

## ESTATE PLANNING QUESTIONNAIRE PERSONAL INFORMATION

| SECTION 1 – FAMILY INFORMATION   |                        |                       |                    |  |  |  |  |
|--|------------------------|-----------------------|--------------------|--|--|--|--|
| Personal Information (Individual 1)  |                        |                       |                    |  |  |  |  |
| Name:  |                        |                       |                    |  |  |  |  |
| Home Phone:  | Cell Phone:            |                       | Work Phone:        |  |  |  |  |
| Current Address  |                        |                       |                    |  |  |  |  |
| City:  | Province:              |                       | Postal Code:       |  |  |  |  |
| Date of Birth:   | Place of Birth:        |                       | Citizenship:       |  |  |  |  |
| Personal Information (Individual 2 – S   | Spouse or Common L     | _aw of Individual 1)  | )                  |  |  |  |  |
| Name:  |                        |                       |                    |  |  |  |  |
| Date of Birth:   | Place of Birth:        |                       | Citizenship:       |  |  |  |  |
| Relationship Information (Status is M  | arried or Common L     | aw)                   |                    |  |  |  |  |
| Status:  | If other, please expla | ain:                  |                    |  |  |  |  |
| Date and Place of Marriage:  |                        |                       |                    |  |  |  |  |
| If Common Law, how long:   |                        |                       |                    |  |  |  |  |
| Individual 1   |                        |                       |                    |  |  |  |  |
| Any previous marriages/common laws:  |                        |                       |                    |  |  |  |  |
| If yes, name of previous spouse(s) / con   | nmon law and date of   | death / divorce / se  | paration           |  |  |  |  |
| Name:  | Event: Date:           |                       |                    |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
| Any support obligations pursuant to previous relationships (child or spousal support obligations)? |                        |                       |                    |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
| Individual 2   |                        |                       |                    |  |  |  |  |
| Any previous marriages/common laws:  |                        |                       |                    |  |  |  |  |
| If yes, name of previous spouse(s) / com   | nmon law and date of   | death / divorce / se  | paration           |  |  |  |  |
| Name:  | Event:                 |                       | Date:              |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
| Any support obligations pursuant to pre  | vious relationships (c | child or spousal supp | oort obligations)? |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |
|  |                        |                       |                    |  |  |  |  |

| Chil | Children (Attach a separate sheet if necessary) |                   |                                |   |     |  |
|------|---|-------------------|--------------------------------|---|-----|--|
| Nun  | nber of Children:                               |                   |                                |   |     |  |
| 1    | Name (first, middle, last):                     | (Grand) Children: |                                |   |     |  |
|      |   |                   |                                | Name: Ag  | ge: |  |
|      | Date of Birth:                                  | Age:              | From relationshi               | p:  |     |  |
|      |   |                   | Present Prior                  |   |     |  |
|      | Marital Status:                                 |                   | Telephone:                     |   |     |  |
|      | Married Single D                                | ivorced           |                                |   |     |  |
|      | Address:  |                   |                                |   |     |  |
| 2    | Name (first, middle, last):                     |                   |                                | (Grand) Children:   |     |  |
|      |   |                   |                                | Name: Aç  | ge: |  |
|      | Date of Birth:                                  | Age:              | From relationshi               | p:  |     |  |
|      |   |                   | Present Prior                  |   |     |  |
|      | Marital Status:                                 |                   | Telephone:                     |   |     |  |
|      | Married Single D                                | ivorced           |                                |   |     |  |
|      | Address:  |                   |                                |   |     |  |
| 3    | Name (first, middle, last):                     |                   |                                | (Grand) Children:   |     |  |
|      |   |                   |                                | Name: Ag  | ge: |  |
|      | Date of Birth:                                  | Age:              | From relationshi               | p:  |     |  |
|      |   |                   | Present Prior                  |   |     |  |
|      | Marital Status:                                 |                   | Telephone:                     |   |     |  |
|      | Married Single D                                | ivorced           |                                |   |     |  |
|      | Address:  |                   |                                |   |     |  |
| Chil | dren and Grandchildren –                        | Further In        | formation                      |   |     |  |
| Are  | you responsible for any oth                     | er children'      | ? (If so, please give details) |   |     |  |
|      |   |                   |                                |   |     |  |
|      |   |                   |                                |   |     |  |
| Λ    |   |                   |                                | :+-+10 (/-  |     |  |
| Are  | any of the children or grand                    | children m        | entally or physically incapac  | itated? (If so, please give details)  |     |  |
| Are  | any of the children or grand                    | children m        | entally or physically incapac  | itated? (If so, please give details)  |     |  |
|      |   |                   |                                |   |     |  |
|      |   |                   |                                | itated? (If so, please give details)  naging their own affairs? (If so please give details) |     |  |
|      |   |                   |                                |   |     |  |
| Are  |   |                   |                                |   |     |  |
| Are  | you responsible for any dep                     | endent adu        |                                | naging their own affairs? (If so please give details)                                       |     |  |

## **SECTION 2 - CURRENT ASSETS Real Estate** Owned: Yes Residence No Date of Purchase: Address: Jointly Held: Yes No Present Estimated Value: Mortgage life insured: Mortgaged: Other Properties Owned? Yes No Yes No If yes, attach separate sheet Yes No detailing properties Financial Institution: **Banking** Name of Bank: Name of Bank: Location: Location: Account type: Account type: Jointly held?: Jointly held?: Value: Value Name of Bank: Name of Bank: Location: Location: Account type: Account type: Jointly held?: Jointly held?: Value: Value Safety deposit box?: Pension Plans, LIRAS, LIFS Company: Company: Death Benefit / Survivors' Death Benefit / Survivors' Benefits available? Benefits available? Value: Value: Beneficiary: Beneficiary: Contingent Beneficiary: **Contingent Beneficiary:** Life Insurance Company: Company: Value: Value: Beneficiary: Beneficiary: Contingent Beneficiary: Contingent Beneficiary: Company: Company: Value: Value: Beneficiary: Beneficiary: Contingent Beneficiary: **Contingent Beneficiary:**

| RRSPs, RRIFs, RESPs                   |             |                    |                         |                    |             |
|---------------------------------------|-------------|--------------------|-------------------------|--------------------|-------------|
| Company:                              |             |                    | Company:                |                    |             |
| Value:                                |             |                    | Value:                  |                    |             |
| Beneficiary:                          | eneficiary: |                    | Beneficiary:            |                    |             |
| Contingent Beneficiary:               |             |                    | Contingent Beneficiary: |                    |             |
| Company:                              |             |                    | Company:                |                    |             |
| Value:                                |             |                    | Value:                  |                    |             |
| Beneficiary:                          |             |                    | Beneficiary:            |                    |             |
| Contingent Beneficiary:               |             |                    | Contingent Benefic      | iary:              |             |
| Investments                           |             |                    |                         |                    |             |
|                                       |             | Nature of Investme | nt:                     | Approxim           | nate Value: |
| Stocks & Shares in public con         | npanies     |                    |                         |                    |             |
| Savings Bonds, Bonds, GICs & deposits | term        |                    |                         |                    |             |
| Interests in Private Compan           | ies         |                    |                         |                    |             |
| Company Name:                         |             | Shares:            |                         | Approximate Value: |             |
|                                       |             |                    |                         |                    |             |
|                                       |             |                    |                         |                    |             |
| Other Assets (vehicles, art,          | jewelry, e  | etc.)              |                         |                    |             |
| Specify:                              |             |                    |                         | Approxim           | nate Value: |
|                                       |             |                    |                         |                    |             |
|                                       |             |                    |                         |                    |             |
|                                       |             |                    |                         |                    |             |
|                                       |             |                    |                         |                    |             |
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|                                       |             |                    |                         |                    |             |
|                                       |             |                    |                         |                    |             |
|                                       |             |                    |                         |                    |             |

| SECTION 3 - INSTRUCTION            | IS FOR WILL                          |                      |   |                      |                 |                          |
|------------------------------------|--------------------------------------|----------------------|---|----------------------|-----------------|--------------------------|
| Do you have a:                     | Will?                                |                      | Personal Direc                                | tive?                | Power of A      | Attorney?                |
| Individual 1                       | Yes                                  | No                   | Yes   | No                   | Yes             | No                       |
| Individual 2                       | Yes                                  | No                   | Yes   | No                   | Yes             | No                       |
| Personal Representative(s)         | / Executor(s)                        |                      |   |                      |                 |                          |
| Notes:                             | If your spouse/of primary executions |                      | sole beneficiary of y                         | our estate, it may   | be preferable t | to name him/her as the   |
|                                    | One primary and                      | d one alternate exe  | cutor will likely be s<br>s, but problems may |                      |                 |                          |
|                                    |                                      |                      | older, and must be o                          |                      |                 |                          |
|                                    |                                      |                      | to choose an execu                            |                      |                 |                          |
|                                    |                                      |                      | cutor(s) if they are v                        |                      | beneficiaries   | are under the age of 18. |
| Primary Executor(s)                |                                      | ·                    | <u> </u>                                      | -                    |                 |                          |
| Full Name:                         |                                      |                      |   |                      |                 |                          |
| Relationship:                      |                                      |                      |   |                      | Age:            |                          |
| City:                              |                                      |                      | Province:                                     |                      |                 |                          |
| Alternate Executor(s)              |                                      |                      |   |                      |                 |                          |
| Full Name:                         |                                      |                      |   |                      |                 |                          |
| Relationship:                      |                                      |                      |   |                      | Age:            |                          |
| City:                              |                                      |                      | Province:                                     |                      |                 |                          |
| <b>Guardians for Minor Childre</b> | n                                    |                      |   |                      |                 |                          |
| Full Name:                         |                                      |                      |   |                      |                 |                          |
| Relationship:                      |                                      |                      |   |                      | Age:            |                          |
| City:                              |                                      |                      | Province:                                     |                      |                 |                          |
| If married couple/spouses, w       | hat if no longer                     | together at the      | time of your de                               | ath?                 |                 |                          |
|                                    |                                      |                      |   |                      |                 |                          |
| <b>Guardians for Minor Childre</b> | n                                    |                      |   |                      |                 |                          |
| Full Name:                         |                                      |                      |   |                      |                 |                          |
| Relationship:                      |                                      |                      |   |                      | Age:            |                          |
| City:                              |                                      |                      | Province:                                     |                      |                 |                          |
| If married couple/spouses, w       | hat if no longer                     | together at the      | time of your de                               | ath?                 |                 |                          |
|                                    |                                      |                      |   |                      |                 |                          |
| Further Information                |                                      |                      |   |                      |                 |                          |
| Is there anyone you wouldn't v     | want to be guard                     | dian? (if so, please | provide name, rela                            | tionship to the chil | dren, and expl  | ain why)                 |
|                                    |                                      |                      |   |                      |                 |                          |
|                                    |                                      |                      |   |                      |                 |                          |
|                                    |                                      |                      |   |                      |                 |                          |

## **Distribution of Estate**

## Notes:

- Only items that you will own at the time of your death should be specifically gifted.
- Automobiles and other equipment should probably not be specifically gifted, as you will likely sell or trade them before the time of your death.
- Other non-valuable items can be listed in an inventory where you indicate what you would like done with your property. This would be appropriate for inexpensive jewelry, furniture, vehicles and other household items. This inventory can be updated by you, without any legal expense. Your executor should know where you keep this inventory. You should not sign your inventory.
- You do not have to make any specific gifts; you may wish to leave all your estate to your spouse or children (skip to gift residue).
- The age of majority in Alberta is 18; unless specified otherwise, your Will shall provide that your Executor will hold each
  minor's share in trust, with the power to pay sums (from the income and capital) to the guardian for education, maintenance
  and support, until the minor reaches 18.

| Name of Beneficia | ry / Charity:                               | Gift:   | Age of Distribution:     |
|-------------------|---|---|--------------------------|
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
|                   |   |   |                          |
| Gift of Residue   |   |   |                          |
| Notes:            | The residue of your I specific gifts are ma | Estate is the amount remaining to be distributed after all Estate debts, exper<br>de. | nses, taxes are paid and |

The following choices are for your convenience only. A full discussion with your lawyer will be necessary to ensure that your legal obligations to any dependants are fulfilled and that your intentions are reflected to the fullest extent possible.

You should make a primary gift or gifts of the residue, you should also make an alternate gift in case the primary

| Residue to spouse?   |        |                     | No       |
|--|--------|---------------------|----------|
| If spouse predecease or no spouse, residue to children?          |        |                     | No       |
| Equally?   | Yes No | Age of Distribution |          |
| If no children or children predecease, residue to grandchildren? |        |                     | No       |
| Equally?   | Yes No | Age of Dist         | ribution |
| If no grandchildren, residue to surviving children?              |        |                     | No       |

beneficiary(ies) have predeceased you.

|   | Family Disaster |           |  |   |  |           |  |
|---|-----------------|-----------|--|---|--|-----------|--|
| If no spouse, children or grandchildren alive at time of death or distribution:   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
|   |                 |           |  |   |  |           |  |
| Details of Beneficiaries  |                 |           |  |   |  |           |  |
| Please complete this section for any beneficiaries who are not already described in this questionnaire (i.e. those other than your spouse and children) |                 |           |  |   |  |           |  |
| 1   |                 |           |  | 2   |  |           |  |
| Full Name:  |                 |           |  | Full Name:                                  |  |           |  |
| Relationship:   |                 | Age:      |  | Relationship:                               |  | Age:      |  |
| City:   |                 | Province: |  | City:                                       |  | Province: |  |
| 3   |                 |           |  | 4   |  |           |  |
| Full Name:  |                 |           |  | Full Name:                                  |  |           |  |
|   |                 | Age:      |  | Relationship:                               |  | Age:      |  |
| Relationship:   |                 |           |  |   |  |           |  |
| Full Name: Relationship: City: 3  |                 | Province: |  | Full Name: Relationship: City: 4 Full Name: |  | Province: |  |

| POWER OF ATTO    | RNEY   |  |  |  |  |  |
|------------------|--|--|--|--|--|--|
| Notes:           | <ul> <li>It may be preferable to name a spouse as the primary attorney.</li> <li>One primary and one alternate attorney will likely be sufficient, depending upon your circumstances. It is possible to appoint joint attorneys, but problems may arise if joint attorneys cannot agree.</li> <li>Your attorney must be 18 years or older, and must be competent.</li> <li>At least one attorney should be a resident of Alberta.</li> <li>You should be sure to ask your attorney(s) if they are willing to act.</li> </ul> |  |  |  |  |  |
| Primary Attorney | /(s)   |  |  |  |  |  |
| Full Name:       |  |  | Relationship:                                |  |  |  |
|                  |  | _  |  |  |  |  |
| Phone Number:    |  | City:  |  | Province:  |  |  |
|                  |  |  |  |  |  |  |
| Alternate Attorn | ey(s)  |  |  |  |  |  |
| Full Name:       |  |  | Relationship:                                |  |  |  |
|                  |  |  |  |  |  |  |
| Phone Number:    |  | City:  |  | Province:  |  |  |
|                  |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |
| PERSONAL DIRE    | CTIVE  |  |  |  |  |  |
| Notes:           | <ul> <li>One primary and of is possible to appore</li> <li>Your agent must be</li> <li>At least one agent</li> </ul>   | one alternate agent wo<br>bint joint agents, but<br>be 18 years or older, ar<br>s should be a resident | problems may arise if<br>nd must be competen | depending upon your circumstances. It<br>f joint agents cannot agree.<br>nt. |  |  |
| Primary Agent(s) |  |  |  |  |  |  |
| Full Name:       |  |  | Relationship:                                |  |  |  |
|                  |  |  |  |  |  |  |
| Phone Number:    |  | City:  |  | Province:  |  |  |
|                  |  |  |  |  |  |  |
| Alternate Agent( | s)   |  |  |  |  |  |
| Full Name:       |  |  | Relationship:                                |  |  |  |
|                  |  |  |  |  |  |  |
| Phone Number     |  | City   | ·  | Province:  |  |  |