

LIVING ADULT ESTATE QUESTIONNAIRE

Re: _____
Family Name *Given Name(s)*

Address: _____

Landlord's Name (if applicable): _____

Now residing or held "in charge" by: _____

Telephone No.: _____ **Social Insurance No.:** _____

Health Card No.: _____

Date of Birth: _____ **Place:** _____ **Age:** _____

Marital Status: _____ **Name of Spouse:** _____

Address of Spouse: _____

NEXT OF KIN	Address & Phone Number	Relationship

ALL FAMILY MEMBERS	Address & Phone Number	Relationship

INFORMANTS/ CONTACTS	Address & Phone Number

PHYSICIANS	Name	Address	Phone Number:
Family Doctor:			
Attending Doctor:			

PROPOSED GUARDIANS:

Of Estate (to manage Finances): PUBLIC TRUSTEE

Of Person (to manage Person): _____

CHILDREN:

<u>Name</u>	<u>Date of Birth</u>	<u>Present Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

	<u>Per Month</u>
Old Age Pension	\$
Canada Pension Plan	\$
Social Assistance	\$
Veterans Affairs	\$
Investments	\$
Superannuation	\$
Other	\$

<u>REAL PROPERTY</u>	<u>Address</u>	<u>Estimated Value</u>
Residence: (1)	_____	\$
Other: (2)	_____	\$
(3)	_____	\$

PERSONAL PROPERTY Estimated Value

Household Furniture and Personal Effects: _____

_____ \$

Motor Vehicle(s): _____ \$
Make Model Present Location

Make Model Present Location

Bank Accounts: (1) _____ \$
(2) _____ \$
(3) _____ \$

Safety Deposit box No. _____ Located at: _____

Stocks, Bonds, Debentures: _____

_____ \$

Business Assets: _____
_____ \$

Life Insurance: _____ \$

Prepaid Funeral: YES NO Funeral Home: _____

Burial Plot: _____ YES _____ NO Cemetery and Location: _____

Last Will and Testament: _____ YES _____ NO _____ UNKNOWN

If Yes, name and address of person or business holding Last Will and Testament: _____

DEBTS:

Mortgages/Loans/Credit Cards/etc. _____ **Account Numbers** _____ **Balance**

Current Monthly Expenses and Arrears (outline company name and account no.): Balance

Rent: _____ \$

Fuel: _____ \$

Electric Power: _____ \$

Telephone: _____ \$

Housekeeper or Care Givers: _____ \$

_____ \$

_____ \$

(Provide Name(s) and Contact Information for Care-giver(s))

Cable: _____ \$

Other: _____ \$

(Describe)

ADDITIONAL INFORMATION (attach a separate sheet if necessary):

CHECKLIST COMPLETED BY:

Name: _____

Telephone Number: _____

Address: _____

Date Completed: _____