

QUESTIONNAIRE~ MARRIAGE AND/OR COHABITATION AGREEMENT

A. GENERAL INFORMATION

CLIENT

Full Legal Name
(Including Aliases): _____

Current Home Address: _____

Mailing Address (if different
than Home Address): _____

Contact Info: _____ Home Phone: (250) _____

Home Email: _____ Cell Phone (250) _____

Work Address: _____

Contact Info: _____ Work Phone: (250) _____

Work Email: _____

SPOUSE/OTHER PARTY TO THE AGREEMENT:

Full Legal Name:(Including aliases)

Current Address: _____

Contact Info: _____ Home Phone: (250) _____

Email: _____ Cell Ph: (250) _____

Has He / she Seen a Lawyer? Yes No Unknown

If Yes, Provide Lawyer Name: _____

B. COHABITATION / MARRIAGE PARTICULARS

(1) Proposed date and place of marriage, if any:

(2) Premarital cohabitation:: Yes No Unknown

If Yes, commencing on (approximate if needed)

	CLIENT		PARTNER	
(3) Status before proposed marriage?	Never married	<input type="checkbox"/>	Never married	<input type="checkbox"/>
	Divorced	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Widowed	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

	CLIENT	PARTNER
(4) Surname prior to marriage	_____	_____
(5) Date of birth	_____	_____
(6) Place of birth (City/Province)	_____	_____
(7) Ordinarily resident in BC for how long?	_____	_____

C. CHILDREN (include full name and date of birth)

	CLIENT	PARTNER
1	1 _____	_____
2	2 _____	_____
3	3 _____	_____
4	4 _____	_____

CHILDREN'S CIRCUMSTANCES:

IF ADULTS: Financially independent? Employed? Taking or completed post-secondary education? Have a spouse or children? Any disabilities or special needs?

IF MINORS: In school? Any disabilities or special needs? Present living arrangements? Proposed living arrangements? Child support arrangements?

D. INCOME (IF RETIRED, PLEASE SUMMARIZE WORK BEFORE RETIREMENT AND INCLUDE ALL SOURCES OF RETIREMENT INCOME, AND PAST AND CURRENT YEARS' INCOME).

CURRENT	CLIENT	PARTNER
a. Name of employer:	_____	_____
b. Occupation title:	_____	_____
c. Employment income:	_____	_____
(1) Current gross monthly	\$ _____	\$ _____
(2) Current net monthly	\$ _____	\$ _____

(3) Past year gross	\$ _____	\$ _____
(4) Past year net	\$ _____	\$ _____
(5) Health benefits?: If yes, particulars	_____	_____
(6) Job security?	_____	_____
d. Other sources and amounts of income:	_____	_____
	_____	_____
	_____	_____
PREVIOUS	CLIENT	PARTNER
a. Education and / or Specialized training	_____	_____
b. Employment History (most recent first):	_____	
c. Other comments:	_____	

IF RETIRED	CLIENT	PARTNER
a. Last employer:	_____	_____
b. Last job title:	_____	_____
c. Sources of income:	_____	_____
(1) CPP per year	\$ _____	\$ _____
(2) OAS per year	\$ _____	\$ _____
(3) _____ Pension per year	\$ _____	\$ _____
(4) _____ Pension per year	\$ _____	\$ _____
(5) RRSPs/RRIFs per year	\$ _____	\$ _____
(6) Other income: _____	\$ _____	\$ _____
(7) Other income: _____	\$ _____	\$ _____
d. Past year's total income	\$ _____	\$ _____
e. Current year's expected total income:	\$ _____	\$ _____

E. ASSETS OF THE PARTIES

(1) FAMILY RESIDENCE:

(a) Civic Address:

(b) Registered owners:	_____	
(c) Present approximate value:	_____	
(d) Purchase price:	_____	
(e) Date of purchase:	_____	
(f) Mortgagee(s):	1	2
Amount(s) Owing:	_____	_____
Payment Amount(s):	_____	_____

(2) OTHER REAL PROPERTY:

(a) Civic Address:	_____	
(b) Registered owners:	_____	
(c) Present approximate value:	_____	
(d) Purchase price:	_____	
(e) Date of purchase:	_____	
(f) Mortgagee(s):	1.	2
Amount(s) Owing:	_____	_____
Payment Amount(s):	_____	_____

(3) VALUABLE HOUSE HOLD ITEMS *(including unique furniture, jewellery, art include estimated value)*

--	--	--	--

(4) VEHICLES

Description of Vehicle(s)	Registered Owner(s)	Approximate Value	Amount of any Loan?	Who Signed?
a.				
b.				
c.				

(5) BUSINESS INTERESTS *(provide details):*

--	--	--	--

(6) BANK ACCOUNTS

Name of Bank and Branch	Type of	Account	Held in Whose	Account Balance

Location	Account	Number	Name?	
a.				
b.				
c.				
d.				

(7) BONDS, GICS, TERM DEPOSITS & OTHER SECURITIES

Description	Number	Acquired On	Market Value
a.			
b.			
c.			

(8) R.R.S.P.s / R.R.I.F.s

Institution	Account No.	In whose name?	Est. Value
a.			
b.			
c.			

(9) PENSION PLANS:

	CLIENT	PARTNER
a. CPP BENEFITS:	_____	_____
b. OTHER:	_____	_____
Name of 1 st pension plan:	_____	_____
Years of contribution to date:	_____	_____
Name of 2 nd pension plan:	_____	_____
Years of contribution to date:	_____	_____

(10) INSURANCE POLICIES

Name of Insurer	Policy Value	Beneficiaries	Cash Surrender Value
a.			
b.			

(11) ANY OTHER ASSETS:		
Description	In Whose Name?	Approximate Value
a.		
b.		

F. DEBTS OF THE PARTIES (other than Mortgages)

(1) CREDITCARDS

Credit Card Name	In Whose Name?	Approximate Balance
a.		
b.		

(2) LINE(S) OF CREDIT / OVER DRAFTS

Institution	In Whose Name?	Approximate Balance
a.		
b.		

(3) PERSONAL LOANS

Name of Party Owed	In Whose Name?	Approximate Balance
a.		
b.		

(4) ANY OTHER DEBTS

Name of Creditor	In Whose Name?	Approximate Balance
a.		
b.		

G. ESTATE PLANNING MATTERS

	CLIENT	PARTNER
1. Do you have an existing Will in place. If yes, please provide a copy.	Yes/No	Yes/No
2. Do you have a Power of Attorney? If yes, please provide a copy.	Yes/No	Yes/No
3. Any other testamentary documents?	Yes/No	Yes/No