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ESTATE PLANNING QUESTIONNAIRE

NOTE: PLEASE COMPLETE ONE QUESTIONNAIRE PER COUPLE

Date: _____

SECTION 1 - FAMILY INFORMATION

PERSONAL INFORMATION

Full Legal Name:(including middle names)

Spouse's Full Legal Name: (including middle names)

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: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Employer's Address:

Employer's Address:

Citizenship: _____

Citizenship: _____

MARRIAGE INFORMATION

Marital Status: _____

Marital Status: _____

Date and Place of Marriage: _____

Cohabitation Agreement? YES NO If so, please provide a copy.

Pre/Post Nuptial Agreement? YES NO If so, please provide a copy.

Previous Marriage: YES NO

Previous Marriage: YES NO

If yes, name of previous spouse:

If yes, name of previous spouse:

Date of death/divorce/separation:

Date of death/divorce/separation:

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

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

If you are single, separated, divorced or widowed:

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

YES NO If yes, to whom:

(b) Are you now living with anyone?

YES NO If yes, with whom:

CHILDREN

Number of Children: _____

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

Please include:

a) full name b) address c) date of birth d) marital status (of your children):

1. _____

2. _____

3. _____

4. _____

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 you checked yes to any of the above questions, please give details:

Are you responsible for any adults who are mentally or physically incapable of handling their own affairs? If yes, please describe. YES NO

Have any of your children predeceased you? YES NO

If yes, give the name and date of death of the deceased child. Please provide the names and dates of birth of his or her 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 Personal Representative(s) (formerly called an 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 sheet.

REAL ESTATE

Principal Residence:

Municipal Address: _____

Legal Description: _____

Name(s) on Title: _____

If more than one person on title: joint tenancy tenants-in-common

Estimated Market Value: \$_____ Estimated Mortgage Value:\$_____

Is the mortgage life insured? YES NO

Other Real Estate

Describe municipal address, legal description, names on title.

Address: _____ Legal Description: _____

Names(s) on Title: _____

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 UNREGISTERED INVESTMENTS

Bank Name and Location:

REGISTERED INVESTMENTS

Financial Institution	Location	Current Value	Named Beneficiary
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RESPs

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

Named Beneficiary: _____

Location of insurance policies:

Do you have any critical illness or disability coverage with benefits/proceeds payable to your estate on your death? YES NO

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

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 Shareholder's 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
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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?
 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

Please describe your “**YES**” answers:

DIGITAL ASSETS

Your Executor will be responsible to administer and manage your on-line accounts and digital assets, including social media, music, gaming and financial accounts.

Do you have any accounts you wish to remain private? If so, please discuss with your lawyer, as different arrangements may need to be made. YES NO

Is there any other property you would like to add?

SECTION 3 - LIABILITIES

CREDITOR	AMOUNT	DUE DATE
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Do you have any other obligations? (e.g. Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Revenue Canada, etc.)

Are any of your debts life insured? YES NO

SECTION 4 - PERSONAL ADVISORS

Name	Company	Address
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Accountant: _____

Financial Advisor: _____

Life Insurance Agent: _____

Property Insurance Agent: _____

General Physician: _____

Specialist Physician: _____

Other: _____

SAFETY DEPOSIT BOX

Location	Box Number	Registered Name(s)	Location of Key(s)
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PLEASE PROVIDE US WITH A COPY OF ANY OF THE FOLLOWING EXISTING 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 FOR WILL

Do you now have a Will? YES NO

Reason for making a new Will, including any health concerns:

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 the age of 18.**

PRIMARY EXECUTOR(S)

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

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

Do you wish these Executors to act jointly? YES NO

ALTERNATE EXECUTOR(S)

- 1. Full Name: _____ Age: _____
Relationship: _____
Address: _____
Occupation: _____

- 2. Full Name: _____ Age: _____
Relationship: _____
Address: _____
Occupation: _____

Do you wish these Executors to act jointly? YES NO

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: _____

- 2. Full Name: _____ Age: _____
Relationship: _____
Address: _____
Occupation: _____

Have all of 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 my spouse: YES NO

2. Other: Name: _____
 Address: _____
 Relationship: _____
 Age: _____

3. If my spouse predeceases me:
 equally to all my children?
 all to my children but different percentages?
 different percentages to particular children?
 other? _____

4. 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 the 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/she is entitled to the share, who should receive that share or the amount remaining?

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

_____ my other surviving children only?

_____ other? _____

6. Family Demise:

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, how would you like your estate to be divided?

Examples (for convenience only):

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

_____ 1/2 to my brothers and sisters and 1/2 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

Please provide names and places of residence for proposed alternate beneficiaries.

7. Specified Gifts or Legacies:

If you are thinking of making a gift of a certain asset, there are two alternative ways to consider doing that:

(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 kept with 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, if any:

8. Charitable Gifts & Endowments:

Are you currently giving to an important cause? YES NO

If yes, do you wish that to continue after your death? YES NO

Do you wish to give a gift to a charity or an organization important to you?
 YES NO

If yes, please provide specific details and the current legal name of the charity:

FUNERAL/MEMORIAL ARRANGEMENTS:

I wish to be buried: YES NO

The location of my plot is:

I wish to be cremated: YES NO

Do you have an idea of what is to be done with your remains or do you wish to leave that to your Executor?

Are there any additional instructions you wish to include in your Will specifically?

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:

ATTORNEY(S)

Your Attorney should be someone other than your lawyer, someone you trust to handle your financial affairs, and someone 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.

PRIMARY ATTORNEY(S)

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

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

Do you wish these Attorneys to act jointly? YES NO

ALTERNATE ATTORNEY(S)

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

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

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

Do you wish these Attorneys to act jointly? YES NO

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. If no one is specified, the legislation requires that two medical practitioners must make the declaration.

COMPENSATION

Do you wish your Attorney to receive compensation? 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 matters | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Revenue Canada | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Land | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Gifts to Family | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Professionals | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Other (specify below) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

RESTRICTIONS

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

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.

PRIMARY AGENT(S)

1. Full Name: _____ Age: _____
 Relationship: _____
 Address: _____
 Occupation: _____
 Phone Number: _____

2. Full Name: _____ Age: _____
 Relationship: _____
 Address: _____
 Occupation: _____
 Phone Number: _____

Do you wish these Agents to act jointly? YES NO

ALTERNATE AGENT(S)

Your PD will have no effect if your named Agent cannot act. Please name at least one alternate.

1. Full Name: _____ Age: _____
Relationship: _____
Address: _____
Occupation: _____
Phone Number: _____

2. Full Name: _____ Age: _____
Relationship: _____
Address: _____
Occupation: _____
Phone Number: _____

Do you wish these Agents to act jointly? YES NO

DECLARATION OF INCAPACITY

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. If no one is specified, the legislation requires that two medical practitioners must make the declaration. Consultation with a physician or psychologist is required.

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*

Is there a reason not to include all of the above? _____

Other considerations (for example, caring for young children if the other parent cannot):

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.

If your Agent and Attorney under Enduring Power of Attorney cannot agree, who do you want to have the final say?

- _____ Agent
- _____ Attorney
- _____ Other