

ESTATE PLANNING QUESTIONNAIRE

Personal Information:	
Your Full Name: <input style="width: 95%; height: 25px;" type="text"/>	Spouse's Full Name: <input style="width: 95%; height: 25px;" type="text"/>
Other names you are known by: <input style="width: 95%; height: 25px;" type="text"/>	Other names your spouse is known by: <input style="width: 95%; height: 25px;" type="text"/>
Your Date of Birth: <input style="width: 95%; height: 25px;" type="text"/>	Spouse's Date of Birth: <input style="width: 95%; height: 25px;" type="text"/>
Your Occupation: <input style="width: 95%; height: 25px;" type="text"/>	Spouse's Occupation: <input style="width: 95%; height: 25px;" type="text"/>
Your Employer: <input style="width: 95%; height: 25px;" type="text"/>	Spouse's Employer: <input style="width: 95%; height: 25px;" type="text"/>
Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizen of any other country: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Country: <input style="width: 80%; height: 20px;" type="text"/>	Citizen of any other country: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Country: <input style="width: 80%; height: 20px;" type="text"/>
Address & Postal Code: <input style="width: 95%; height: 60px;" type="text"/>	Home Phone: <input style="width: 95%; height: 25px;" type="text"/>
Your Work/Cell Phone: <input style="width: 95%; height: 25px;" type="text"/>	Spouse's Work/Cell Phone: <input style="width: 95%; height: 25px;" type="text"/>
Your Email: <input style="width: 95%; height: 25px;" type="text"/>	Spouse's Email: <input style="width: 95%; height: 25px;" type="text"/>

Marital Status:

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Common Law	<input type="checkbox"/> Engaged
<input type="checkbox"/> Adult Interdependent Relationship	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced – Year: <input type="text"/>	
Full Name of Ex-Spouse <input type="text"/>		Full Name of Spouse’s Ex-Spouse <input type="text"/>	
Do you have a prenuptial or adult interdependent relationship agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you and your spouse are in a Common Law or Adult Interdependent Relationship, are you or your spouse still married to a former spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do your or your spouse have any obligations pursuant to your previous marriage: Spousal support <input type="checkbox"/> Yes <input type="checkbox"/> No Child support <input type="checkbox"/> Yes <input type="checkbox"/> No			

Children:

Do you or your spouse have any children?
If you do, please provide the following:

C – Current Marriage **G** – Guardian/Custodian
P – Previous Marriage **O** – Other

Child’s Full Name:	Address:	Date of Birth	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Children Information:

Are you responsible for a mentally or physically disabled child:

Under the age of 18 Yes No

Over the age of 18 Yes No

Are there any children that predeceased you? Yes No

If you answered yes to any of these questions, please provide further information:

Real Property:

Principal
Property

Municipal Address:

Legal Address:

Names on Title:

Is your mortgage Life Insured? Yes No

Other Property	Municipal Address: <input type="text"/>
	Legal Address: <input type="text"/>
	Names on Title: <input type="text"/>
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Property	Municipal Address: <input type="text"/>
	Legal Address: <input type="text"/>
	Names on Title: <input type="text"/>
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Property	Municipal Address: <input type="text"/>
	Legal Address: <input type="text"/>
	Names on Title: <input type="text"/>
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Property	Municipal Address: <input type="text"/>
	Legal Address: <input type="text"/>
	Names on Title: <input type="text"/>
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Accounts:

Bank	Location	Joint	Account Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Guaranteed Investments Certificates and Term Deposits:

Bank	Location	Amount	Account Number

RRSP or RRIF or TFSA:

Bank	Location	Beneficiary Name	Account Number

Life Insurance Policies:

Bank	Location	Amount	Beneficiary Name	Account Number

Pension Plans:

Bank	Location	Beneficiary Name	Account Number

Shares in Public Corporations, Non RRSP Mutual Funds, Bonds, and Debentures:

(do not list all share in portfolio if it changes regularly)

Describe:

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Business Interests:

(private companies, partnerships, sole proprietorship, etc.)

Describe:

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Valuable Personal Property:

(automobiles, mobile homes, boats, heirlooms, jewelry, etc)

Description	Location	Current Value

Other:

Do you or your spouse have an interest in any of the following:

Farmland, farming business or a farm corporation? Yes No

Mines and Minerals Yes No

Safety deposit box location:

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Your Debts:

Creditor	Type of Liability	Security	Amount Owning

Your Outstanding Loans:

Have you or your spouse lent money to anyone? Yes No

If yes, who have you lent money to and how much?

Name	Address:	Amount:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want to forgive these loans in your will? Yes No

Your Jointly Held Property:

Do you or your spouse own property jointly with anyone other than each other? Yes No

If yes, who do you own property jointly with?

Name	Address:	Property:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want this person to inherit this property upon your or your spouse's death?

Yes No

INSTRUCTIONS FOR YOUR WILL

Appointment of your Personal Representative

If your spouse is the sole beneficiary of your Estate, it may be preferable to name them as the primary Personal Representative. You should name alternates in the event that your first choice is unable to act. For tax reasons, it is not advisable to choose a Personal Representative who resides outside of Canada. If you have more than one Personal Representative, it would be preferable if at least one of them is a resident of Alberta.

Your Personal Representative's Information

Principal	Full Name: <input type="text"/>	Address: <input type="text"/>	Relationship: <input type="text"/>
First Alternative	Full Name: <input type="text"/>	Address: <input type="text"/>	Relationship: <input type="text"/>
Second Alternative	Full Name: <input type="text"/>	Address: <input type="text"/>	Relationship: <input type="text"/>

Your Spouse's Personal Representative's Information

Principal	Full Name: <input type="text"/>	Address: <input type="text"/>	Relationship: <input type="text"/>
First Alternative	Full Name: <input type="text"/>	Address: <input type="text"/>	Relationship: <input type="text"/>
Second Alternative	Full Name: <input type="text"/>	Address: <input type="text"/>	Relationship: <input type="text"/>

Appointment of Guardians for Minor Children

Guardian	Full Name: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Alternative	Full Name: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Residue of Estate

The following choices as to distribution of your Estate are for your convenience only. It is intended to get you thinking about the issues to be discussed with your lawyer

1. All to Spouse?

Yes No

If yes and Spouse predeceases me, equally to children?

Yes No

If no, who would you like your estate to go to:

1. Full Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
2. Full Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
3. Full Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
4. Full Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
5. Full Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Relationship <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

2. At what age are children to receive share of your Estate:

The age of majority is 18 years old in Alberta. Unless specified otherwise, the Will shall be drafted so that your Personal Representative will hold each child’s share in trust until the specified age with power to encroach on income and capital for education, maintenance and support.

- 18 years %
- 21 years %
- 25 years %
- Other: years

3. If one child dies before you, or before receiving their share, who shall receive that share?

- The children of the deceased child
- Your surviving children only
- Other Name:

4. How is your Estate to be divided if you and your spouse and all of your children, grandchildren, and any of the above fail to survive you?

- Equally to your siblings and your spouse’s siblings
- 50% to your parents and 50% to your spouse’s parents
- 50% to your brothers and sisters and 50% to your spouse’s brothers and sisters
- Specific friends, other relatives, or charities

<input type="text"/> %	1. Full Name <input style="width: 90%; height: 50px;" type="text"/>	Address <input style="width: 95%; height: 50px;" type="text"/>	Relationship <input style="width: 90%; height: 50px;" type="text"/>
<input type="text"/> %	2. Full Name <input style="width: 90%; height: 50px;" type="text"/>	Address <input style="width: 95%; height: 50px;" type="text"/>	Relationship <input style="width: 90%; height: 50px;" type="text"/>

<input type="text"/> %	3. Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
<input type="text"/> %	4. Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
<input type="text"/> %	5. Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
<input type="text"/> %	6. Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>

5. Specific Gifts or Legacies – list specific items or amounts and who is to receive it:

Do not list any items unless they are *definitely* valuable or of *great sentimental* value or unless you are prepared to pay your lawyer to draft your Will and change it when an item is sold or replaced.

1. Item <input type="text"/>	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
2. Item <input type="text"/>	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
3. Item <input type="text"/>	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
4. Item <input type="text"/>	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>

6. Funeral Arrangements:

Are you a member of the Memorial Society? Yes No

If yes, what is your membership number?

Do you want to be buried? Yes No

If so, do you have a preference as to where you want to be buried?

Do you want to be cremated? Yes No

If so, do you have any instructions as to what is to be done with your ashes?

7. Personal Representative Compensation:

Personal Representatives are generally entitled to receive compensation for the time, effort and expertise that is spent by them in administering your Estate. This can be a lump sum amount or a percentage of your Estate. If you wish your Personal Representative to receive compensation for acting on your behalf it is a good idea to specify the dollar amount or a percentage of the Estate, they are to receive. They will also be entitled to reimbursement of any out-of-pocket expenses they incur in administering your Estate.

In Alberta a rough guideline of the compensation that a Personal Representative is entitled to is 1% to 5% of the value of your estate. If you wish to specify in your will the compensation that is to be received by your Personal Representative:

A percentage of your Estate: %

A set amount of your Estate: \$

Do not include Personal Representative Compensation in my Will.

8. Other:

Is there anything that you or your spouse want us to be aware of or are worried about in your Estate(s):

Empty rectangular box for providing additional information.

INSTRUCTIONS FOR YOUR PERSONAL DIRECTIVE

Appointment of your Agent

A Personal Directive is a legal document which allows you to state in advance your wishes regarding, among other things, the use of life-sustaining procedures when you are dying. It also has a provision for the appointment of someone else to direct your care if you are unable to do so yourself. It is a flexible document and can be drafted to suit your individual concerns.

A Personal Directive includes provisions dealing with health care, accommodations, with whom the maker will live and associate, and participate in social, educational, and employment activities. Some of the most common directives are a prohibition of specific treatment such as cardiopulmonary resuscitation, ventilation, and intubation for feeding when you are in a coma or a vegetative state.

Your Agent Information:

(if you are married, the Principal Agent will likely be your spouse)

Principal Agent	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
First Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
Second Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>

Your Spouse's Agent Information:

(if you are married, the Principal Agent will likely be your spouse)

Principal Agent	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
First Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
Second Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>

How and when will your Personal Directive come into effect?

Who decides that you or your spouse is incapacitated and that your Personal Directive comes into effect?

- Two physicians
- Your Agent (after consulting with a doctor or psychologist)
- Both your agent and treating physician
- Other:

Health Care Decisions:

<input type="checkbox"/>	I do not wish my life to be prolonged by artificial means when I am in a coma or a persistent vegetative state and, in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions, no matter what is done, I wish to be kept comfortable and free from pain.
<input type="checkbox"/>	I wish my life to be prolonged as long as possible by all available treatments, including surgery, medications, CPR, ventilators, dialysis and intubation for feeding.
<input type="checkbox"/>	I wish to be kept comfortable and free from pain. This means that I may be given pain medication even though it may dull my consciousness and indirectly shorten my life.
<input type="checkbox"/>	I wish to give authorization for the removal of tissue from my <u>living body or dead body</u>
<input type="checkbox"/>	I wish to give authorization for the removal of organs and tissues from my <u>dead body</u> for medical, education, and research purposes
<input type="checkbox"/>	<input type="text"/>

Agent Compensation

Do you wish to provide your Agent with compensation for:

- Agent's time \$ per month year
- Agent's expenses

Other:

Are there any specific instructions for your personal care that you want to include in your personal care directive or make us aware of?

INSTRUCTIONS FOR YOUR ENDURING POWER OF ATTORNEY

Appointment of your Attorney

An Enduring Power of Attorney is a document that allows you to appoint someone to look after your property and your financial affairs in the event that you are no longer mentally capable of doing so. An Enduring Power of Attorney can only be made by a person who can understand the nature and consequences of the document. Therefore, you cannot make an Enduring Power of Attorney when you have lost capacity.

The attorney you appoint will make all the decisions regarding your property and financial affairs that you could have made if you were competent to make them. These include decisions about the maintenance, education, and benefit of your spouse and children, as well as whether to buy or sell assets or real property, or about operating any business you might have.

Your Attorney Information:

(if you are married, the Principal Attorney will likely be your spouse)

Principal Attorney	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
First Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
Second Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>

Your Spouse's Attorney Information

(if you are married, the Principal Attorney will likely be your spouse)

Principal Attorney	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>
First Alternative	Full Name <input type="text"/>	Address <input type="text"/>	Relationship <input type="text"/>

Second Alternative	Full Name	Address	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>

How and when will your Enduring Power of Attorney come into effect?

When would you like your and your spouse's Enduring Power of Attorney to come into effect?

<input type="checkbox"/>	Immediately upon signing
<input type="checkbox"/>	When you lose capacity
<input type="checkbox"/>	Other: <input style="width: 100%; height: 60px;" type="text"/>

Who decides that you or your spouse is incapacitated and that your Enduring Power of Attorney should come into effect?

<input type="checkbox"/>	Two physicians
<input type="checkbox"/>	Your Agent (after consulting with a doctor or psychologist)
<input type="checkbox"/>	Both your agent and treating physician
<input type="checkbox"/>	Other: <input style="width: 100%; height: 60px;" type="text"/>

If your instructions conflict or are ambiguous or if your Agent and your Attorney cannot agree, who do you wish to have final decision-making power in a situation where funds are required to be made available to implement any decisions regarding your person.

<input type="checkbox"/>	Attorney
<input type="checkbox"/>	Agent

Attorney Compensation

Do you wish to provide your Attorney with compensation for:

Attorney's time \$ per month year
 Attorney's expenses

Other:

Are there any specific instructions for the enduring power of attorney that you want to include in this document or make us aware of?

RECORD OF IMPORTANT INFORMATION

Where to Find Legal Documents	
Last Will and Testament:	
Location:	<input style="width: 100%;" type="text"/>
Personal Representative:	
Personal Directive:	
Location:	<input style="width: 100%;" type="text"/>
Agent:	<input style="width: 100%;" type="text"/>
Enduring Power of Attorney:	
Location:	<input style="width: 100%;" type="text"/>
Attorney:	<input style="width: 100%;" type="text"/>
Enduring Power of Attorney:	
Location:	<input style="width: 100%;" type="text"/>
Attorney:	<input style="width: 100%;" type="text"/>

Relative and Friends who should be notified upon your or your spouse's passing		
Full Name	Address	Phone Number
<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Full Name	Address	Phone Number
<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Full Name	Address	Phone Number
<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Full Name	Address	Phone Number
<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>

Full Name <input type="text"/>	Address <input type="text"/>	Phone Number <input type="text"/>
Full Name <input type="text"/>	Address <input type="text"/>	Phone Number <input type="text"/>
Full Name <input type="text"/>	Address <input type="text"/>	Phone Number <input type="text"/>
Full Name <input type="text"/>	Address <input type="text"/>	Phone Number <input type="text"/>