

ESTATE PLANNING QUESTIONNAIRE

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WILL

If you want estate documents for you and your spouse/partner that are essentially the same, this form should be completed with information for each party to the relationship on one form. If you wish the estate documents to be quite different for each party, please complete two forms.

A. Personal Information

Full Name: _____

Are you Canadian Resident? Yes No

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Full Name: _____

Are you Canadian Resident? Yes No

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Please confirm that we can send the draft documents for both you and your spouse / partner to the same email address: Yes No

B. Family Details

Marital Status:

Married Single Divorced Adult Interdependent Partner (aka "Common Law")

Children:

	First Name	Middle	Last	Birth Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Are any of your children mentally or physically disabled? Yes No
If yes, explain: _____

Are any of your children from previous relationships? Yes No
If yes, explain: _____

Are you expecting or planning to have more children? Yes No

C. Guardians

Are any of your children minors (under 18 years of age)? Yes No

If yes, who would you like to appoint as Guardian?

Choice #1. Name: _____

Relationship: _____ City: _____

Province: _____ Country: _____

Choice #2. Name: _____

Relationship: _____ City: _____

Province: _____ Country: _____

Instructions

Appointing your Executor:

- 1) Would you like to appoint your spouse / partner as Executor first (if applicable)?
Yes No

Joint Executors:

Joint Executors must work together, and decisions about your Estate must be made jointly. They cannot act independently of one another. ***We typically do not recommend this.***

- 2) Would you prefer Joint Executors?
Yes No
- 3) If one of your Joint Executors is unable or unwilling to act, would you like to provide that the remaining Joint Executor may act alone?
Yes No
- 4) If you prefer Joint Executors, would you like to have a conflict clause?
Yes No

If a conflict arises between your Joint Executors in the management of your financial affairs, you may direct that one of the Joint Executors shall have final say: _____

_____ **'s choices for Executors**

Name	Relationship	Canadian Resident?
1. _____	_____	<input type="checkbox"/>
Joint Executor (if applicable):		
2. _____	_____	<input type="checkbox"/>
Alternates:		
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>

_____ 's choices for Executors

Name	Relationship	Canadian Resident?
1. _____	_____	<input type="checkbox"/>
Joint Executor (if applicable):		
2. _____	_____	<input type="checkbox"/>
Alternates:		
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>

Would you like to specifically direct your Executor to employ professional advisors to help with the administration of your estate, or would you prefer to leave that decision to your Executor's discretion?

- Yes, my Executor must employ professional advisors to assist with the administration of my estate.
- No, my Executor is not required to employ professional advisors, but my Executor may choose to do so at their discretion.

Beneficiaries

5) Do you want to make any specific gifts? Specific gifts are given before the balance of your Estate is distributed. ***If more space is needed, please fill out on separate sheet***

<u>Gift</u>	<u>To Whom</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6) How do you want the rest of your Estate distributed, known as the "residue?" This is what is left after specific gifts are given. Below are typical distributions; please indicate if one of these reflects your wishes, or use the space provided to give other instructions.

I want all my estate to go to my spouse and children as follows:

1. I want my entire estate to go to my spouse, if they have not passed away before me.
2. If my spouse passes away before me, I want my estate to be divided equally amongst my children.
3. If any of my children pass away before me, I want that child's share to be divided equally between his or her children (my grandchildren). If that child has no children, then I want the deceased child's share to be divided between my children that survived me.

OR

I am unmarried with children and I want my estate to be distributed as follows:

1. I want my estate to be divided equally between my children.
2. If any of my children pass away before me, I want that child's share to be divided equally between his or her children. If that child has no children, then I want the share to be divided between the children that survived me.

OR

None of the above. I want my estate to be distributed as follows:

If a person who is under 18 years old, or another age of your choosing (please indicate), becomes entitled to share in your Estate, what age would you like them to be before they can access their share of the Estate?

- all at 18 years; or
 all at ___ years; or
 ___% at ___ years; ___% at ___ years; ___% at ___ years

Compensation:

Guardians

7) If it becomes necessary for the Guardians you have named to look after your children, would you like to provide compensation for your Guardians?

Yes No

8) If so, how much would you like to give them for this purpose? For example, you could leave a lump sum, or a monthly amount, or a percentage per child based on your Estate.

Executors:

9) Executors are generally entitled to compensation for their time and effort in administering your Estate. This can be a lump sum or a percentage of your Estate. Regardless of your selection, your Executor will also be entitled to reimbursement for any out-of-pocket expenses they incur in administering your Estate.

Compensation in accordance with the fee guidelines for surrogate matters

Lump Sum of \$ _____

____ % of the value of your Estate (rough guideline would be 1% - 5%)

10) If you have named more than one executor (e.g. Joint Executors), are they to share the compensation or are they each to receive the amount or percentage specified?

Financial Information

This section will help us assist you in planning your Estate and providing sufficient powers in your Will. Please complete the following as accurately as possible, and **be sure to note if any of your assets are held jointly**. We do not require detailed numbers.

11) Do you own any real estate?

Yes No

If yes, are you the sole owner or a joint owner? Sole Owner Joint Owner

Property #1: _____

Property #2: _____

Property #3: _____

12) Do you have any registered investments / securities / financial instruments with named beneficiaries (e.g. RRSPs, GIC, mutual funds, stocks, shares, etc)?

Yes No

If yes, do you want to change the named beneficiary?

Yes No

If yes, indicate the change: _____

13) Do you have any business interests (e.g. corporation, partnership, sole proprietorship)?

Yes No

If yes, please explain:

14) Do you have any assets you own (solely or jointly) that are outside Alberta?

Yes No

Or outside Canada?

Yes No (please explain)

Other assets (Timeshares, Pension, Mineral Rights, etc.)

D. Funeral Arrangements

15) Do you have specific funeral instructions for your Executor (e.g. buried, cremated, specific location, in accordance with certain religion, etc.)?

ENDURING POWER OF ATTORNEY

An Enduring Power of Attorney takes effect and operates only while you are alive, and for estate planning purposes, allows you to appoint someone to manage your financial affairs if you become incapable of doing so, unless you elect to have it become effective immediately.

Attorney Appointment:

1) Would you prefer Joint Attorneys?

Yes No

Joint Attorneys must work together and make decisions about your financial affairs jointly. ***We do not recommend this.***

2) If one of your Joint Attorneys is unable or unwilling to act, would you like to provide that the remaining Joint Attorney may act alone?

Yes No

3) If you prefer Joint Attorneys, would you like to have a conflict clause?

Yes No

If a conflict arises between your Joint Attorneys in the management of your financial affairs, you may direct that one of the Joint Attorneys shall have final say.

_____ **'s choices for Attorney**

Name	Relationship
1. _____	_____
Joint Attorney (if applicable):	
2. _____	_____
Alternates:	
3. _____	_____
4. _____	_____

_____ 's choices for Attorney

Name	Relationship
1. _____	_____
Joint Attorney (if applicable):	
2. _____	_____
Alternates:	
3. _____	_____
4. _____	_____

If you have appointed your spouse or "adult interdependent partner"/"common law" partner as your Attorney, would you like to cancel that appointment in the event that your relationship comes to an end through divorce or permanent separation?

Yes No

When would you like the Enduring Power of Attorney to come into effect? (Check one)

Immediately upon signing Only upon my incapacity

If the Enduring Power of Attorney is to come into effect only upon incapacity, do you want the written declaration of one or two doctors? (Check One)

One doctor Two doctors

Do you wish to specifically authorize your Attorney to use your property for the benefit of your partner, children, grandchildren (such as payments for education, or gifts), or any charities that you support?

Yes No

Is there anything that your specifically DO NOT want your Attorney to be able to do (i.e. selling certain real property)?

Is there anyone to whom your Attorney should report to annually?

Yes

No

If yes, who? _____

Do you want your Attorney to be paid a fee as compensation for acting as your Attorney? (This fee would be in addition to being reimbursed for out-of-pocket expenses.)

Yes

No

If yes, how much? _____

PERSONAL DIRECTIVE

A Personal Directive allows you to appoint an agent to make decisions affecting primarily your health care. It operates while you are alive, but while you are incapable of making your own decisions.

A. Agent Appointment

- 1) Would you prefer Joint Agents?
Yes No

Joint Agents must work together and make decisions about your financial affairs jointly. ***We do not recommend this.***

- 2) If one of your Joint Agents is unable or unwilling to act, would you like to provide that the remaining Joint Agent may act alone?
Yes No
- 3) If you prefer Joint Agents, would you like to have a conflict clause?
Yes No

If a conflict arises between your Joint Agents in the management of your financial affairs, you may direct that one of the Joint Agents shall have final say.

_____ **'s choices for Agents**

Name	Relationship
1. _____	_____
Joint Attorney (if applicable):	
2. _____	_____
Alternates:	
3. _____	_____
4. _____	_____

_____ 's choices for Attorney

Name	Relationship
1. _____	_____
Joint Attorney (if applicable):	
2. _____	_____
Alternates:	
3. _____	_____
4. _____	_____

B. Specific Procedures

4) Of the following procedures, **please check which ones you agree** to have performed:

- Psychosurgery as defined in the *Mental Health Act* of Alberta as any procedure that, by direct or indirect access to the brain, removes, destroys or interrupts the continuity of histologically normal brain tissue, or that inserts indwelling electrodes for pulsed electric stimulation for the purpose of altering behavior or treating psychiatric illness, but does not include neurological procedures used to diagnose or treat intractable physical pain or epilepsy where those conditions are clearly demonstrable;
- Sterilization that is not medically necessary to protect your health;
- Removal of tissue from your living body for:
 - (a) implantation in the body of another living person pursuant to the *Human Tissue and Organ Donation Act*;
 - (b) medical education or research purposes;
- Participation in research or experimental activities if the participation offers little or no potential benefit to you.

5) Do you want your Agent to use your financial resources to assist you in living independently in your own home for as long as possible?
Yes No

6) In the event that you are no longer able to remain in your home, do you authorize your Agent to locate a suitable care facility to meet your needs?

Yes No

7) Is there anyone to whom your Agent should report to annually?

Yes No

If yes, to whom? _____

9) Whether or not you are suffering from an identifiable illness which may result in your eventual death, if you suffer an unexpected arrest, accident, or medical emergency, would you prefer that any medical intervention you receive to prolong and preserve your life in response to said medical emergency include resuscitation and the admission of intensive care, or exclude resuscitative and life support measures?

Yes, in such circumstances I wish to receive resuscitation and the admission of intensive care.

No, in such circumstances I do not wish to receive resuscitation or life support measures.

10) Do you want your Agent to be paid a fee as compensation for acting as your Agent? (This fee would be in addition to being reimbursed for out-of-pocket expenses)

Yes No

If yes, how much? _____

11) Which of the following best describes your current circumstances?

You consider that at some point in the future you may lose the capacity to make personal decisions, but you would expect that you will still be able to maintain meaningful interactions with your family and friends, and that you do not suffer from any permanent or long-term loss of consciousness or cognitive ability which might prevent such interactions.

You are currently suffering from an illness, and may be expected to pass away from said illness, but you are still capable of maintaining meaningful interactions with your family and friends. In providing your instructions for your Personal Directive you have considered the maintenance of your quality of life, and ability to communicate and enjoy your interactions with your family to be most important to you.

You are currently suffering from a severe illness, and are expected to pass away from said illness. In providing your instructions for your Personal Directive you have considered that prolonging your life would likely prolong your suffering, and your main consideration at this point is symptom control and comfort care.

Next Step

Once completed, please email, fax, or mail your estate planning questionnaire to either:

KENDALL CAIRNS

Barrister & Solicitor

Phone: 780.413.3360

kcairns@sharekco.com

CHERYL PANGRASS

Legal Assistant

Phone 780.917.6943

cpangrass@sharekco.com

We will draft the documents and they will be sent back to you for your review. If you have any questions or concerns regarding completion of this form, please do not hesitate to contact us.

Thank you for taking the time to complete this questionnaire.

APPENDIX A (AUTHORIZATION FORM)

I _____, acknowledge that I am aware that the Law Society of Alberta has rules about confidentiality, and there are restrictions about with whom a lawyer can communicate. Accordingly, I expressly authorize _____, who is my _____, to:

PLEASE CHECK THE APPLICABLE BOX(ES):

- speak with Sharek, Logan & van Leenen LLP on my behalf;
- give instruction on my behalf;

In relation to the matters covered by this questionnaire.

I understand that I may cancel my authorization at any time. I am aware that to revoke authorization, I must expressly notify Sharek, Logan & van Leenen LLP. By signing below, I am acknowledging that I understand the purpose and scope of this authorization.

Signature

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Signature