



BROWNLEE LLP
Barristers & Solicitors

ESTATE PLANNING QUESTIONNAIRE

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 discuss your estate planning in detail. Please complete it to the best of your ability. This is not a test; if you require assistance with completing, please do not hesitate to contact us.

If you find there is not enough room to complete your answers in the space provided, please attach an additional sheet containing your information.

A. PERSONAL INFORMATION

1. Full Name: _____
a. Other names: _____ b. Date of Birth: _____
c. Address: _____ d. Phone: _____
e. E-mail: _____ f. Social Insurance No: _____
2. Occupation: _____
a. Employer: _____ b. Date of Retirement: _____
c. Address: _____ d. Phone: _____
3. Citizenship: _____
a. Birth Place: _____ b. Other citizenship: _____
c. Domicile (if not Canada): _____ d. US green card holder? Yes No
e. Spend extended periods in the US? Yes No f. Parents US citizens? Yes No
g. Parents citizens of other country? Yes No
4. Do you already have a Will? Yes No
a. Reason for new Will: _____
5. Marital Status (including Common Law): _____
a. Spouse's name: _____ b. Date of Birth: _____
c. Address: _____ d. Phone: _____
e. E-mail: _____ f. Social Insurance No: _____
g. Date of Marriage/Common Law: _____ h. Occupation: _____
i. Place of Marriage: _____ j. Date of Death, if applicable: _____
k. Birth Place: _____ l. Other citizenship: _____
m. Domicile (if not Canada): _____ n. US green card holder? Yes No
o. Spend extended periods in the US? Yes No p. Parents US citizens? Yes No
q. Do you have a domestic contract: (If yes, then provide a copy.) Yes No
6. Name of previous spouse: (If you were not previously married, skip question.) _____
a. Address of previous spouse: _____
b. Date and place of previous marriage: _____
c. Date and place of death/divorce of previous spouse: _____
d. Any Matrimonial Property Agreements, Minutes of Settlement, Marriage Contracts, Prenuptial Agreements, Court Orders, Obligations to spouse/children? Yes No
i. If yes, copy is attached to this Questionnaire? Yes No
7. Do you provide support (ie. spousal support, child support, other dependant support) to anyone else? Yes No
a. Names: _____ b. Date of Birth: _____
c. Address: _____ d. Phone: _____
e. E-mail: _____ f. Relationship: _____
8. Name of your current spouse's previous spouse: (If your current spouse was not previously married, skip question.): _____
a. Address of current spouse's previous spouse: _____
b. Date and place of your spouse's previous marriage: _____
c. Date and place of death/divorce of your spouse's former spouse: _____
d. Any Matrimonial Property Agreements, Minutes of Settlement, Marriage Contracts, Prenuptial Agreements, Court Orders, etc. of spouse? Yes No
i. If yes, a copy is attached to this Questionnaire? Yes No
9. Are you planning to marry in the near future? Yes No
10. Are you now cohabiting with anyone? Yes No
a. If yes, how long have you been cohabiting with them: _____

B. CHILDREN

11. Do you have minor children (or intend to)? (If not, skip entire section.) Yes No
12. Number of Children: _____
- a. Are you planning to have more children? Yes No
13. Have you stored genetic material? (For example, frozen sperm/eggs/embryo) Yes No
14. Have any of your children predeceased you? (If not, skip question.) Yes No
- a. Name: _____
- b. Date of death: _____
- c. Names of their children: _____
15. List all children, including step children and other children to whom you act as a parent: (Including grandchildren if you act as a parent to that grandchild.)
- a. Child #1:
1. Name: _____ 2. Date of Birth: _____
3. Address: _____ 4. Phone: _____
5. E-mail: _____ 6. Gender: _____
7. Born outside marriage? Yes No 8. Adopted? Yes No
9. Biological mother's name: _____ 10. Step child? Yes No
11. Biological father's name: _____ 12. Sibling issues? Yes No
13. You financially support this child? Yes No 14. Lives with you? Yes No
15. Child has children? Yes No 16. Marital Status: _____
17. Does this child have a mental or physical incapacity? Yes No 18. Is this child a grandchild to whom you act as parent? Yes No
- b. Child #2:
1. Name: _____ 2. Date of Birth: _____
3. Address: _____ 4. Phone: _____
5. E-mail: _____ 6. Gender: _____
7. Born outside marriage? Yes No 8. Adopted? Yes No
9. Biological mother's name: _____ 10. Step child? Yes No
11. Biological father's name: _____ 12. Sibling issues? Yes No
13. You financially support this child? Yes No 14. Lives with you? Yes No
15. Child has children? Yes No 16. Marital Status: _____
17. Does this child have a mental or physical incapacity? Yes No 18. Is this child a grandchild to whom you act as parent? Yes No
16. Does any family member have special needs? (If not, skip question.) Yes No
- a. Names: _____ b. Date of Birth: _____
- c. Address: _____ d. Phone: _____
- e. Type of need: _____ f. Relationship: _____
17. If you are responsible for any dependent adults or adults mentally incapable of handling their own affairs, provide details, such as this person's name, their relationship to you, where they live, phone number): _____
18. Is a letter of instruction on guardianship to be left with your Will? Yes No
19. Is a letter of explanation provided if you are not naming the other parent of your children as their guardian? Yes No

C. ASSETS AND FINANCIAL INFORMATION

I. Real Property

20. Address of Principal Residence: _____
- a. Legal Description: _____

b. Ownership of asset:

- i. Owned solely by you? Yes No ii. Owned solely by spouse? Yes No
iii. If jointly owned, with whom: _____ iv. Spouse and another person? Yes No

c. Name(s) on title: _____

d. How title is held (e.g. joint tenants, tenants in common)? : _____

- e. Any mortgages owing? Yes No f. Is mortgage life-insured? Yes No

21. Address of Recreational or Revenue Property or Other Real Property: (If none, skip question.) _____

a. Legal Description: _____

b. Ownership of asset:

- i. Owned solely by you? Yes No ii. Owned solely by spouse? Yes No
iii. If jointly owned, with whom: _____ iv. Spouse and another person? Yes No

c. Name(s) on title: _____

d. How title is held (e.g. joint tenants, tenants in common)? Please note that we will assist you in answering this question if you do not know: _____

- e. Any mortgages owing? Yes No f. Is mortgage life insured? Yes No

22. Legal Description Farm Land: (If none, skip question.) _____

a. Legal Description: _____

b. Ownership of asset:

- i. Owned solely by you? Yes No ii. Owned solely by spouse? Yes No
iii. If jointly owned, with whom: _____ iv. Spouse and another person? Yes No

c. Name(s) on title: _____

d. How title is held (e.g. joint tenants, tenants in common)? : _____

- e. Any mortgages owing? Yes No f. Is mortgage life-insured? Yes No

g. Other Encumbrances: _____

h. Deeded/Grazing Lease: _____

i. Farming Arrangement (lease, custom, etc.) : _____

23. Address of interest in mines and minerals: (If none, skip question.) _____

a. Legal Description: _____

b. Ownership of asset:

- i. Owned solely by you? Yes No ii. Owned solely by spouse? Yes No
iii. If jointly owned, with whom: _____ iv. Spouse and another person? Yes No

c. Name(s) on title: _____

d. How title is held (e.g. joint tenants, tenants in common)? : _____

- e. Any mortgages owing? Yes No f. Is mortgage life insured? Yes No

24. Do you require legal Real Estate services to help plan for the disposition of any real property such as a residence, commercial property investment or recreational property? Yes No

II. Finances

25. Type of Bank Account Number 1: _____

a. Location: _____ b. Monetary Value: _____

c. If joint account, with whom? _____ d. Intend Right of Survivorship? Yes No

26. Type of Bank Account Number 2: _____

a. Location: _____ b. Monetary Value: _____

c. If joint account, with whom? _____ d. Intend Right of Survivorship? Yes No

27. If you have a Registered Retirement Savings Plans (RRSP) or Registered Retirement Income Funds (RRIF) or Pension Plan, provide details: (If not, skip question.)

a. Financial Institution: _____ b. Is there a beneficiary named in your plan? Yes No

c. Name of Beneficiary(ies) Named in Plan: _____ d. If No Beneficiary Named in Plan, Name _____

_____ of Beneficiary to Name in Will:

28. If you have a Tax Free Savings Account, provide details: (If not, skip question.)

- a. Financial Institution: _____ b. Is there a beneficiary named in your plan? Yes No
- c. Name of Beneficiary(ies) Named in Plan: _____ d. If No Beneficiary Named in Plan, Name of Beneficiary to Name in Will: _____

29. If you have a Registered Disability Savings Plan, provide details: (If not, skip question.)

- a. Financial Institution: _____ b. Is there a beneficiary named in your plan? Yes No
- c. Name of Beneficiary(ies) Named in Plan: _____ d. If No Beneficiary Named in Plan, Name of Beneficiary to Name in Will: _____

30. If you have Segregated Funds, provide details: (If not, skip question.)

- a. Financial Institution: _____ b. Name Beneficiary in Will? Yes No
- c. Beneficiary: _____ d. Monetary Value: _____

31. If you have an RESPs, provide details: (If not, skip question.)

- a. Financial Institution: _____ b. Name Alternate Subscriber? Yes No
- c. Monetary Value: _____ d. Monies to go into trust? Yes No

32. If you have Digital Assets (valuable content stored digitally), provide details: (If not, skip question.)

33. Do you wish to give away your Digital Assets? (If not, skip question.) Yes No

- a. How would you like these Digital Assets to be listed? Yes No
- i. Included in your Will? Yes No
1. List Digital Assets and who is to receive them: (Only items of significant monetary or sentimental value) _____
- ii. Refer to a non-legally binding memo you create at a later date? Yes No
- b. How would you like to deal with Digital Assets not specifically mentioned? _____

34. If you have Life Insurance, provide details: (If not, skip question.)

- a. Financial Institution: _____ b. Name Beneficiary in Will? Yes No
- c. Beneficiary: _____

35. Do you own a life insurance policy on the life of another person? Yes No

36. Do you have any Personal loans, promissory notes, mortgages? Yes No

- a. Have you made advances or loans to family members? Yes No
- i. Are these loans to be forgiven? Yes No ii. Are they to be repaid? Yes No
- iii. If forgiven, is the loan to be considered an advance? Yes No

37. If you have guaranteed the debts of anyone, provide details: _____

38. If you owe any money, provide details:

- a. Line of Credit:
- i. Creditor: _____ ii. Value: _____
- iii. Jointly held? Yes No iv. Details: _____
- v. Is this debt life-insured? Yes No
- b. Loans:
- i. Creditor: _____ ii. Value: _____
- iii. Jointly held? Yes No iv. Details: _____
- v. Is this debt life-insured? Yes No

c. Guaranteed Loans:

- i. Creditor: _____
iii. Jointly held? Yes No
v. Is this debt life-insured? Yes No

- ii. Value: _____
iv. Details: _____

III. Personal Property

39. Do you have a Safety Deposit Box? (If not, skip question.) Yes No
a. Location: _____ b. Box Number: _____
c. Location of keys: _____ d. Jointly held? Yes No
e. Registered Name(s): _____

40. If you own any significant valuables including vehicles, boats, furniture and household goods, jewelry, or artwork in Alberta, provide details: _____
a. If you have any GICs, Term Deposits, etc. in Alberta, provide details:
i. Investment Company: _____ ii. Maturity Date: _____
b. If you have any company shares, Mutual Funds, Bonds & Debentures, Partnerships, Mortgagee, Farming Interests, or interest in Estate etc. in Alberta, provide details: _____

41. If you own any significant valuables including vehicles, boats, furniture and household goods, jewelry, or artwork outside Alberta, provide details (otherwise, skip question): _____
a. If you have any GICs, Term Deposits, etc. outside Alberta, provide details:
i. Investment Company: _____ ii. Maturity Date: _____
b. If you have any company shares, Mutual Funds, Bonds & Debentures, Partnerships, Mortgagee, Farming Interests, or interest in Estate etc. outside Alberta, provide details: _____

42. If you own any significant valuables including vehicles, boats, furniture and household goods, jewelry, or artwork outside Canada, provide details (otherwise, skip question): _____
a. If you have any GICs, Term Deposits, etc. outside Canada, provide details:
i. Investment Company: _____ ii. Maturity Date: _____
b. If you have any company shares, Mutual Funds, Bonds & Debentures, Partnerships, Mortgagee, Farming Interests, or interest in Estate etc. outside Canada, provide details: _____

IV. Miscellaneous

43. Do you have Points Programs (i.e. Airmiles, Aeroplan)? (If not, skip question.) Yes No
a. Type of Program: _____ b. Transfer or donate? _____
c. Approximate number of points: _____ d. Jointly owned? Yes No
44. Do you have an interest in another estate or trust? (If not, skip question.) Yes No
a. If more assets will form part of your Estate, please describe: _____

45. If you are involved in litigation, personally or through business, provide details: _____
46. If you own property in joint tenancy with someone not described above, provide details: _____
47. If you have a valuable club membership, provide details _____
48. Provide details of any other assets not listed above: _____

D. BUSINESS INTERESTS

49. Do you own a business? (If not, skip entire section.) Yes No
50. Business Name(s): _____
- a. Business location: _____
- b. Type of business (i.e. corporation/partnership/ holding company etc.): _____
- c. Location of business documents: _____
51. List Owners:
- a. Name: _____ % of shares: _____
- b. Name: _____ % of shares: _____
- c. Name: _____ % of shares: _____
52. List Agreements
- a. Do you have a buy-sell agreement? Yes No
- i. If yes, date of agreement: _____ ii. Signed by all parties? Yes No
- ii. Funded? Yes No
- b. Provide details of any shares: _____
- c. Do you have promissory notes? Yes No d. Agreements for sale? Yes No
- e. Mortgage interests? Yes No f. Options? Yes No
53. Is there a business succession plan? Yes No
- a. Is business to be continued? Yes No b. Person(s) to manage: _____
54. Who owns the Business property? _____
- a. Who will be left the Business property? _____
- ii. If the person listed above predeceases you, then who will be left the Business property? _____
- iii. If it passes to a minor, what age should they receive their share? _____

E. PERSONAL REPRESENTATIVES (EXECUTORS)

55. Do you choose your spouse to be your only Personal Representative? (If yes, skip to question on alternate personal representative.) Yes No
56. Name Personal Representative: _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____
- e. Person has been consulted? Yes No f. E-mail: _____
57. If you want more than one Personal Representative, provide additional name: _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____
- e. Person has been consulted? Yes No f. E-mail: _____
58. If you are naming more than two personal representatives, jointly, how do they make decisions?
- a. Majority basis? Yes No b. All have to agree? Yes No
59. 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: _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____

- e. Person has been consulted? Yes No f. E-mail: _____
60. If you wish to specify in your Will the compensation that is to be received by your personal representative will it be:
- a. If you wish to provide a percentage of your estate, what will be the percentage (usually 1% to 5%)? _____
- b. Alternatively, if you wish to provide a set amount, what amount? _____
- c. Alternatively, your personal representatives can determine compensation based on a schedule to the Surrogate Rules? Yes No
- d. 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? _____
- _____

F. GUARDIANS FOR MINOR CHILDREN

61. Named Guardian(s): _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____
- e. Person has been consulted? Yes No f. E-mail: _____
62. If you want more than one guardian to act together as joint guardians, name the other guardian(s) here: _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____
- e. Person has been consulted? Yes No f. E-mail: _____
63. If you are naming more than two guardians, jointly, how do they make decisions?
- a. Majority basis? Yes No b. All have to agree? Yes No
64. If you are not naming joint guardians and your primary guardian cannot or will not act, name your alternate guardian(s) here: _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____
- e. Person has been consulted? Yes No f. E-mail: _____
65. If your alternate guardian(s) cannot or will not act, name your second alternate guardian(s) here: _____
- a. Address: _____ b. Date of Birth: _____
- c. Relationship: _____ d. Phone: _____
- e. Person has been consulted? Yes No f. E-mail: _____
66. 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 payment? Yes No How much? _____
- b. Monthly payments? Yes No How much? _____

G. FUNERAL AND BURIAL ARRANGEMENTS

67. Would you prefer Burial or Cremation? _____
- a. Do you have a preference as to where it should be buried or ashes placed? _____
- b. Have these matters been pre-arranged? Yes No
- i. If yes, what is the name of the company? _____
- c. Payment of Headstone from Estate? Yes No

H. INSTRUCTIONS FOR DISTRIBUTION OF ESTATE

68. If you wish to make any gifts of Real Property, provide details: _____

69. Do you wish to make any specific gifts of personal items? (If not, skip question.) Yes No

c. How would you like these items to be listed?

iii. Included in your Will? Yes No

1. List items and who is to receive it: (Only items of significant monetary or sentimental value) _____

iv. Attach a legally binding memo prior to signing your Will? Yes No

v. Refer to a non-legally binding memo you create at a later date? Yes No

d. How would you like to deal with items not specifically mentioned?

i. Divide among surviving children? Yes No ii. Fall into residue? Yes No

iii. Other: _____

e. Are packing, shipping, insurance and other charges incidental to the delivery of the items to be paid by your estate? Yes No

70. Do you wish to provide any cash gifts? (If not, skip question.) Yes No

a. Individual #1:

i. Name: _____ ii. Value: _____

iii. Alternate Beneficiary: _____

b. Individual #2:

i. Name: _____ ii. Value: _____

iii. Alternate Beneficiary: _____

71. Do you wish to provide any other specific gifts? (If not, skip question.) Yes No

a. Name: _____ b. Description: _____

c. Alternate Beneficiary: _____

72. Do you wish to provide any Charitable Donations? (If not, skip question.) Yes No

a. Name of charity: _____ b. Amount: _____

c. Purpose of donation: _____

73. Married - Usual Distribution of Residue of Estate to Spouse

a. All to spouse? Yes No

b. If spouse predeceases me, residue goes to:

i. Equally to all children? Yes No

ii. All to children but different percentages to particular children? Yes No

1. Child's name: _____ Percentage: _____

2. Child's name: _____ Percentage: _____

3. Child's name: _____ Percentage: _____

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

iii. Gift over to children of deceased beneficiary? Yes No

iv. Gift over to surviving children of the Testator? Yes No

v. Gift over to Estate of deceased beneficiary? Yes No

vi. Other: _____

74. Single Parent - Usual Distribution of Residue of Estate to Children

a. Equally to all children? Yes No

b. All to children but different percentages to particular children? Yes No

i. Child's name: _____ Percentage: _____

ii. Child's name: _____ Percentage: _____

iii. Child's name: _____ Percentage: _____

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

i. Gift over to children of deceased beneficiary? Yes No

- ii. Gift over to surviving children of the Testator? Yes No
- iii. Gift over to Estate of deceased beneficiary? Yes No
- iv. Other: _____

75. Trust Fund for Minors

- a. The Trustee administering the trust will be:
 - i. The named guardian(s) listed above? Yes No
 - ii. The personal representative(s) listed above? Yes No
 - iii. Other: _____
- b. At what age are your children or any other minor beneficiaries to receive their share of your estate?
 - iv. On a specified date? Yes No Date: _____
 - v. When youngest child reaches the age to take? Yes No
 - vi. As each child reaches the age to take? Yes No
 - 1. All at 18? Yes No
 - a. If no, specify the percentage they will receive at each age:
 - i. _____% at _____ years
 - ii. _____% at _____ years
 - iii. _____% at _____ years
 - c. Should the Trustee have the power to encroach on income and capital for education, maintenance and support? Yes No

Describe if the Trustee should have the power to encroach for other purposes: _____

76. Single and Childfree - Usual Distribution of Residue of Estate to Other Beneficiaries

- a. Other Beneficiaries to be considered (e.g. parents, brothers, sisters, grandchildren)
 - i. Beneficiary #1:
 - a. Full Name: _____ b. Date of Birth: _____
 - c. Percentage: _____ d. Phone: _____
 - e. Address: _____ f. E-Mail: _____
 - ii. Beneficiary #2:
 - a. Full Name: _____ b. Date of Birth: _____
 - c. Percentage: _____ d. Phone: _____
 - e. Address: _____ f. E-Mail: _____
 - iii. Beneficiary #3:
 - a. Full Name: _____ b. Date of Birth: _____
 - c. Percentage: _____ d. Phone: _____
 - e. Address: _____ f. E-Mail: _____
- b. If one beneficiary dies before you do, who shall receive that share or the amount remaining?
 - i. Gift over to children of deceased beneficiary? Yes No
 - ii. Gift over to other listed beneficiaries? Yes No
 - iii. Gift over to Estate of deceased beneficiary? Yes No
 - iv. Other: _____

77. Do any beneficiaries require special financial protection (ie are they minors or mentally or physically incapacitated)? Yes No

78. How is your estate to be divided if you and your spouse and all your children and grandchildren die in a common accident?

- a. In line with *Wills and Succession Act* on intestacy? Yes No
- b. Half to my parents and half to spouse's parents? Yes No
- c. 50% to my siblings and 50% to my spouse's siblings? Yes No
- d. Charities? Yes No
- e. Other _____

I. GENERAL

- 79. Solicitor's Name: _____ Contact details: _____
- 80. Accountant's Name: _____ Contact details: _____
- 81. Investment Advisor's Name: _____ Contact details: _____
- 82. Banker's Name: _____ Contact details: _____
- 83. Insurance Advisor's Name: _____ Contact details: _____
- 84. Physician's Name: _____ Contact details: _____
- 85. Do you authorize us to contact the person(s) you have chosen to appoint as your Personal Representative(s) and/or Trustee(s)? Yes No
- 86. Do you wish to be reminded to update their estate plan in five years? Yes No
- 87. Have you dealt with our Brownlee office before? Yes No
 - a. If yes, how or why? _____
 - b. If no, how did you hear about us? _____

J. INSTRUCTIONS FOR ENDURING POWER OF ATTORNEY

This person(s) will make financial decisions for you should you lose capacity.

- 88. Do you already have an Enduring Power of Attorney? Yes No
- 89. Do you choose your Personal Representative to be your only Attorney? (If yes, skip to question on alternate Attorney.) Yes No
- 90. Name Attorney: _____
 - a. Address: _____ b. Date of Birth: _____
 - c. Relationship: _____ d. Phone: _____
 - e. Person been consulted? Yes No f. E-mail: _____
- 91. If you want more than one Attorney, provide their name: _____
 - a. Address: _____ b. Date of Birth: _____
 - c. Relationship: _____ d. Phone: _____
 - e. Person been consulted? Yes No f. E-mail: _____
- 92. If you are naming more than two Attorneys, jointly, how do they make decisions?
 - a. Majority basis? Yes No b. All have to agree? Yes No
- 93. Is the person(s) you have chosen as alternate Personal Representative(s) the same person(s) you have chosen to be your alternate Attorney? (If yes, skip to the section on Timing and Effect.) Yes No
- 94. If you are not naming joint Attorneys and your primary Attorney cannot or will not act, name your alternate Attorney here: _____
 - a. Address: _____ b. Date of Birth: _____
 - c. Relationship: _____ d. Phone: _____
 - e. Person been consulted? Yes No f. E-mail: _____
- 95. If your alternate Attorney cannot or will not act, name your second alternate Attorney here: _____
 - a. Address: _____ b. Date of Birth: _____
 - c. Relationship: _____ d. Phone: _____
 - e. Person been consulted? Yes No f. E-mail: _____
- 96. When do you want your Enduring Power of Attorney to come into effect?
 - a. Have immediate effect upon signing document (less common)? Yes No
 - b. Come into effect upon the happening of a special event such as your loss of mental capacity? Yes No
 - i. If yes, name the persons you would like to certify that you are incapable of managing your affairs (e.g. primary physician) _____

97. If you want to expand the powers of your Attorney(s) beyond what is automatically conferred by law, indicate which of the following you would like your attorney to be able to do:
- a. Access to your Will? Yes No b. Sell and deal with land? Yes No
c. Duty to keep record (recommend)? Yes No d. Give gifts to family? Yes No
e. Give gifts to charities? Yes No
f. Assist your children with post-secondary education expenses, even if your children are over 18 years? Yes No
g. Other: _____
h. List anything you do not want your Attorney to have the right to do: _____

98. How do you want your attorney to invest money on your behalf?
- a. Capital guaranteed investment such as guaranteed investment certificates (GIC) and term deposits? Yes No
b. Whatever they want to invest in, including mutual funds? Yes No
c. Some combination of these two? Yes No
 i. 50% capital guaranteed / 50% attorney discretion? Yes No
 ii. 75% capital guaranteed / 25% attorney discretion? Yes No
 iii. 25% capital guaranteed / 75% attorney discretion? Yes No
d. 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? Yes No
e. Other: _____

99. We recommend you provide the names and addresses of the individual(s) that would have the right to require the attorney provide a detailed accounting of what they have done with your assets:

- a. Name: _____ b. Phone: _____
c. Address: _____ d. E-mail: _____

100. How do you want to compensate your Attorney(s)?
- a. No fees; my attorney should only be reimbursed for out-of-pocket expenses Yes No
b. Monthly fees of \$ _____ (plus reimbursement of out-of-pocket expenses) Yes No
c. Fees based on Alberta surrogate practice (plus reimbursement of out-of-pocket expenses) Yes No
d. Other: _____

101. Is there anyone, besides the Attorney(s) appointed above, that you would want notified if this Enduring Power of Attorney comes into effect?

- a. Name: _____ b. Phone: _____
c. Address: _____ d. E-mail: _____

102. Do you authorize us to contact your Attorney(s)? Yes No

K. INSTRUCTIONS FOR PERSONAL DIRECTIVE

This person(s) will make personal decisions for you should you lose capacity.

103. Do you already have a Personal Directive? Yes No
104. Do you choose your Personal Representative to be your only Agent? (If yes, skip to the question below on alternate Agents.) Yes No

105. Name Agent _____
- a. Address: _____ b. Date of Birth: _____
c. Relationship: _____ d. Phone: _____
e. Person been consulted? Yes No f. E-mail: _____

106. If you want more than one Agent, provide Name: _____
- a. Address: _____ b. Date of Birth: _____
c. Relationship: _____ d. Phone: _____
e. Person been consulted? Yes No f. E-mail: _____

107. If you are naming more than two Agents, jointly, how do they make decisions?
 a. Majority basis? Yes No b. All have to agree? Yes No
108. Is the person(s) you have chosen as alternate Personal Representative(s) the same person(s) you want to be your alternate Agent? (If yes, skip to the section on Family Doctor.) Yes No
109. If you are not naming joint Agents and your primary Agent cannot or will not act, name your alternate Agent here: _____
 a. Address: _____ b. Date of Birth: _____
 c. Relationship: _____ d. Phone: _____
 e. Person has been consulted? Yes No f. E-mail: _____
110. If your alternate Agent cannot act, name your second alternate Agent here: _____
 a. Address: _____ b. Date of Birth: _____
 c. Relationship: _____ d. Phone: _____
 e. Person has been consulted? Yes No f. E-mail: _____
111. Details for your Family Doctor or Clinic:
 a. Name: _____ b. Phone: _____
 c. Address: _____ d. E-mail: _____
112. List any decisions which you do not wish your Agent to make on your behalf? _____

113. Indicate who should decide whether or not you still have capacity to make decisions about any personal matter:
 a. One doctor? Yes No Two doctors? Yes No
 b. One doctor and another person? Yes No Person's name: _____
 c. Two doctors and another person? Yes No Person's name: _____
 d. Other: _____
114. Do you want to donate useful organs and tissue at the time of your death? Yes No
 a. All organs? Yes No b. Heart? Yes No
 c. Liver? Yes No d. Kidneys? Yes No
 e. Skin? Yes No f. Eyes? Yes No
115. For what purpose(s) would you donate useful organs and tissue?
 a. Transplant? Yes No b. Medical education? Yes No
 c. Scientific research? Yes No
116. Do you want to be kept alive artificially if doctors advise there is no known hope of recovery? Yes No
117. If you are unable to properly care for yourself in your home, would you want:
 a. To be moved to an appropriate care facility? Yes No
 b. To remain in your home as long as possible and have your financial resources used to pay for this care? Yes No
118. Provide details of anyone, besides your Agent(s), that you would like to have access to all of your medical records:
 a. Name: _____ b. Phone: _____
 c. Address: _____ d. E-mail: _____
119. Provide details of anyone, besides your Agent(s), that you would want notified if this Personal Directive comes into effect:
 a. Name: _____ b. Phone: _____
 c. Address: _____ d. E-mail: _____
120. Provide details of anyone, you specifically do not authorize to make decisions for you and whose views should not be taken into consideration under your Personal Directive:
 a. Name: _____ b. Phone: _____
 c. Address: _____ d. E-mail: _____
121. How do you want to compensate your Agent(s)?
 a. No fees Yes No b. Monthly fees of \$ _____

122. Do you authorize us to contact your Agent(s)?

Yes No

123. Is there anything else you would like us to be aware of? _____

Completed by:

Date:
