

ESTATE PLANNING QUESTIONNAIRE

SOME OF THE AREAS IN THIS QUESTIONNAIRE MAY NOT APPLY TO YOU. PLEASE FILL OUT WHAT YOU CAN AND, IF WE HAVE QUESTIONS, WE WILL CONTACT YOU.

SECTION 1 – FAMILY INFORMATION

Full Name: _____ Spouse Name: _____

Maiden Name: _____ Maiden Name: _____

List any other names you are known by: _____
List any other names you are known by: _____

Date of Birth: _____ Date of Birth: _____

Place of Birth: _____ Place of Birth: _____

Mailing Address: _____ Mailing Address: _____

Home Phone: _____ Home Phone: _____

Business Phone: _____ Business Phone: _____

Fax Number: _____ Fax Number: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Employer's Address: _____ Employer's Address: _____

Citizenship: _____ Citizenship: _____

S.I.N. _____ S.I.N. _____

MARRIAGE INFORMATION

Marital Status: _____

Marital Status: _____

Date and Place of Marriage:

Do you and your spouse have a marriage contract? If so, please provide a copy.

Mutual Wills Agreement in place?: YES NO

Previous Marriage: YES NO

Previous Marriage: YES NO

If yes, name of previous spouse and date of death/divorce/separation

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Obligations pursuant to previous marriages
 YES NO
(e.g. spousal & child maintenance)

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 YES NO
(e.g. spousal & child maintenance)

OTHER RELATIONSHIPS OF INTERDEPENDENCE

If you are single, separated or divorced:

(a) Are you planning on marrying anyone in the near future?

YES NO If yes, to whom:

(b) Are you now cohabiting with anyone? If so, how long have you been cohabiting?

YES NO If yes, with whom:

(b) Do you have an adult interdependent relationships agreement?

YES NO

(c) Do you live with someone over 18 years of age who is not related to you by blood?

YES NO If yes, with whom:

FUNERAL AND OTHER SPECIAL INSTRUCTIONS

Prearranged Funeral: _____

Prearranged Funeral: _____

Cremation: _____

Cremation: _____

Burial: _____

Burial: _____

DONATION OF ORGANS: YES NO

DONATION OF ORGANS: YES NO

CHILDREN:

Number of Children: _____

Are all of the children from your present marriage? YES NO

Full name, address, date of birth, marital status and ages of children:

1. _____

2. _____

3. _____

4. _____

5. _____

Are there any children born outside your present marriage? YES NO

Are you responsible for any other children? YES NO

Are there any grandchildren born outside of marriage? YES NO

Are any of the children or grandchildren mentally or physically incapacitated? YES NO

If yes to any of the above questions, provide details:

Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? If so, provide details: YES NO

Have any of your children predeceased you? YES NO

If yes, give the name and date of death of the deceased child and the names of their children, if any:

SECTION 2 – FINANCIAL INFORMATION

The purpose of this section is to provide us with sufficient information to assist you in planning your estate and to ensure we include sufficient powers in your will. It will also inform your executor(s) of all of your assets to make sure they do not miss any. If there is insufficient space to answer any of the following sections, please list on a separate paper.

In left margin, please indicate ownership of assets:

- J - owned jointly by husband and wife
- H - owned by husband
- W - owned by wife
- O - owned by husband and/or wife with some other person (please describe)

REAL ESTATE

Principal Residence – Municipal Address: _____

Legal Description: _____

Name(s) on title: _____

Ownership: Joint Tenancy Tenancy in Common Unknown

Current Market Value: _____ Current Mortgage Value: _____

Are the mortgage(s) life insured? YES NO

Other Real Estate:

Describe municipal address, legal description, names on title, date of purchase (DP), acquisition cost (AC), current market value (MV), ownership: joint tenancy (J) or tenancy in common (C).

1. Address: _____ Legal: _____

Name(s) on title: _____

DP: _____ AC: _____ MV: _____ J or C: _____

2. Address: _____ Legal: _____

Name(s) on title: _____

DP: _____ AC: _____ MV: _____ J or C: _____

DEBTS OWED TO YOU

Does anyone owe you money (e.g. personal loans, promissory notes, mortgages, agreements for sale)?

BANK ACCOUNTS:

Bank Name:	Location:
Approx. current balance of all accounts:	

DIGITAL ASSETS

PLEASE NOTE: While we ask for your passwords here, it is simply as a reminder. You are best to keep the passwords separate and secure but accessible to your personal representatives.

Email:	_____	_____	_____
	Address	Provider	Password
Mobile Phone:	_____	_____	_____
	Number	Provider	PIN
On line trading account	_____	_____	_____
	Address	Provider	Password
Point cards (Starbucks/Tim Hortons, etc.)	_____		
	PIN		
Aeroplan/Westjet, etc.	_____		
	Password or PIN		
Facebook account:	_____		
	Password		
Instagram	_____		
	Password		
Twitter	_____		
	Password		
Bitcoin account	_____		_____
	Location		Password
Other	_____	_____	_____

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS

Financial Institution	Location	Principal Value	Maturity Date

Financial Institution	Location	Principal Value	Maturity Date

LIFE INSURANCE POLICIES Indicate type: Term (“T”); Permanent (“P”)

Beneficiary Designated: _____

Location of insurance policies: _____

Critical Care Insurance Policies _____

Long Term Care Insurance Policies _____

PENSION PLANS

Company	Current Value of Benefits to Estate	Beneficiary	Type of Pension Plan

REGISTERED RETIREMENT SAVINGS PLANS AND/OR REGISTERED RETIREMENT INCOME FUNDS

Financial Institution	Location	Current Value	Beneficiary

ANNUITY CONTRACTS:

Company	Type of Plan	Value	Beneficiary

SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS & DEBENTURES

Approximate Current Value of Portfolio: _____

Location of Share Certificates: _____

SHARES IN PRIVATE CORPORATIONS

Describe full name of company, shareholders, number and type of share owned by each shareholder, nature of business, assets owned by company, acquisition cost and current value:

Are there any restrictions on transfer? YES NO

Is there a buy/sell or unanimous shareholders agreement? YES NO

If yes, is it life insurance funded or otherwise funded? _____

PARTNERSHIP/UNINCORPORATED BUSINESS Describe:

VALUABLE PERSONAL PROPERTY (e.g. art, silverware, stamps, coins, jewelry, automobiles, mobile homes, boats, heirlooms, etc.)

Description	Location of Property	Acquisition Cost	Current Value

ANY OTHER ASSETS NOT LISTED ABOVE

- 1. Have you an interest in mines and minerals? YES NO
- 2. Have you an interest in any assets outside Alberta? YES NO
- 3. Have you an interest in any assets outside Canada? YES NO
- 4. Have you an interest in another estate or trust? YES NO
- 5. Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? YES NO
- 6. Have you an interest in farmland? YES NO
- 7. Do you own any property in joint tenancy with someone not described above YES NO
- 8. Are you the owner of a life insurance policy on the life of another person? YES NO
- 9. Do you have a valuable club membership? YES NO
- 10. Please describe your "yes" answers.

ENVIRONMENTAL ISSUES

“Industrial Activity” means chemical, construction, dry-cleaning, electrical, electronic, laboratory, machinery, metal fabrication, photo development, printing or publishing, service stations, textiles and wood preservation, vehicle maintenance or transportation, and like activities.

- 1. Are you now, or have you ever in the past, been involved in a business (as an owner or operator) that carried on an Industrial Activity? YES NO
- 2. Do you now own, or have you ever in the past owned, land on which an Industrial Activity was carried on? YES NO

3. Are you aware of any environmental contamination on land or buildings you now own or you have owned in the past? YES NO

SECTION 3 – LIABILITIES

Creditor	Amount	Due Date

Other Obligations (e.g. guarantees, agreements for sale, promissory notes, co-signed notes, joint and several debts, Revenue Canada, etc.)

Are any of your debts life insured? YES NO

Do you have any credit cards which pay life insurance benefits (e.g. if used to purchase an airline ticket)? YES NO

If there are still debts in your estate at the time of your death, how do you intend that these debts be paid? That is, do you want the debts to be paid before any funds or assets are paid out or do you want the debts paid from the residue?

SECTION 4 – PERSONAL ADVISORS

	Name	Company	Address
Accountant			
Financial Advisor			
Life Insurance Agent			
	Name	Company	Address
Property Insurance Agent			
General Physician			
Specialist Physician			
Other			

SAFETY DEPOSIT BOX

Location	Box Number	Registered Name(s)	Location of Keys

PLEASE PROVIDE US WITH A COPY OF ANY OF THE FOLLOWING DOCUMENTS WHICH PERTAIN TO YOUR CIRCUMSTANCES:

- Marriage Contract
- Cohabitation Agreement
- Divorce Decree
- Separation Agreement
- Minutes of Settlement
- Shareholder Agreement
- Buy-Sell Agreement
- Partnership Agreement
- Will
- Codicil(s)

Trust Deed in which you have an ongoing administrative or beneficial interest.
Will of deceased person or Trust Deed which names you as a beneficiary.

SECTION 5 – INSTRUCTIONS FOR WILL

Do you now have a Will: YES NO If YES, Date: _____

Location of existing Will: _____

Reason for new Will: _____

EXECUTOR(S):

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. One primary and one alternate executor will likely be sufficient depending on your circumstances. For tax reasons, it is not advisable to choose an executor who resides outside of Canada. At least one executor should be a resident of Alberta, particularly where beneficiaries are under age 18.

1. Full Name: _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

2. Full Name: _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

ALTERNATE EXECUTOR(S):

1. Full Name: _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

2. Full Name _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

Have all your executors been asked and are they willing to act? _____

Do any of your executors have companies in which they are the sole or majority shareholder? _____

EXECUTOR'S POWERS

The powers of your executor will be discussed with you to determine what is appropriate, given your particular estate.

GUARDIAN(S) FOR MINOR CHILDREN

1. Full Name: _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

2. Full Name: _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

Have all your guardians been asked and are they willing to act? _____

ESTATE DISTRIBUTION

The following choices as to distribution of your estate are for your convenience only. This is not a substitute for a full discussion with your lawyer.

1. All to spouse: YES NO Other: _____

2. If spouse predeceases me:

Equally to all children? _____

All to children but different percentages? _____

Different percentages to particular children? _____

3. At what age are your children to receive their share of your estate?

_____ all at 18 years

_____ % at _____ years

_____ % at _____ years

_____ % at _____ years

Other: _____

The age of majority is 18 in Alberta. Unless specified otherwise, the Will shall be drafted so that your Executor 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.

4. If one child dies before you do, or before attaining the age at which he is entitled to the share, who shall receive that share or the amount remaining?

_____ the children of the deceased child (my grandchildren) – at what age? _____

_____ my other surviving children only

Other: _____

5. Family Demise:

How is your estate to be divided if you and your spouse and all your children and grandchildren are killed in a common accident, or if any of your children or grandchildren survive you but die before becoming entitled to receive their entire portion of your estate?

_____ 1/2 to my parents and 1/2 to my spouse's parents

_____ 1/2 to my brothers and sisters and 1/2 to my spouse's brothers and sisters who are then alive in, equal shares

_____ to my nephews and nieces and my spouse's nephews and nieces in equal shares

Other: _____

6. Specified Gifts or Legacies:

There are two alternative ways to deal with specific gifts or legacies:

1. Specific gifts may be listed in the Will prior to execution. Disposition of these items must, according to law, be disposed of according to the directions in the Will. To change the beneficiary of such a gift involves redrafting the Will or creating a Codicil to the Will.
2. Specific gifts may be listed on a separate document, which is attached to the Will after execution. The direction in this document is not legally binding, it is merely a direction to the Executor. You may add to or subtract from this list as you wish without the assistance of legal counsel.

List items or amounts of specific gifts which you would like to include in your Will:

7. Charitable Gifts

Do you wish to give cash or another gift to charity? YES NO

If yes, please provide details (name and address of organization, etc.):

BENEFICIARIES

Please complete this section for any beneficiaries who are not already described in this questionnaire.

Name: _____ Birthdate: _____ Relationship: _____

Address: _____

Name: _____ Birthdate: _____ Relationship: _____

Address: _____

Name: _____ Birthdate: _____ Relationship: _____

Address: _____

Name: _____ Birthdate: _____ Relationship: _____

Address: _____

SECTION 6 – ENDURING POWER OF ATTORNEY

Have you ever signed a Power of Attorney before? YES NO

If yes, give date, name(s) of attorney(s) and type or purpose of the Power of Attorney.

ATTORNEY(S)

Your attorney should be someone you trust to handle your estate, and must be at least 18 years old. Depending upon the complexity of your estate and the nature and duration of your incapacity, the attorney’s duties may be time-consuming. It is wise to select someone who resides near you so that he or she will be able to access your bank accounts, etc., as necessary.

1. Full Name _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

2. Full Name _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

ALTERNATE ATTORNEY(S):

1. Full Name _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

2. Full Name _____ Birthdate: _____

Relationship: _____

Address: _____

Occupation: _____

Have all your attorneys been asked and are they willing to act? _____

Do any of your attorneys have companies in which they are the sole or majority shareholder? _____

Any other restrictions: _____

ACCOUNTING

Do you want your attorney to account to anyone for the use of your funds? If yes, who would the accounting be to?

SECTION 7 – PERSONAL DIRECTIVE

Do you have any personal directives or living wills? YES NO

The following questions are intended as discussion among you and your agent(s), family members and personal advisors in order to clarify your wishes and make them known to those people who will be asked to implement them in the event you cannot do so yourself.

Your lawyer’s role in the preparation of a Personal Directive is to ensure that your wishes are stated clearly and concisely, in accordance with the requirements of the *Personal Directives Act*. Before you can explain your wishes to your lawyer, you will need to consider a number of personal issues, some of which may lead you to consult your family and others, such as your doctor or your spiritual advisor.

AGENT(S)

1. Full Name _____ Birthdate: _____
Relationship: _____
Address: _____
Occupation: _____

2. Full Name _____ Birthdate: _____
Relationship: _____
Address: _____
Occupation: _____

ALTERNATE AGENT(S):

1. Full Name _____ Birthdate: _____
Relationship: _____
Address: _____
Occupation: _____

2. Full Name _____ Birthdate: _____
 Relationship: _____
 Address: _____
 Occupation: _____

Have all your agents been asked and are they willing to act? _____

Your Personal Directive will only take effect if you lack the capacity to make a personal decision. Who do you wish to determine whether you are incapacitated? (This person may be a physician, your attorney, a friend, or any combination of persons. This decision is entirely your own).

What powers do you wish your agent to have? Please check from the following:

- _____ health care
- _____ accommodation
- _____ with whom I may live and associate
- _____ my participation in social, educational and employment activities
- _____ legal matters that do not relate to my estate
- _____ any non-financial matter relating to my person
- _____ organ/tissue donation and participation in medical research
- _____ any other matter prescribed by the regulations and the *Personal Directives Act* of Alberta

Other: _____

Are there any specific directions which you want your agent to follow? YES NO

Do you wish your agent to be guided by any particular religious or cultural beliefs or traditions? YES NO

Do you wish to restrict your agent's authority in any area? YES NO

Please describe your "yes" answers:

Who would you like to be able to review the decisions of your agent, if anyone?

Do you want anyone else to be involved in the decision making? You can instruct your agent to consult with various people in your personal directive.

What medical conditions or circumstances would you not want to survive? (eg. constant vegetative state with no hope of regaining former functions). Any condition that you would see as worse than death should be listed.

If your agent and attorney under enduring power of attorney cannot agree, who do you want to have the final say?

Agent: _____ Attorney: _____

Other: _____

Please complete the attached Schedule "A" as to whom you wish to be notified if the personal directive comes into effect (e.g. children, physician, attorney in enduring power of attorney, priest, minister or pastor, other interested persons).

This is my information and instructions for my Will, Enduring Power of Attorney and Personal Directive.

Signature

Signature

SCHEDULE "A"

Family members and other interested persons who my agent may need to contact

(Note: Please keep the information on this Schedule up-to-date)

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____

Name: _____

Address: _____

Phone No.: _____ Relationship: _____