

ESTATE PLANNING QUESTIONNAIRE

WILL

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

A. Personal Information

Full Name:	Full Name:
Other names you are known by:	Other names you are known by:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Email:	Email:
Fax:	Fax:
Citizenship(s):	Citizenship(s):
Are you a Canadian Resident: Yes / No	Are you a Canadian Resident: Yes / No

B. Family Details

Marital Status:

Married Single Divorced Common law

1) If married, date and place of marriage: _____

2) Any previous marriages (if so, date of): former spouses' death _____
divorce _____
separation _____

3) Any obligations from previous marriage (e.g. spousal or child maintenance):

4) If in a common law relationship, for how long: _____

Children:

Number of Children: _____

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

Number of Grandchildren: _____

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

5) Are any of your children or grandchildren mentally or physically disabled? Yes/ No

Name of Child/Grandchild: _____

If yes, please describe: (e.g. is this child/grandchild receiving AISH)

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

C. Guardians

7) 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: _____

Alternate #1. Name: _____

Relationship: _____ City: _____

Province: _____ Country: _____

Alternate #2. Name: _____

Relationship: _____ City: _____

Province: _____ Country: _____

Family Relationship Details:

8) Please provide any other family relationship details that may be important. (For example: widowed, blended family, going through a divorce, etc.)

D. Instructions

Appointing your Executor:

- 9) If you are in a relationship, would you like to appoint each other as Executors first?
Yes/ No

Joint Executors:

- 10) Would you prefer Joint Executors? Yes/ No

Joint Executors must work together, and decisions about your Estate must be made jointly. They cannot act independently of one another. If one of your joint executors is unable or unwilling to act, generally you would provide that the remaining joint executor may act alone.

- 11) If you prefer joint executors, would you like to have a conflict clause? Yes/ No

For example, if a conflict arises between your joint executors in the administration of your Estate, you may direct that one of the joint executors shall have final say.

_____ 's Choices for Executors

Name	Relationship	Canadian Resident
1. _____		Yes/ No
Joint Executor (if applicable)		
2. _____		Yes/ No
Alternates:		
1. _____		Yes/ No
2. _____		Yes/ No

Are any of the above listed people NOT Canadian residents? Yes / No

_____’s Choices for Executors

Name	Relationship	Canadian Resident
1. _____		Yes/ No
Joint Executor (if applicable)		
2. _____		Yes/ No
Alternates:		
1. _____		Yes/ No
2. _____		Yes/ No

Are any of the above listed people NOT Canadian residents? Yes / No

E. Beneficiaries

12) Do you want to make any specific gifts? Specific gifts are given before the balance of your Estate is distributed.

<u>Gift</u>	<u>To Whom</u> (Person or Charity)	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13) How do you want the rest of your Estate distributed, known as the “residue?” This is what is left after specific gifts are given. (For example: All to spouse/ common law partner, equally to your children, all to children but different percentages to particular children, etc.)

Preferred Distribution:

Alternate Distribution #1:

If any of the above named beneficiaries predeceases you (passes away before you), how would you like the residue of your Estate to be distributed?
For example, if you have three children, Billy, Joe and Jane, and Billy passes away before you, you could leave his portion to be divided between Joe and Jane, or you could have his portion given to any children Billy may have at the time of your death.

Alternate Distribution #2:

If any of the above named beneficiaries predeceases you, how would you like the residue of your Estate to be distributed?

For example, if all three of your children pass away before you and you do not have any grandchildren, you could leave the residue to a family friend or a charity.

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

all at 18 years

_____ % at _____ years

_____ % at _____ years

_____ % at _____ years

Family Demise:

15) How is your Estate to be divided if you and your spouse/ common law partner and all your children and grandchildren die at the same time (e.g. in a common accident)?

Compensation:

Guardians

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

Executor

17) 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. A rough guideline of compensation for your Executor is 1% to 5% of the value of your Estate. In addition to your executor's compensation, 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

18) 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?

F. 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.

19) Do you own any real estate? If yes, are you the sole owner or a joint owner (e.g. joint tenancy or tenants in common)? Yes/ No

If yes, what is your ownership for each property (e.g. Sole Owner, Joint Tenant, Tenant in Common)

Property #1: _____

Property #2: _____

Property #3: _____

20) Do you have any bank accounts? Yes/ No

21) Do you have any investments/ securities/ financial instruments (e.g. GIC, mutual funds, stocks, shares, etc)? Yes/ No

22) Do you have any life insurance policies? Yes/ No

If yes, who is the beneficiary named in the policy? _____

Do you want to change the named beneficiary in the policy? Yes/ No

If yes, to whom: _____

23) Do you have a pension plan? Yes/ No

If yes, who is the beneficiary? _____

Do you want to change the named beneficiary? Yes/ No

If yes, to whom: _____

24) Do you have any registered investments (e.g. RRSP's, RRIF's, TFSA's)? Yes/ No

If yes, who is the beneficiary? _____

Do you want to change the named beneficiary? Yes/ No

If yes, to whom: _____

25) Are there any debts owed to you (by children or anyone else)? For example, personal loans, promissory notes, mortgages Yes/ No

If yes, are these debts to be repaid to you or forgiven?

26) Do you have any business interests (e.g. corporation, partnership, sole proprietorship)? If yes, please explain.

27) Do you have any assets you own (solely or jointly) that are outside Alberta? Yes/ No
Or outside Canada? Yes/ No (please explain)

28) Other assets

G. Funeral Arrangements

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

H. Further Comments

30) Do you have further information that you feel would be helpful to us in drafting your Will?

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.

A. Attorney Appointment

1) Would you prefer Joint Attorneys? Yes/ No

Joint Attorneys must work together, and decisions about your financial affairs must be made jointly. If one of your joint attorneys is unable or unwilling to act, generally you would provide that the remaining joint attorney may act alone.

2) If you prefer joint attorneys, would you like to have a conflict clause? Yes/ No

For example, 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 Attorneys**

Name	Relationship	Canadian Resident
1. _____		Yes/ No
Joint Attorney (if applicable)		
2. _____		Yes/ No
Alternates:		
1. _____		Yes/ No
2. _____		Yes/ No

_____ 's Choices for Attorneys

Name	Relationship	Canadian Resident
1. _____		Yes/ No
Joint Attorney (if applicable)		
2. _____		Yes/ No
Alternates:		
1. _____		Yes/ No
2. _____		Yes/ No

B. Taking Effect

- 3) When would you like the Enduring Power of Attorney to come into effect? (check one)
- Immediately upon signing
 - Only upon my incapacity
- 4) If the Enduring Power of Attorney is to come into effect only upon your incapacity, what will constitute conclusive proof that you lack capacity (check one)
- Written declaration of one doctor
 - Written declaration of two doctors
 - Written declaration of one doctor and your Attorney (upon your Attorney consulting with your doctor)

C. Assisted Decision Making

- 5) If you can still make some decisions on your own, but not all, do you prefer your Attorney provide assisted decision making whereby your Attorney discusses the matter with you and assists you in making your own decision? Yes/ No

Comments: (for example, you may wish to have access to a small bank account that your Attorney does not need to account for)

D. Support of Family Members

- 6) Do you want your Attorney to use money from your Estate for the maintenance, education, and benefit of your: (check all that apply)

- spouse/ common law partner
- dependent children
- adult independent children still living at home

- 7) Do you have any specific instructions for your Attorney with respect to supporting your family members?

- 8) Do you want your Attorney to use money from your Estate for gifts (or donations as applicable) to your: (check all that apply):

- spouse/ common law partner
- dependent children
- adult independent children still living at home
- charities (if so, which charities): _____

- 9) Do you have any specific instructions for your Attorney with respect to gift giving or donations?

E. Authority of Attorney

- 10) Is there anything that you specifically DO NOT want your Attorney to be able to do?

F. Reporting

- 11) Is there anyone to whom your Attorney should report to annually? Yes/ No
If yes, who? _____

- 12) Any specific instructions respecting accounting?

G. Compensation

- 13) 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? _____

- 14) Do you have further information that you feel would be helpful to us in drafting your Enduring Power of Attorney?

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 decisions about your health care must be made jointly. If one of your joint agents is unable or unwilling to act, generally you would provide that the remaining joint agent may act alone.

2) If you prefer joint agents, would you like to have a conflict clause? Yes/ No

For example, if a conflict arises between your joint attorneys in the decision-making on your health care, you may direct that one of the joint agents shall have final say.

_____ **'s Choices for Agents**

Name	Relationship	Canadian Resident
1. _____		Yes/ No

Joint Agent (if applicable)

2. _____		Yes/ No
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Alternates:

1. _____		Yes/ No
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2. _____		Yes/ No
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_____ **'s Choices for Agents**

Name	Relationship	Canadian Resident
1. _____		Yes/ No

Joint Agent (if applicable)

2. _____ Yes/ No

Alternates:

1. _____ Yes/ No

2. _____ Yes/ No

B. Specific Procedures

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

- Psychosurgery as defined in the *Mental Health Act* of Alberta
- 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

4) Please describe your wishes and preferences to assist your Agent in making health care decisions for you. Please list all of your specific wishes, as well as some general guidelines for your Agent to follow, keeping in mind your current health situation, your religious beliefs, etc. For example, as a starting point, consider whether you would want the following:

- All diagnostic, therapeutic, and surgical treatments that are expected to improve your condition or assist you in regaining capacity
- CPR, electrical or mechanical resuscitation of your heart
- Blood transfusions
- Tube feeding or intravenous feeding
- Dialysis
- Any intrusive or heroic medical treatments or lifesaving surgery
- Any treatment that will keep you as comfortable as possible and free from pain (even if it dulls consciousness or indirectly shortens your life)

9) Are you currently a Guardian of a minor pursuant to the *Adult Guardianship and Trusteeship Act* of Alberta? Yes/ No

10) If yes, who would you like to designate to take over the care and education of the minor until you regain your capacity, or until another guardian takes over or is appointed?

11) 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? _____

12) Do you have further information that you feel would be helpful to us in drafting your Personal Directive?

Thank you for taking the time to complete this questionnaire.

FEE SCHEDULE

All fees quoted include time to receive your instructions, prepare the documents and meet to execute the documents. All fees do not include: disbursements (faxes, photocopying, third party charges) or 5% G.S.T.

Document	Mirror Wills	Single
Package (Will, Enduring Power of Attorney and Personal Directive)	\$800.00	\$600.00
Will	\$500.00	\$400.00
Enduring Power of Attorney	\$200.00	\$150.00
Personal Directive	\$200.00	\$150.00

These quotes are based on the preparation of standard documents. If your documents require additional work, such as research, additional fees may be applicable.

Next Step

Once completed, you can email, fax, or mail your estate planning questionnaire back to our office. We will require a \$200.00 retainer fee, which will be applied to your account. Once we receive the documents and the retainer, we will draft the documents and they will be sent back to you for your review. When you are satisfied with your documents, and you would like to make an appointment to execute the documents, please call Amanda at 780-917-6939.

If you have any questions or concerns regarding completion of this form, you may of course call the lawyer with whom you are dealing.

Thank you for your assistance and we look forward to seeing you.