



BROWNLEE LLP
Barristers & Solicitors EST. 1935

Estate Planning Questionnaire

Will, Enduring Power of Attorney & Personal Directive

Robert Collier
#2200, 10155 - 102 Street
Edmonton, Alberta T5J 4G8
Phone No.: 780-497-4809
rcollier@brownleelaw.com

The purpose of this questionnaire is to provide us with sufficient information to assist you in planning your estate and to get you thinking about certain aspects of your estate planning matters. This questionnaire does not replace the need for us to meet to discuss your estate planning in detail; this is only for discussion purposes at our meeting and to assist us in drafting your documents.

SECTION I - FAMILY INFORMATION

PERSONAL INFORMATION

Full Name _____ Spouse's 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 _____ Address _____
(including (including
postal code) postal code)

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Business Phone _____ Business Phone _____

Email _____ Email _____

Occupation _____ Occupation _____
Employer _____ Employer _____
Employer's _____ Employer's _____
Address _____ Address _____
(including _____ (including _____
postal code) _____ postal code) _____

Citizenship other than Canada? Yes No Citizenship other than Canada? Yes No

If yes, where? _____ If yes, where? _____

Do you have a US green card? Yes No Do you have a US green card? Yes No

Do you holiday in the US for extended periods of time each year? Yes No Do you holiday in the US for extended periods of time each year? Yes No

PRESENT MARRIAGE

Marital Status _____

Date and Place of Marriage _____

Full Name _____ Spouse's Name _____

PREVIOUS MARRIAGE

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 _____

Date and Place of Marriage _____ Date and Place of Marriage _____

Obligations pursuant to previous marriages (e.g. spousal & child maintenance)? Yes No Obligations pursuant to previous marriages (e.g. spousal & child maintenance)? Yes No

If yes, please provide details _____ If yes, please provide details _____

If you are single, separated or divorced:

a) Are you planning to marry in the near future? Yes No

b) Are you now cohabiting with anyone? Yes No

If so, for how long _____

CHILDREN

Number of Children: _____

Are all the following children from your present marriage? Yes No

Are you planning to have more children? Yes No

Please provide particulars below:

Full Name	Female/Male	Address	Date of Birth	Marital Status	Name and Age of Their Children	*

* Please indicate appropriate letter beside each child:
P - from previous marriage (husband/wife)
A - adopted
O - born outside of present marriage

Are there any stepchildren, adopted children or illegitimate children of either spouse? Yes No

Are any of your grandchildren adopted, stepchildren, illegitimate? Yes No

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

Are any of the children or grandchildren mentally or physically incapacitated? Yes No

If yes, please describe:

Have any of your children predeceased you? Yes No

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

SECTION II - INSTRUCTIONS FOR WILL

PERSONAL REPRESENTATIVE(S)

This is the person(s) that will act as the executor of your Will and trustee of your estate. If your spouse is the sole beneficiary of your estate, it may be preferable to name him or her as the primary personal representative. You should also name alternates in the event your first choice is unable to act. For tax reasons, it is not advisable to choose a personal representative who resides outside of Canada. If you have more than one personal representative, it would be preferable if at least one of them is a resident of Alberta.

Primary Personal Representative(s)

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you want more than one personal representative to act together as joint personal representatives, name the other personal representative(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you are naming more than two personal representatives, jointly, do they make decisions on a majority basis or do they all have to agree?

- Majority basis
- All have to agree

Alternate Personal Representative(s)

If you are not naming joint personal representatives and your primary personal representative cannot or will not act, name your alternate personal representative(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If your alternate personal representative(s) cannot or will not act, name your second alternate personal representative(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

GUARDIAN(S) FOR MINOR CHILDREN

Primary Guardian(s)

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you want more than one guardian to act together as joint guardians, name the other guardian(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

Alternate Guardian(s)

If you are not naming joint guardians and your primary guardian cannot or will not act, name your alternate guardian(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If your alternate guardian(s) cannot or will not act, name your second alternate guardian(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

6. Specified Gifts or Legacies - list items or amounts and who is to receive it:
(Caution: As items can be sold and replaced during one's lifetime, we do not recommend that you list any items unless such items are of significant value or of great sentimental value.)

7. Money for Guardians:

If it becomes necessary for the guardians that you have named to look after and raise your minor children, will they require:

- A lump sum of money to be paid to them to buy a larger house, to renovate their current house, to buy a larger vehicle etc. in order to accommodate your children?

If yes, then how much would you like to give to them for this purpose? \$ _____

- A monthly amount to be paid to them to assist with the additional monthly expenses that they will incur as a result of raising your children?

If yes, then how much would you like to give to them for this purpose? \$ _____

8. Personal Representative Compensation:

Personal representatives are generally entitled to receive compensation for the time, effort and expertise that is spent by them in administering your estate. This can be a lump sum amount or a percentage of your estate. If you wish for your personal representative to receive compensation for acting on your behalf it is a good idea to specify the dollar amount or percentage of your estate they are to receive. They will also be entitled to reimbursement for any out-of-pocket expenses they incur in administering your estate.

In Alberta a rough guideline of the compensation that a personal representative is entitled to is 1% to 5% of the value of your estate. If you wish to specify in your Will the compensation that is to be received by your personal representative will it be:

- A percentage of your estate, and if so, what will be the percentage? _____ %

- A set amount, and if so, how much will that amount be? \$ _____

If you have named more than one personal representative to act on your behalf are they to share the compensation or are they each to receive the amount or percentage specified?

SECTION III - 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 representatives of all of your assets to ensure 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:

Civic address: _____

Legal description (if known): _____

Name(s) on title: _____

Ownership: Joint Tenancy Tenancy in Common

Other Land:

Recreational Farm Other

Civic address: _____

Legal description (if known): _____

Name(s) on title: _____

Ownership: Joint Tenancy Tenancy in Common

Interest in Mines and Minerals:

Civic address: _____

Legal description (if known): _____

Name(s) on title: _____

Ownership Joint Tenancy Tenancy in Common

FINANCIAL MATTERS

Cash

1. Bank: _____
Address: _____

Type of account: _____ Value: \$ _____

Joint account? Yes No

Registered owner(s): _____

2. Bank: _____
Address: _____

Type of account: _____ Value: \$ _____

Joint account? Yes No

Registered owner(s): _____

Guaranteed Investment Certificates (GIC) and Term Deposits

1. Bank: _____
Address: _____
Maturity date: _____

2. Bank: _____
Address: _____
Maturity date: _____

Life Insurance Policies

1. Company: _____
Policy No.: _____ Value: \$ _____
Beneficiary(ies): _____
Type: Term Permanent

2. Company: _____
Policy No.: _____ Value: \$ _____
Beneficiary(ies): _____
Type: Term Permanent

Segregated Funds

1. Company: _____
Value: \$ _____
Beneficiary(ies): _____

2. Company: _____
Value: \$ _____
Beneficiary(ies): _____

Pension Plans

1. Company: _____
Beneficiary(ies): _____

2. Company: _____
Beneficiary(ies): _____

Registered Education Savings Plans (RESP)

1. Company: _____
Address: _____
Value: _____

2. Company: _____
Address: _____
Value: _____

Registered Retirement Savings Plans (RRSP) & Registered Retirement Income Funds (RRIF)

1. Company: _____
Address: _____
Beneficiary(ies): _____

2. Company: _____
Address: _____
Beneficiary(ies): _____

Tax Free Savings Account

1. Company: _____
Address: _____
Beneficiary(ies): _____

2. Company: _____
Address: _____
Beneficiary(ies): _____

Debts Owning to You

Does anyone, including your children, owe you money? Yes No
(e.g. personal loans, promissory notes, mortgages etc.)

If yes, provide details:

Business Interests

Do you have any business interests? Yes No
(e.g. private company, partnership, sole proprietorship, etc.)

If yes, provide details:

Shares in Public Corporations, Mutual Funds, Bonds & Debentures

Provide details:
(Do not list all shares if portfolio changes regularly)

Valuable Personal Property

Provide details and include description and location of item:
(e.g. automobiles, mobile homes, boats, heirlooms, etc.)

Other Assets

Provide details of any other assets not listed above:

LIABILITIES

Creditor:	_____	Amount:	\$ _____
Creditor:	_____	Amount:	\$ _____
Creditor:	_____	Amount:	\$ _____
Creditor:	_____	Amount:	\$ _____

MISCELLANEOUS

1. Do you have an interest in any assets outside of Alberta? Yes No
2. Do you have an interest in any assets outside Canada? Yes No
3. Have you made any loans or advances to family members or others that are to be repaid? Yes No
4. Have you made any loans or advances to family members or others that are to be forgiven? Yes No

If you have answered yes to any of the above questions, please provide further details:

Are any of your debts life insured? Yes No

Safety Deposit Box

Location:	_____	Location of keys:	_____
Box Number:	_____	Registered	_____
	_____	Name(s)	_____

Funeral Arrangements

On your death do you want your body to be buried? Yes No

If you have answered yes, do you have a preference as to where it should be buried?

Would you prefer that your body be cremated? Yes No

If you have answered yes, do you have any instructions as to what is to be done with your ashes?

Have you already pre-arranged these matters? If so, with which company:

SECTION IV – INSTRUCTIONS FOR ENDURING POWER OF ATTORNEY

ATTORNEY(S)

This is the person(s) that will make financial decisions for you should you lose capacity to make them for yourself.

Primary Attorney(s)

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you want more than one attorney to act together as joint attorneys, name the other attorney or attorneys here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you are naming more than two attorneys, jointly, do they make decisions on a majority basis or do they all have to agree?

- On a majority basis
- They all have to agree

Alternate Attorney(s)

If you are not naming joint attorneys and your primary attorney cannot or will not act, name your alternate attorney here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If your alternate attorney cannot or will not act, name your second alternate attorney here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

IMMEDIATE OR SPRINGING

1. Indicate whether you want this power of attorney to come into effect immediately upon you signing it, or whether it you want it to spring into effect if and when you lose your capacity to make reasonable judgments relating to all or any part of your estate:

- Immediately upon signing (“Immediate Enduring Power of Attorney”)
- Spring into effect at the time you lose capacity (“Springing Enduring Power of Attorney”)

SPRINGING INTO EFFECT

2. If this is a springing power of attorney, indicate who should decide whether or not you still have capacity to make reasonable judgments relating to all or some part of your estate:

- One doctor
- Two doctors
- One doctor together with: _____
- Two doctors together with: _____
- Other: _____

POWERS

3. If you want to expand the powers of your attorney beyond what is automatically conferred by law, indicate which of the following you would like your attorney to be able to do with your assets:

- Give gifts to family members on special occasions, including gifts of cash
- Give gifts to charities
- Assist your children with post-secondary education expenses, even if your children are over 18 years
- Other: _____

4. Is there anything that you do not want your attorney to have the authority to do with your property (such as sell certain real property that you own)? If yes, provide details:

5. Indicate below how you would like your attorney to be compensated for his or her time and effort on your behalf:

- No fees should be paid; my attorney should only be reimbursed for out-of-pocket expenses
- Fees should be paid in the amount of \$_____ per month (including expenses)

6. How do you want your attorney to invest money on your behalf:

- Capital guaranteed investment such as guaranteed investment certificates (GIC) and term deposits
- Discretion of attorney; whatever they want to invest in, including mutual funds
- Some combination of these two, e.g.:
 - 50% capital guaranteed / 50% attorney discretion; or
 - 75% capital guaranteed / 25% attorney discretion; or
 - 25% capital guaranteed / 75% attorney discretion
- Prudently, this means that they have discretion as to how they invest your money, but they are required to diversify the investments to manage the risks
- Other:

7. We recommend that the attorney be required to provide an accounting of everything they have done with your finances if a family member or friend is at all concerned about the manner in which your attorney is dealing with your income and assets. If you are of the view that such provisions should be included in your Enduring Power of Attorney, please provide the names and addresses of the individual or individuals that would have the right to require that the attorney provide a detailed accounting of what they have done with your assets:

Name and Address: _____
Name and Address _____

8. If this Enduring Power of Attorney comes into effect, the Attorneys will be notified, if they are not already aware of it. Is there anyone, besides the Attorneys appointed by you that you would want notified? If so, please provide their names and addresses:

Name and Address: _____
Name and Address _____

SECTION V – INSTRUCTIONS FOR PERSONAL DIRECTIVE

AGENT(S)

This is the person(s) that will make personal decisions for you should you lose capacity to make them for yourself.

Primary Agent(s)

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you want more than one agent to act together as joint agents, name the other agent(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If you are naming more than two agents, jointly, do they make decisions on a majority basis or do they all have to agree?

- Majority basis
- All have to agree

Alternate Agent(s)

If you are not naming joint agents and your primary agent(s) cannot or will not act, name your alternate agent(s) here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

If your alternate agent(s) cannot or will not act, name your second alternate(s) agent here:

Full Name _____

Relationship _____ Date of Birth _____

Address (including postal code) _____

Phone _____ Email _____

BRINGING INTO EFFECT

1. Indicate who should decide whether or not you still have capacity to make decisions about any personal matter:

- One doctor
- Two doctors
- One doctor together with: _____
- Two doctors together with: _____
- Other: _____

MISCELLANEOUS

2. Do you want to donate any of your useful organs and tissue for transplantation purposes at the time of your death?

- No
- Yes

3. What are your views about being kept alive artificially if there is no known hope of recovery?

4. If you are unable to properly care for yourself in your home, would you want:

- To be moved to an appropriate care facility; OR
- To remain in your home as long as possible and have your financial resources used to pay for this care

5. The agent or agents that have been appointed in this document have full access to all of your medical records and can discuss your medical condition and prognosis with the medical team that is caring for you. Is there anyone else that you would like to have access to the information? If so, then please provide their name and address:

Name and Address: _____
Name and Address: _____

6. If this Personal Directive comes into effect, the agents will be notified, if they are not already aware of it. Is there anyone, besides the agents appointed by you that you would want notified? If so, please provide their names and addresses:

Name and Address: _____

Name and Address _____

SECTION VI – NOTIFYING YOUR PERSONAL REPRESENTATIVE(S)

Included in our estate planning services, we notify the person(s) that you have appointed in your Will, Enduring Power of Attorney and Personal Directive as your executor and trustee, attorney and agent, respectively, to notify them of their appointment and provide them with general information in the event that they are required to act.

Do you authorize us to contact the person(s) you have chosen to appoint as your executor/trustee, attorney and agent? Yes No

Thank you for taking the time to complete this questionnaire.

Please contact us at your convenience to schedule a meeting to discuss your estate planning.

Please mail, email or fax your completed questionnaire to our office or bring the questionnaire with you to our meeting. We look forward to working with you to complete your estate planning.

J. Allison Barkwell