_

Indicate full name(s) and relationship to you of alternate guardians:  
\_\_\_ Same as Alternate Executors; or:

\_\_\_\_\_

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35. Do you wish to exclude adopted grandchildren?  No  Yes
36. Do you wish to exclude any illegitimate children?  No  Yes
37. Do you wish to revoke the gift to any beneficiary who challenges your will?  No  Yes
38. Are there any other provisions you wish to have in your will that have not been covered in this questionnaire?  Yes  No

If Yes, provide details: Use blank paper if insufficient space

**POWERS OF ATTORNEY**

**POWER OF ATTORNEY FOR PROPERTY**

*In this section, you describe your wishes for the management of your property if you are unable to manage it personally because of absence or loss of mental capacity. A power of attorney for property permits a trusted person or persons, known as your attorney(s) for property to manage your property on your behalf. To ensure maximum protection, we recommend that you select substitute attorneys who will act if your primary attorney is unable or unwilling to do so. There are also a number of administrative provisions which may be included to facilitate such management.*

ATTORNEYS:             Same as executors in will; or:  
 \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

SUBSTITUTE ATTORNEYS:     Same as alternate executors in will; or:  
 \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Do you wish to authorize your attorney to act as your representative under the *Income Tax Act*?  
*Your attorney may need to deal with Revenue Canada on your behalf. A written authorization in the power of attorney for property will make this easier.*  
 Yes     No

2. Do you wish to authorize your attorney to act as your litigation guardian if one is required to commence, continue or defend any legal proceedings if you lose mental capacity?  
*If it becomes necessary to commence, continue or defend a legal proceeding when you do not have mental capacity to do so, the action must be brought, continued or defended by a litigation guardian. Giving your attorney for property authority to act in this capacity will reduce the cost of obtaining such an appointment.*  
 Yes     No

3. Do you wish the power to continue to be effective if you lose mental capacity?  
*Without such a provision, the power of attorney ceases to be effective when you lose mental capacity, just at the time when it is usually most needed. It would be unusual to create a power of attorney without such a power. A power of attorney with this provision is known as a continuing power of attorney.*  
 Yes     No

4. Do you wish to authorize your attorney to execute a *Family Law Act* consent regarding a transfer of a matrimonial home?  
*The Family Law Act permits a spouse to designate an attorney to execute a consent to a conveyance of a matrimonial home. It does reduce the costs of such a transfer if it occurs when you do not have mental capacity to execute the consent personally.*  
 Yes     No     Not applicable

Use blank paper if insufficient space

5. Do you wish to provide for any specific conditions or restrictions?  
*You may include any other conditions or restrictions as you wish. For instance, you may have specific wishes for the treatment of certain assets or you may wish to limit the authority of your attorney(s) in certain matters.*

No  Yes, as follows:

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6. How do you wish your attorneys to be compensated?  
*In some cases, acting as an attorney may involve a considerable amount of work. Some attorneys, particularly family members, are prepared to do this without compensation while others feel entitled to be compensated for their efforts. The decision is for you and your attorneys to make.*

All attorneys have agreed or will agree to perform services without compensation

Use the government fee schedule

Other: \_\_\_\_\_

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7. Are there any other provisions you wish to include in your power of attorney for property?

No  Yes as follows:

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POWER OF ATTORNEY FOR PERSONAL CARE

In this section, you describe your wishes for the appointment of a trusted person or persons to make decisions for you about your personal care if you are unable to do so. The attorney(s) for personal care may be the same as your attorney(s) for property if you wish. A power of attorney for personal care can function as a living will if you wish to set out your instructions for your attorney(s) and health care providers. Most people will need to complete only questions 1 and 2 of this section. Questions 3 to 7 need to be completed only if you wish to provide very specific instructions to your attorney(s) for personal care or your doctor and other health care providers require more specific instructions to understand your wishes. You should discuss the expression of your wishes in your power of attorney for personal care with your doctor and other health care providers to ensure that they understand what you would like to happen if you are unable to communicate your wishes in the future.

ATTORNEYS: \_\_\_ Same as in power of attorney for property; or:
\_\_\_\_\_ Relationship: \_\_\_\_\_
\_\_\_\_\_ Relationship: \_\_\_\_\_

SUBSTITUTE ATTORNEYS: \_\_\_ Same as in power of attorney for property; or:
\_\_\_\_\_ Relationship: \_\_\_\_\_
\_\_\_\_\_ Relationship: \_\_\_\_\_

1. Do you wish to provide for any specific conditions or restrictions?
\_\_\_ No \_\_\_ Yes as follows:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

2. What instructions regarding personal care and medical care decisions do you wish to provide for your attorney(s) for personal care? A simple clause is satisfactory for many people but we have included some specific areas in questions 3 to 7 below to consider if you prefer more detailed instructions.
\_\_\_ No instruction, attorneys to use best judgment (if selected, skip the rest of this section)
\_\_\_ Simple clause providing for comfort care only and no heroic measures where no reasonable prospect of recovery from an injury or illness (if selected, skip the rest of this section)
\_\_\_ Detailed instructions clause (Please answer questions 3 to 7)

UNLESS YOU SELECTED A DETAILED INSTRUCTIONS CLAUSE IN QUESTION 2, YOU MAY SKIP QUESTIONS 3-7 AND PROCEED TO THE SCHEDULE

Use blank paper if insufficient space

**Personal Protection Planning Questionnaire**  
**POWER OF ATTORNEY FOR PERSONAL CARE cont'd**

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Complete the following in this section only if you wish to provide detailed instructions.

**Personal Care Directives**

3. Home:  No instruction, attorneys to use best judgment  
 Stay at home as long as possible and transfer to a nursing home only if I become a danger to self or unmanageable for family  
 Specify a preferred nursing home, if space is available: \_\_\_\_\_  
 Other: \_\_\_\_\_
- Nutrition:  No instruction, attorneys to use best judgment  
 Basic feeding only  
 Use supplemental feeding if required  
 Use intravenous feeding if required  
 Use tube feeding if required  
 Special dietary wishes: \_\_\_\_\_
- Restraints:  No instruction, attorneys to use best judgment  
 For safety of others only  
 For my own safety for short periods if I become confused  
 No restraints
- Clothing (*Indicate any clothing wishes based on religious or personal preferences*):  
 No instruction, attorneys to use best judgment  
 Other: \_\_\_\_\_
- Hygiene (*Indicate any preferences about hygiene matters; i.e. baths, showers etc.*):  
 No instruction, attorneys to use best judgment  
 Other: \_\_\_\_\_
- Other personal care directives (*also consider employment, education, training, recreational, social and cultural matters*):  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Care Directives**

*Please indicate your personal assessment of the conditions under which you would consider your medical condition to be irreversible and intolerable (Question 4(a)). This will be different for each person. Then, indicate what medical care directives you want to apply if you should find yourself in that condition (Question 4(b)). Next, consider what medical care directives you wish to apply if you are injured or ill but are not in an irreversible or intolerable condition (Question 5). Finally, there is a series of common specific types of medical care directives for your consideration (Question 6) and the opportunity for you to express your medical care directives in your own words if you wish (Question 7).*

4. Irreversible or Intolerable condition (*No reasonable possibility of recovery and poor quality of life*)  
a) I would consider the following to be irreversible or intolerable (*Indicate as many as apply*):
- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> chronic, incurable pain  | <input type="checkbox"/> unable to dress self             | <input type="checkbox"/> blind |
| <input type="checkbox"/> permanent or long term coma  | <input type="checkbox"/> unable to walk                   | <input type="checkbox"/> deaf  |
| <input type="checkbox"/> unable to feed self  | <input type="checkbox"/> unable to talk                   |                                |
| <input type="checkbox"/> unable to wash self  | <input type="checkbox"/> loss of bladder or bowel control |                                |
| <input type="checkbox"/> not able to recognize family   | <input type="checkbox"/> not able to communicate          |                                |
| <input type="checkbox"/> paralyzed from the neck down or on one side  |   |                                |
| <input type="checkbox"/> other descriptions of irreversible or intolerable conditions for the assistance of your attorneys: _____ |   |                                |

Use blank paper if insufficient space

**Personal Protection Planning Questionnaire**  
**POWER OF ATTORNEY FOR PERSONAL CARE cont'd**

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Complete the following in this section only if you wish to provide detailed instructions.

b) If I am in an irreversible or intolerable condition, I would like the following care:

- Palliative care for comfort only, no CPR or heroic measures
- Surgical care, active intervention, including surgery, medications for treatment (as opposed to pain relief only) and hospital admission, but no ICU, transplants or long term life support
- Intensive care, all possible measures to maintain life, including transplants and long term life support
- No instruction, attorneys to use best judgment
- Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Reversible or Acceptable condition (*Illness or injury which can be cured without permanent disability*)

If I am in such a condition, I would like the following care:

- Palliative care for comfort only, no CPR or heroic measures
- Surgical care, active intervention, including surgery, medications for treatment (as opposed to pain relief only) and hospital admission, but no ICU, transplants or long term life support
- Intensive care, all possible measures to maintain life, including transplants and long term life support
- No instruction, attorneys to use best judgment
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Specific medical care situations:

- Blood Transfusions
  - No blood transfusion in any circumstances
  - Use own blood only
  - Jehovah's Witness directive
- No CPR in any circumstances
- No ventilators in any circumstances
- Other directives (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Any other medical care directives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE**

*This section asks you to provide information about your assets and debts. The type or gain in value of certain assets may require consideration of tax and liquidity issues. Usually, only one schedule per family is required, unless there are assets or liabilities that are separately held or owed. Carefully consider where your executor(s) will find the necessary funds in your estate to pay the capital gains tax.*

\_\_\_ same as my spouse, except where noted

**ASSETS**

1. Real estate:

Do you own real estate outside Ontario? \_\_\_ Yes \_\_\_ No

If Yes, is it in Florida? \_\_\_ Yes \_\_\_ No

1.1 Principal residence:

Address:

Ownership on title (Indicate names of any joint tenants):

Amount of outstanding mortgages:

Mortgage insurance: \_\_\_ Yes \_\_\_ No; Details:

1.2 Vacation Home:

Address:

Ownership on title (Indicate names of any joint tenants and description of interest):

Amount of outstanding mortgages:

Mortgage insurance: \_\_\_ Yes \_\_\_ No; Details:

I have made provision for capital gains tax payable, if any, as follows:

1.3 Investment Property:

Address:

Ownership on title (indicate names of any joint tenants and description of interest):

Amount of outstanding mortgages:

Mortgage insurance: \_\_\_ Yes \_\_\_ No; Details:

I have made provision for capital gains tax payable, if any, as follows:

If rented:

Tenant's Name:

Rent Amount:

Due on:

Length of lease:

Use blank paper if insufficient space

1.4 Other (Include any foreign real estate and name of local lawyer):

Address:

Ownership (indicate names of any joint tenants and description of interest):

Amount of outstanding mortgages:

Mortgage insurance:  Yes  No

Details:

I have made provision for capital gains tax payable, if any, as follows:

1.5 Pending agreements for sale:

2. Stocks, bonds, GICs and mutual funds:

Ownership:

I have made provision for capital gains tax payable, if any, as follows:

3. Personal Property:

Category:

Cars:

Boats:

Jewellery:

Household goods and furniture:

Art:

Hobby collections:

Other:

I have made provision for capital gains tax payable, if any, as follows:

4. Business interests (Provide all agreements):

4.1 Sole proprietorships:

4.2 Partnerships:

4.3 Shares in private companies:

Restrictions on transfer:

Buy/sell (Indicate insurance or other funding arrangements)

I have made provision for capital gains tax payable, if any, as follows:

4.4 Consider what arrangements you would like for a continuation of the business:

5. Other assets:

Mortgages held:

Loans to others:

Interests in other trusts or estates:

Expected inheritances:

Powers of appointment:

Royalties:

Tax sheltered investments:

Misc. (specify):

I have made provision for capital gains tax payable, if any, as follows:

**SUBSTANTIAL DEBTS:**

*(You should consider the source of funds for repayment of these debts by your estate. Remember that most insurance and RRSP funds will pass outside the estate to a named beneficiary under the policy or plan and may not be available to your estate to pay your debts and taxes.)*

6. Bank loans: \_\_\_ None \_\_\_ To be repaid by:

7. Credit cards: \_\_\_ None \_\_\_ To be repaid by:

8. Any notes or guarantees to be renewed: \_\_\_ None \_\_\_ To be repaid by:

9: Unpaid taxes: \_\_\_ None \_\_\_ To be repaid by:

10 Taxes on sale of business or on deemed sale of assets on death: \_\_\_ None \_\_\_ To be repaid by:

11: Other: \_\_\_ None \_\_\_ To be repaid by:

Use blank paper if insufficient space