



## ESTATE PLANNING QUESTIONNAIRE

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Date: \_\_\_\_\_

### SECTION 1 - FAMILY INFORMATION

#### PERSONAL 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:

\_\_\_\_\_

Address (**Include Postal Code**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address:  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Address:  
\_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

**MARRIAGE INFORMATION**

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Do you and your spouse have a marriage contract? YES / NO If so, please provide a copy.

Previous Marriage: YES / NO

Previous Marriage: YES / NO

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

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If you are single, separated or divorced:

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

YES / NO If yes, to whom:

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(b) Are you now cohabiting with anyone?

YES / NO If yes, with whom:

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### CHILDREN

Number of Children:

Are all of the above children from your present marriage?

YES / NO

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

1. 

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2. 

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3. 

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4. 

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Are there any stepchildren or children born outside of your present marriage? YES / NO

Are you responsible for any other children? YES / NO

Are any of your 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, give details:

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Are you responsible for any dependant adults who are mentally or physically incapable of handling their own affairs? YES / NO

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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:

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**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.

**REAL ESTATE**

Principal Residence:

Municipal Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Name(s) on title: \_\_\_\_\_

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.

1. Address: \_\_\_\_\_ Legal: \_\_\_\_\_

Names: \_\_\_\_\_

Ownership: Joint Tenancy / Tenancy in Common / Unknown

**DEBTS OWED TO YOU**

Does anybody owe you money (e.g. personal loans, promissory notes, mortgages, agreements for sale)? YES / NO

\_\_\_\_\_  
\_\_\_\_\_

**BANK ACCOUNTS AND INVESTMENTS**

Bank Name and Location:

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**REGISTERED RETIREMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS**

Financial Institution	Location	Current Value	Named Beneficiary
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**ANNUITY CONTRACTS**

Name of Company	Type of Plan	Value	Beneficiary
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LIFE INSURANCE POLICIES Indicate type: Term (T), Permanent (P)

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Beneficiary Designated: \_\_\_\_\_

Location of insurance policies: \_\_\_\_\_

**PENSION PLANS**

Company	Current Value of Benefits to Estate	Beneficiary	Type of Pension Plan
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**SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES**

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**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:

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Are there any restrictions on transfer? YES / NO

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

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

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**PARTNERSHIP / UNINCORPORATED BUSINESS** Describe:

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

Description	Location of Property	Acquisition Cost	Current Value

**DO YOU REQUIRE THESE ITEMS TO BE SET OUT IN YOUR WILL?** YES / NO

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:

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ANY OTHER PROPERTY YOU WOULD LIKE TO ADD?

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**SECTION 3 - LIABILITIES**

CREDITOR

AMOUNT

DUE DATE

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Other Obligations: (e.g. Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Revenue Canada, etc.)

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Are any of your debts life insured? YES / NO

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**SECTION 4 - PERSONAL ADVISORS**

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

**SAFETY DEPOSIT BOX**

Location	Box Number	Registered Name(s)	Location of Key(s)
_____			

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

Will  
Codicil(s)

Trust Deed in which you have an ongoing administrative or beneficial interest.

Will of deceased person or a Trust Deed which names you as a beneficiary.

**SECTION 5 - INSTRUCTIONS OF WILL**

Do you now have a Will?

YES / NO

Reason for new Will:

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**EXECUTOR(S)**

If your spouse is the sole beneficiary of you 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 you 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 the age of 18.

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

ALTERNATE EXECUTOR(S)

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Have all of your executors been asked and are they willing to act? YES / NO

GUARDIAN(S) FOR MINOR CHILDREN

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

ALTERNATE GUARDIAN(S)

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Have all the guardians been asked and are they willing to act? YES / NO

### 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

2. Other: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_\_

3. If spouse predeceases me: \_\_\_\_\_  
equally to all children?  
all to children but different percentages?  
different percentages to particular children?

4. At what age are you 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.

5. 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 which age  
\_\_\_\_\_?  
\_\_\_\_\_ my other surviving children only  
\_\_\_\_\_ Other \_\_\_\_\_

6. 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?

- \_\_\_\_\_ ½ to my parents and ½ to spouse's parents
- \_\_\_\_\_ ½ to my brothers and sisters and ½ to my spouse's brother and sisters who are all then alive in equal shares
- \_\_\_\_\_ to my nephews and nieces and my spouse's nephews and nieces in equal shares
- \_\_\_\_\_ Other \_\_\_\_\_

7. Specified Gifts or Legacies:

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

- (a) 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;
- (b) 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 you Will:

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8. Charitable Gifts & Endowments

Do you wish to give cash or another gift to charity?  
If yes, please provide specific details and the current  
legal name of the Charity:

YES / NO

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**FUNERAL/MEMORIAL ARRANGEMENTS AND OTHER SPECIAL INSTRUCTIONS,  
IF ANY:**

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**EXECUTOR'S POWERS**

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

**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

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**ATTORNEY(S)**

Your attorney should be someone other than your lawyer, whom 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: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**ALTERNATE ATTORNEY(S)**

Your EPA will have no effect if your named Attorney cannot act. Please name an alternate

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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

YES / NO

**SPRINGING / IMMEDIATE**

Do you wish the Power of Attorney to take effect immediately or do you wish it to spring into effect upon your incapacity or upon some other contingency specified by you?

\_\_\_\_\_ Immediately

\_\_\_\_\_ upon my incapacity

\_\_\_\_\_ upon the following contingency: \_\_\_\_\_

If you wish the Power of Attorney to take effect upon incapacity, who do you wish to make the decision that you have become incapacitated? (This person may be a physician, your attorney, a friend, or any combination of persons. This decision is entirely your own.)

\_\_\_\_\_

**COMPENSATION**

Do you wish your attorney to receive compensations? YES / NO

**GENERAL / SPECIFIC**

You can have a general enduring power of attorney or you can make this a very specific document.

What matters would you like your attorney to act on?

- |                          |          |
|--------------------------|----------|
| 1. General               | YES / NO |
| 2. Revenue Canada        | YES / NO |
| 3. Land                  | YES / NO |
| 4. Gifts to Family       | YES / NO |
| 5. Professionals         | YES / NO |
| 6. Other (specify below) | YES / NO |

\_\_\_\_\_

\_\_\_\_\_

**RESTRICTIONS**

Would you like any restrictions to be put on your attorney?

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**SECTION 7 - PERSONAL DIRECTIVE**

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

The following questions are intended to initiate a 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: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**ALTERNATE AGENT(S)**

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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)

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Please indicate in which areas you wish your agent to make decisions for you:

- \_\_\_\_\_ 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
- \_\_\_\_\_ 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:

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

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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.

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

- Agent
- Attorney
- Other