HIGH LEVEL LAW
BARRISTERS AND SOLICITORS
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ESTATE PLANNING QUESTIONNAIRE

(Please complete one form for each person having documents prepared)

LEGAL NAME: _____ AGE: _____

ADDRESS: _____

OTHER NAMES KNOWN BY: _____ PHONE: _____

EMAIL: _____

Do you now have an existing Will? (circle) Yes ◯ No ◯

If Yes, what is the reason for updating/changing your existing Will: _____

_____

PERSONAL REPRESENTATIVE (Executor)

If your spouse is the sole beneficiary, it may be preferable to name him/her as your primary Personal Representative. One primary and one alternate Personal Representative will be sufficient depending on your circumstances. For administrative / tax reasons, it is not advisable to choose an Personal Representative who resides outside of Canada. At least one Personal Representative should be a resident of Alberta, particularly where beneficiaries are under age 18.

Primary's Legal Name _____ Age: _____

Relationship _____

Address _____

Occupation _____

Alternate's Legal Name _____ Age: _____

Relationship to you _____

Address _____

Occupation _____

Have you asked the proposed Personal Representatives if they are willing to act? Yes ◯ No ◯

GUARDIAN(S) FOR MINOR CHILDREN

Primary Full Name(s) _____ Age: _____

Relationship _____

Address _____

Occupation _____

Alternate Full Name(s) _____ Age: _____

Relationship _____

Address _____

Occupation _____

Have you asked the proposed Guardians if they are willing to act? Yes ◯ No ◯

Are you the Legal Guardian of any Dependent Adults? Yes ◯ No ◯

REGISTERED RETIREMENT SAVINGS PLAN (RRSP):

Do you have any RRSP's? Yes ◯ No ◯

- If Yes, do you want the benefit to go to:

  a) Spouse ◯ b) Your named beneficiary ◯ c) Your estate ◯

TAX FREE SAVINGS ACCOUNT (TFSA):

Do you have a TFSA? Yes ◯ No ◯

- If Yes, do you want the benefit to go to:

  a) Spouse ◯ b) Your named beneficiary ◯ c) Your estate ◯

REGISTERED EDUCATION SAVINGS PLAN (RESP) or OTHER INVESTMENTS:

Do you have an RESP? Yes ◯ No ◯ Other: _____

If Yes, do you want the benefit to go to:

a) Continue for named beneficiaries of the RESP ◯ b) Collapsed and paid to your estate ◯

JOINT BANK ACCOUNTS

Do you have any joint bank accounts? Yes ◯ No ◯

- If Yes: Is it your intent that the surviving person on the account becomes the owner on your death by "*right of survivorship*"? Yes ◯ No ◯

- If No: Do you want your contributions to such joint accounts held in trust for your estate? Yes ◯ No ◯

ESTATE DISTRIBUTION

Please give careful consideration as to how you want your estate to be divided and amongst whom. As a starting point some common distribution examples follow, but please review your decision on distribution with your lawyer when you meet with him.

1. All to spouse: Yes ◯ No ◯ / Other _____

2. If spouse predeceases me:

   ◯ Equally to all my children

   ◯ Different percentages to particular children: _____

   _____

   _____

   ◯ All to single beneficiary: _____

   ◯ Shared amongst more than one beneficiary: _____

   _____

   _____

3. If a beneficiary is a minor, at what age are your children to receive their share of your estate?
   ____ Years ◯ 18 Years ____ Years

Unless specified otherwise, the Will shall be drafted so that your Personal Representative will hold each child's share in trust until the specified age with power to encroach on income and capital for education, maintenance and support.

4. If a child of yours dies before you do, or before attaining the age at which he/she is entitled to the share, who shall receive that share or the amount remaining?

   the children of the deceased child (my grandchildren) ◯
   my other surviving children only ◯
   other _____

5. In the unlikely event that your spouse and all your children and grandchildren all predecease you, or if any of your minor beneficiaries children die before becoming entitled to receive their entire entitlements, how is your estate to be divided?

   ½ to my parents and ½ to spouse's parents ◯
   ½ to my siblings and ½ to my spouse's siblings in equal shares ◯
   to my nephews/nieces and my spouse's nephews/nieces in equal shares ◯
   other _____

6. Gifts of Specific Items:
   Where you want to leave a specific items or amounts to a specific beneficiary (rather than a percentage of the overall estate), commonly there are 2 ways set out same in your Will:

   a. Specific gifts may be listed in the Will prior to execution. Disposition of these items must, according to law, be disposed of according to the directions in the Will. To change the beneficiary of such a gift involves redrafting the will or creating a Codicil to the Will;

   b. Specific gifts may be listed on a separate document, which is attached to the Will after execution. The direction in this document is not legally binding, it is merely a direction to the Personal Representative. You may add to or subtract from this list as you wish without the assistance of legal counsel. List specific items or amounts (if any)which you would like to include in your Will and to whom it is to go to:

7. Charitable Gifts:
Do you wish to give cash or another gift to charity? Yes ◯ No ◯

If yes, please indicate the amount and the charity(ies):

Beneficiaries

Please complete this section for any beneficiaries who are not already described in this questionnaire.

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Age: _____ Relationship: _____ Age: _____ Relationship: _____

Name: _____

Address: _____

_____

Age: _____ Relationship: _____

Name: _____

Address: _____

_____

Age: _____ Relationship: _____

Personal Representative's Powers

The powers of your Personal Representative will be discussed with you to determine what is appropriate, given your particular estate. Are there any things you do **NOT** want your Personal Representative to do?

ENDURING POWER OF ATTORNEY

An Enduring Power of Attorney appoints someone to act on your behalf with respect to financial and property issues should you ever lose the capacity to make your own decisions (i.e. illness).

Have you signed a Power of Attorney before? Yes ◯ No ◯

If yes, give date, name(s) of attorney(s) and type of purpose of the Power of Attorney.

If Yes - do you want this Power of Attorney to replace it in its entirety? Yes ◯ No ◯

ATTORNEY(S)

Your attorney must be at least 18 years old and be someone you trust and believe can manage your estate. It is recommended that you choose someone for their ability and not to simply "honour" someone. 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 property, etc., as necessary.

Primary's Full Name _____ Age: _____

Relationship _____

Address _____

Occupation _____

Alternate's Full Name _____ Age: _____

Relationship _____

Address _____

Occupation _____

Have your attorneys been asked and are they willing to act? Yes ◯ No ◯

SPRINGING/IMMEDIATE

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

◯ Upon my incapacity
◯ Upon the following event: _____
◯ Immediately (not recommended)

If you wish the Power of Attorney to take effect upon incapacity, unless you specify otherwise it will be drafted to require the written declaration of two medical practitioners authorized to carry on practice in that jurisdiction. **Do you wish to change this?** Yes ◯ No ◯

How do you wish this to change?

COMPENSATION

Your Attorney may be entitled to compensation by law, but often your wishes will be followed in any event. Do you wish your Attorney to receive compensation for services? Yes ◯ No ◯

GENERAL/SPECIFIC

It is recommended that you prepare a general Enduring Power of Attorney as it is difficult to contemplate all of the circumstances which your attorney may find himself. If you wish to make specific directions or limitations, what matters would you like your Attorney to act on?

1. Land:	Yes ◯	No ◯	3. Hire Professionals:	Yes ◯	No ◯
2. Gifts to Family:	Yes ◯	No ◯	4. Other (specify below):	Yes ◯	No ◯

RESTRICTIONS

It is recommended that you prepare an Enduring Power of Attorney without restrictions as it is difficult to contemplate future needs and circumstances. If you want to make specific restrictions on the authority of your Attorney, what restrictions do you want (for example you can prohibit certain items from being sold so that they remain a part of your estate.

◯ You would like to live independently as long as possible
◯ You would like a limit on the amount of money spent. Limit: $_____
◯ You would like your Attorney to be restricted on investments he/she can make

If yes, state restrictions (e.g. as authorized by the *Trustee Act* or similar to existing investments)

Do you want your Attorney to sell specific property? Yes ◯ No ◯

If yes, describe the property: _____

Do you wish to require your Attorney to provide an accounting of his/her activities and transactions as it related to your estate: Yes ◯ No ◯

If Yes, then to whom shall the accounting be provided to:

and for what period:

Every: ◯ 1 year ◯ 3 years ◯ 5 years ◯ other:

Other restrictions:

PERSONAL DIRECTIVE

A Personal Directive appoints someone to act on your behalf with respect to your person and personal affairs (such as medical treatment) should you ever lose the capacity to make your own decisions (for example illness or injury).

Have you signed a Personal Directive before? Yes ◯ No ◯

If yes, give date, name(s) of agent(s): _____

_____

If Yes - do you want this Personal Directive to replace it in its entirety? Yes ◯ No ◯

AGENT(S):

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 Name _____ Age: _____

Relationship _____

Address _____

Occupation _____

Alternate Agent's Name _____ Age: _____

Relationship _____

Address _____

Occupation _____

Your Personal Directive will only take effect if you lack the capacity to make a personal decision. Who do you wish to determine whether you are incapacitated? This person may be a physician, your attorney, a friend, or any combination of persons. This decision is entirely your own. Generally speaking, however, it is recommended that you appoint your agent in consultation with a physician or psychologist or if your Agent is unable or unwilling to sign such a declaration, then when two service providers, at least one of whom is a physician or psychologist, sign a written declaration to that you have lost your capacity.

Below are the areas in which your agent will have authority to make decisions for you, unless you

indicate otherwise:

- 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
- organ/tissue donation and participation in medical research
- any other matter prescribed by the regulations and the *Personal Directives Act*
- Other: _____

Women: If you are pregnant do you want to be kept on life support until such time as the baby can be born? Yes ◯ No ◯

Are there any specific directions which you want your agent to follow, do you wish your agent to be guided by any religious or cultural beliefs/traditions, and do you wish to restrict your agent's authority in any area? Yes ◯ No ◯

Please describe your "yes" answers: _____

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 _____

Family Members and Other Interested Persons who my Agent may need to contact:

Name: _____ Name: _____

Address: _____ Address: _____

Relationship: _____ Relationship: _____

Name: _____ Name: _____

Address: _____ Address: _____

Relationship: _____ Relationship: _____

CAPACITY: In order to properly sign off on your estate planning documents you must have the requisite legal mental capacity at the time you sign. If the lawyer believes that there is any question of your capacity and ability to sign legal documents then the lawyer is obligated to not execute documents with you. If you have been suffering from any dementia or illness that may impact your mental capacity please consult with your physician in advance of an appointment and if appropriate obtain a note from your physician that they are confident that you have the mental capacity to review and execute legal estate planning documents. Bring this note with you to your appointment so a copy can be kept on file. If a person has lost capacity to sign then an application to the court for a Guardianship / Trusteeship Order may be required.