



9831-107 Street
 Westlock, Alberta T7P 1R9
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ESTATE PLANNING QUESTIONNAIRE

DATE			
SECTION 1 - FAMILY INFORMATION			
PERSONAL INFORMATION FOR YOURSELF AND SPOUSE IF APPLICABLE			
FULL LEGAL NAME			
LIST ANY OTHER NAMES YOU ARE KNOWN BY			
ADDRESS			
PHONE NUMBER(S)			
FAX NUMBER			
E-MAIL ADDRESS			
YOUR DATE OF BIRTH			
YOUR PLACE OF BIRTH			
YOUR CITIZENSHIP			
SPOUSAL INFORMATION			
SPOUSE'S FULL LEGAL NAME			
LIST ANY OTHER NAMES YOUR SPOUSE IS KNOWN BY			
SPOUSE'S DATE OF BIRTH			
SPOUSE'S PLACE OF BIRTH			
SPOUSE'S CITIZENSHIP			
DATE AND PLACE OF MARRIAGE			
BACKGROUND INFORMATION			
PREVIOUS MARRIAGE	YES	NO	If yes, name of previous spouse and date of death/separation/divorce
PREVIOUS MARRIAGE OF SPOUSE	YES	NO	If yes, name of previous spouse and date of death/separation/divorce
OBLIGATIONS PURSUANT TO PREVIOUS MARRIAGES (e.g Spousal/Child Support)	YES	NO	If Yes, please describe
OBLIGATIONS OF YOUR SPOUSE PURSUANT TO PREVIOUS MARRIAGES (e.g Spousal/Child Support)	YES	NO	If Yes, please describe
IF YOU ARE SINGLE, SEPARATED OR DIVORCED			
ARE YOU PLANNING ON MARRYING IN THE NEAR FUTURE?	YES	NO	If Yes, to whom?

CHILDREN	
HOW MANY CHILDREN DO YOU HAVE?	
ARE ALL OF THE FOLLOWING CHILDREN FROM YOUR PRESENT MARRIAGE? (both living and deceased)	YES _____ NO _____ If No, indicate with the appropriate letter beside each child: P = from previous marriage (husband/wife) A = adopted O = born outside present marriage

FULL NAME		D.O.B	
ADDRESS		MARITAL STATUS	
ANY CHILDREN?	<i>NAMES AND AGES OF CHILDREN</i>		
FULL NAME		D.O.B	
ADDRESS		MARITAL STATUS	
ANY CHILDREN?	<i>NAMES AND AGES OF CHILDREN</i>		
FULL NAME		D.O.B	
ADDRESS		MARITAL STATUS	
ANY CHILDREN?	<i>NAMES AND AGES OF CHILDREN</i>		
FULL NAME		D.O.B	
ADDRESS		MARITAL STATUS	
ANY CHILDREN?	<i>NAMES AND AGES OF CHILDREN</i>		

ARE THERE ANY STEPCHILDREN, ADOPTED CHILDREN OR ILLEGITIMATE CHILDREN OF EITHER SPOUSE?	YES _____ NO _____
ARE YOU OR YOUR SPOUSE RESPONSIBLE FOR ANY OTHER CHILDREN?	YES _____ NO _____
IF YES TO ANY OF THE ABOVE QUESTIONS, GIVE DETAILS	

ARE ANY OF THE CHILDREN OR GRANDCHILDREN MENTALLY OR PHYSICALLY INCAPACITATED?	YES _____ NO _____
IF YES, PLEASE EXPLAIN	
ARE YOU RESPONSIBLE FOR ANY DEPENDENT ADULT WHO IS MENTALLY OR PHYSICALLY INCAPABLE OF HANDLING THEIR OWN AFFAIRS?	YES _____ NO _____
IF YES, PLEASE EXPLAIN	
HAVE ANY OF YOUR CHILDREN PREDECEASED YOU?	YES _____ NO _____
IF YES, GIVE THE NAME AND DATE OF BIRTH/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 page.	
REAL ESTATE	
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)	
PRINCIPAL RESIDENCE	
MUNICIPAL ADDRESS	
LEGAL DESCRIPTION	
NAMES ON TITLE	
OWNERSHIP	JOINT TENANCY _____ TENANCY IN COMMON _____
CURRENT MARKET VALUE	\$ _____
CURRENT OWING ON MORTGAGE	\$ _____
IS MORTGAGE(S) LIFE INSURED	YES _____ NO _____
OTHER REAL ESTATE	
ADDRESS	
LEGAL DESCRIPTION	
NAMES ON TITLE	
OWNERSHIP	JOINT TENANCY _____ TENANCY IN COMMON _____
ACQUISITION COST	\$ _____
CURRENT MARKET VALUE	\$ _____

	ADDRESS	
	LEGAL DESCRIPTION	
	NAMES ON TITLE	
	OWNERSHIP	JOINT TENANCY _____ TENANCY IN COMMON _____
	ACQUISITION COST	\$ _____
	CURRENT MARKET VALUE	\$ _____

BANK ACCOUNTS	
OWNER	BANK NAME AND LOCATION
APPROXIMATE CURRENT BALANCE OF ALL ACCOUNTS	\$ _____

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS				
OWNER	BANK	LOCATION	PRINCIPAL VALUE	MATRUITY DATE
			\$ _____	
			\$ _____	
			\$ _____	

LIFE INSURANCE POLICIES (INDICATE TYPE: TERM (T) or PERMANENT (P))					
TYPE	OWNER	COMPANY	POLICY NUMBER	VALUE	BENEFICIARY
				\$ _____	
				\$ _____	
				\$ _____	
				\$ _____	
LOCATION OF INSURANCE POLICIES?					

PENSION PLANS Indicate type of Pension Plan (i.e., is plan governed by Federal or Provincial legislation?) (Ask your employer who you may designate as a beneficiary under your Pension Plan)		
COMPANY	CURRENT VALUE OF BENEFIT OF ESTATE	BENEFICIARY
	\$ _____	
	\$ _____	
	\$ _____	

REGISTERED RETIEMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS				
OWNER	FINANCIAL INSTITUTION	LOCATION	CURRENT VALUE	NAMED BENEFICIARY
			\$	
			\$	
			\$	

ANNUITY CONTRACTS				
OWNER	NAME OF COMPANY	TYPE OF PLAN	VALUE	BENEFICIARY
			\$	
			\$	
			\$	

SHARE IN PRIVATE CORPORATIONS	
DESCRIBE FULL NAMES OF COMPANY, SHAREHOLDERS, NUMBER AND TYPE OF SHARE OWNED BY EACH SHAREHOLDER, NATURE OF BUSINESS, AS 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 _____
PARTNERSHIP / UNINCORPORATED BUSINESS	
DESCRIBE	
SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES	
OWNER	INSTITUTION
APPROXIMATE CURRENT VALUE OF PORTFOLIO	\$
LOCATION OF SHARE CERTIFICATES	

VALUABLE PERSONAL PROPERTY (e.g. art, silverware, stamps, jewellery, automobiles, mobile homes, boats, R.V.'s, heirlooms, etc.)			
DESCRIPTION	LOCATION OF PROPERTY	ACQUISITION COST	CURRENT VALUE
		\$	\$
		\$	\$
		\$	\$

ANY OTHER ASSETS NOT LISTED ABOVE			

HAVE YOU AN INTEREST IN MINES AND MINERALS?	YES _____ NO _____
HAVE YOU AN INTEREST IN ANY ASSETS OUTSIDE ALBERTA?	YES _____ NO _____
HAVE YOU AN INTEREST IN ANY ASSETS OUTSIDE CANADA?	YES _____ NO _____
HAVE YOU AN INTEREST IN ANOTHER ESTATE OR TRUST?	YES _____ NO _____
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 _____
HAVE YOU AN INTEREST IN FARM LAND?	YES _____ NO _____
DO YOU OWN ANY PROPERTY IN JOINT TENANCY WITH SOMEONE NOT DESCRIBED ABOVE?	YES _____ NO _____
ARE YOU THE OWNER OF A LIFE INSURANCE POLICY ON THE LIFE OF ANOTHER PERSON?	YES _____ NO _____
PLEASE DESCRIBED YOUR "YES" ANSWERS	
DEBTS OWED TO YOU – DOES ANYBODY OWE YOU MONEY (e.g. personal loans, promissory notes, mortgages, agreements for sale, etc.)	

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 _____

SECTION 4 – PERSONAL ADVISORS

THIS SECTION WILL ASSIST YOUR EXECUTORS IN TRACING ASSETS ESPECIALLY THOSE ASSETS WHICH WERE ACQUIRED AFTER THE DATE OF YOUR WILL.

	NAME	COMPANY	ADDRESS
ACCOUNTANT			
STOCK BROKER AND FINANCIAL ADVISOR			
LIFE INSURANCE AGENT			
PROPERTY INSURANCE AGENT			
BANKER			
LAWYER			
PHYSICIAN			
OTHER			
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	SHAREHOLDER AGREEMENT	WILL
COHABITATION AGREEMENT	BUY-SELL AGREEMENT	CODICIL(S)
DIVORCE DECREE	PARTNERSHIP AGREEMENT	SEPARATION AGREEMENT
MINUTES OF SETTLEMENT		
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?	
REASON FOR NEW WILL?	

EXECUTORS			
<p>If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. (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.</p>			
Your Executor	(if Married, usually spouse)		
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Alternate Executor			
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Spouse's Executor	(if Married, usually spouse)		
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Spouse's Alternate Executor			
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Have all of your executors been asked and are they Willing to act?		Yes _____	No _____

GUARDIANS (other than a spouse)			
FULL NAME	RELATIONSHIP	ADDRESS	AGE
ALTERNATE GUARDIAN			
FULL NAME	RELATIONSHIP	ADDRESS	AGE

Have all the Guardians been asked and are they willing to Act?	Yes _____ No _____
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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.

All to spouse?	Yes _____ No _____
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OTHER (or if not married)	
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IF SPOUSE PREDECEASES	
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Equally to all children?	Yes _____ No _____
---------------------------------	--------------------

All to children but different percentages?	Yes _____ No _____
---	--------------------

If Yes, describe	
------------------	--

Different percentages to particular children?	Yes _____ No _____
--	--------------------

If Yes, describe	
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Other?	
---------------	--

AT WHAT AGE ARE YOUR CHILDREN TO RECEIVE THEIR SHARE OF YOUR ESTATE?

ALL AT 18 YEARS?	Yes _____ No _____
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_____ % at _____ years

_____ % at _____ years

_____ % at _____ years

_____ at 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.

If one child dies before you do, or before attaining the age at which he is entitled to the share, who shall receive the share or the amount remaining?
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The children of the deceased child (my grandchildren)	Yes _____ No _____
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My surviving children only	Yes _____ No _____
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Other	
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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 survives you but die before becoming entitled to receive their entire portion of your estate?
--

½ to my parents and ½ to my spouse's parents	Yes _____ No _____
--	--------------------

½ to my brothers and sisters and ½ to my spouse's brothers and sisters who are then alive in equal share	Yes _____ No _____
--	--------------------

To my nephews and nieces and my spouse's nephews and nieces in equal shares	Yes _____ No _____
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Charities?	
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Other?	
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Special Gifts or Legacies – List items or amounts (Caution: 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 the Will and change it when an item is sold or replaced)

BENEFICIARIES

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

Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

DISPOSITION OF REMAINS

Burial	Yes ____ No ____
Cremation	Yes ____ No ____
Other	
Location of Plot	
Pre-arranged Funeral	Yes ____ No ____
Funeral Director, if known	
Other	

SECTION 6 - INSTRUCTIONS FOR ENDURING POWER OF ATTORNEY

DO YOU NOW HAVE AN ENDURING POWER OF ATTORNEY? Yes _____ No _____

ATTORNEY(S)

An attorney will look after your financial affairs, your money and legal matters relating to your estate but not your person. You should consider whether or not you are looking to name one person alone, two people to act as joint or several attorneys or one person with an alternate. Joint attorney's means that the two of them must act together and joint and several attorneys means that they can act together or apart. If you list more than one, mark as joint or joint and several.

Your Attorney	(if Married, usually spouse)		
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Alternate Attorney			
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Spouse's Attorney	(if Married, usually spouse)		
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Spouse's Alternate Attorney			
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Have all of your Attorneys been asked and are they Willing to act?		Yes _____	No _____

SPRINGING/IMMEDIATE	
Enduring Power of Attorney can be either springing or immediate. A springing Enduring Power of Attorney will start upon the happening of some events such as mental incapacity and an immediate Attorney will start right away and continue notwithstanding mental incapacity.	
Would you like a springing Enduring Power of Attorney which will come into effect upon mental incapacity?	Yes _____ No _____
Would you like the power to spring into effect when two licensed physicians declare you are incapable of managing your affairs?	Yes _____ No _____
Or some other conclusion?	
Do you want an immediate Enduring Power of Attorney?	Yes _____ No _____

GENERAL / SPECIFIC	
You can have a general enduring power of attorney and also a specific enduring power of attorney or you can make this a very specific document.	
What matters would you like your attorney to act on?	
General	Yes _____ No _____
Revenue Canada	Yes _____ No _____
Land	Yes _____ No _____
Gifts to Family	Yes _____ No _____
Professionals	Yes _____ No _____
Other	Yes _____ No _____
RESTRICTIONS	
Would you like any restrictions to be put on your attorney, such as	
You would like to live independently as long as possible and would like your money to be spend for that purpose	Yes _____ No _____
You would like to put a limit on the amount of money which the attorney can spend on any matter	Yes _____ No _____
If yes, What is the Limit?	\$
You would like your attorney to be restricted on investments he-she can make	Yes _____ No _____
If yes, restrictions?	
Do not want you attorney to sell specific property? If yes, described property	Yes _____ No _____
Other	

SECTION 7 - INSTRUCTIONS FOR PERSONAL DIRECTIVE

DO YOU NOW HAVE ANY PERSONAL DIRECTIVE? Yes _____ No _____

AGENT(S)

An agent will be able to make personal decisions for you when you lack the mental capacity to make such decisions. You can name either a single agent with another person as an alternate, two or more agents to act either jointly or severally. Jointly means that the agents must act together; jointly and severally means that they can act together or apart. If you name more than one please indicate if they are joint or joint and several.

Your Agent	(if Married, usually spouse)		
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Alternate Agent			
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Spouse's Agent	(if Married, usually spouse)		
FULL NAME	RELATIONSHIP	ADDRESS	AGE
Your Spouse's Alternate Agent			
FULL NAME	RELATIONSHIP	ADDRESS	AGE

Have all of your Agents been asked and are they Willing to act? Yes _____ No _____

PERSONAL DECISIONS

Your Agent can make a number of personal decisions for you. The following is a list of the usual matters which they can deal with. Please indicate if you would like them to deal with these matters.

Healthcare	Yes _____ No _____
Accommodation	Yes _____ No _____
With whom I may live and associate	Yes _____ No _____
My participation and social education and employment activities	Yes _____ No _____
Legal matters that do not relate to my estate	Yes _____ No _____
Any other matter prescribed by the regulations and the Personal Directive Act of Alberta	Yes _____ No _____
Other?	

CAPACITY	
You will need to put into the document who it is you wish to decide that you do not have capacity and that the Personal Directive comes into effect. This person will have to make the decisions in cooperation with a physician. Who would you like this to make this decision?	
Agent	Yes _____ No _____
Other?	
NOTIFICATION	
Who would you like to be notified if the Personal Directive comes into effect?	
REVIEW	
Who would you like to be able to review the decisions of your Agent if anyone?	
DECISION MAKING	
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 Directives.	
Yes _____ No _____	
If your Agent and Attorney under Enduring Power of Attorney cannot agree who do you want to have the final say?	
Agent?	Yes _____ No _____
Attorney?	Yes _____ No _____
Other?	