



ESTATE PLANNING QUESTIONNAIRE

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

HIGH LEVEL LAW

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ABOUT YOU:	TESTATOR 1	TESTATOR 2
What is your full legal name?		
If you are a married woman, what is your maiden name?		
Are there other names you are known by?		
What is your full home address, including postal code?		
Telephone numbers	Home: Work: Cell:	Home: Work: Cell:
What is your citizenship?		
What is your Social Insurance Number?		
What is your marital status? (married, single, divorced, widowed, common law)		
If married or living common law, what is your spouse's name?		
If you are widowed, what is the name of your former spouse(s)?		
If you were previously married or in a long term common law relationship, what was your former spouse's name? How long were you together? What is the date of your divorce or the date you ceased to cohabit?		
If married or living common law, what was the date of your marriage or cohabitation?		
If married, what city or town did your marriage take place?		
Do you have a Pre-nuptial or Cohabitation Agreement?		
Are you responsible to any other person as a result of marriage or common law relationship (i.e. Spousal or child support?) If yes, please provide a copy of the agreement or court order which created the obligation.		
If you are single and contemplating marriage in the near future, provide the full name of that person and the date of your proposed marriage.		

INFORMATION ON YOUR CHILDREN list the full legal names of all of your children including children of a previous marriage, children born outside of marriage and other persons under the age of 18 years that you may be in a parental relationship with. List their full address, relationship to you, their dates of birth, their marital status, the number of children they may have, if any, and whether they are suffering from any mental or physical disabilities.

TESTATOR #1

FULL LEGAL NAME & DATE OF BIRTH	ADDRESS & TELEPHONE NUMBERS	FULL BLOOD, ADOPTED or STEP CHILD	MARITAL STATUS	# of CHILDREN (your grandchildren)	DISABLED Yes/No

TESTATOR #2 – Leave blank if same as above

FULL LEGAL NAME & DATE OF BIRTH	ADDRESS & TELEPHONE NUMBERS	FULL BLOOD, ADOPTED or STEP CHILD	MARITAL STATUS	# of CHILDREN (your grandchildren)	DISABLED Yes/No

INFORMATION ON YOUR ASSETS

List any land which you may own, the address or legal description of the land, whether you own the land with another person and the way in which you hold ownership (i.e., as joint tenants or tenants in common).

TESTATOR #1

MUNICIPAL ADDRESS OR LEGAL DESCRIPTION OF LAND	TYPE OF OWNERSHIP (AS JOINT TENANTS, TENANTS IN COMMON OR SOLE OWNERSHIP	IF JOINT NAME OF OTHER OWNER(S)

TESTATOR #2 - Leave blank if same as above

MUNICIPAL ADDRESS OR LEGAL DESCRIPTION OF LAND	TYPE OF OWNERSHIP (AS JOINT TENANTS, TENANTS IN COMMON OR SOLE OWNERSHIP	IF JOINT NAME OF OTHER OWNER(S)

BANK ACCOUNTS

List your bank accounts, with the name of the bank, address of bank, what type of account it is (savings or chequing) and whether or not it is a joint account.

TESTATOR #1

NAME OF BANK	ADDRESS OF BANK	TYPE OF ACCOUNT	JOINT ACCOUNT Yes/No If YES, Name of other account holder(s)

TESTATOR #2 Leave blank if same as above

NAME OF BANK	ADDRESS OF BANK	TYPE OF ACCOUNT	JOINT ACCOUNT Yes/No If YES, Name of other account holder(s)

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

List your Life Insurance Policies, Pension Plans, RSP, RIF, Annuity Contracts and Shares with the name of the Company/Financial Institution, Value, Maturity Date (if any) Beneficiary

TESTATOR #1

TYPE OF PLAN POLICY or INVESTMENT	NAME & ADDRESS OF COMPANY or FINANCIAL INSTITUTION	VALUE	MATURITY DATE	NAME OF BENEFICIARY	Do you want the benefit to go to your named <u>beneficiary</u> or your <u>estate</u>

TESTATOR #2

TYPE OF PLAN POLICY or INVESTMENT	NAME & ADDRESS OF COMPANY or FINANCIAL INSTITUTION	VALUE	MATURITY DATE	NAME OF BENEFICIARY	Do you want the benefit to go to your named <u>beneficiary</u> or your <u>estate</u>

QUESTIONS ABOUT INVESTMENTS & ASSETS	YES OR NO + Details	
	TESTATOR #1	TESTATOR #2
Do you own shares in a Private Corporation? If Yes, Are there any restrictions of transfer? If Yes, Explain		
Is there a buy/sell or Unanimous Shareholders Agreement? If Yes, is it life insurance funded or otherwise funded?		
Are you involved in any partnership or unincorporated business? If Yes, Explain		
Do you have an interest in any mines or minerals? If Yes, Explain		
Do you own any assets outside of Alberta? If Yes, Explain		
Do you own any assets outside of Canada? If Yes, Explain		
Do you have an interest in other estate or trust? If Yes, Explain		
Have you made any loans or advances to family members or others that are to be collected or you wish to be forgiven? If Yes, Explain		

	TESTATOR #1	TESTATOR #2
Do you have any interest in farmland? If Yes, Explain		
Do you own any property in Joint Tenancy with someone else not described herein? If Yes, Explain		
Are you the owner of a life insurance policy on the life of another person? If Yes, Explain		
Do you have a valuable club membership? If Yes, Explain		
Do you have any credit cards which pay life insurance benefits? If Yes, Explain		
Do you have a safety deposit box? If Yes, please provide the location: box number: registered name(s): location of keys:		
Have you ever been involved in a business (owner or operator) that carried on Industrial Activity? (i.e.: Chemical, construction, dry-cleaning, electrical, laboratory, machinery, metal fabrication, photo development, printing, publishing, service station, textiles, wood preservation, vehicle maintenance or transportation) Have you ever owned land on which industrial activity was carried on? Are you aware of any environmental contamination on the land or building you own or may have owned in the past?		

TESTATOR #1

PERSONAL ADVISORS	NAME	COMPANY	ADDRESS & TELEPHONE NUMBER
ACCOUNTANT:			
FINANCIAL ADVISOR:			
LIFE INSURANCE AGENT:			
PROPERTY INSURANCE AGENT:			
BANKER:			
GENERAL PHYSICIAN:			
SPECIALIST PHYSICIAN:			
OTHER:			

TESTATOR #2 – Leave blank if same as above

PERSONAL ADVISORS	NAME	COMPANY	ADDRESS & TELEPHONE NUMBER
ACCOUNTANT:			
FINANCIAL ADVISOR:			
LIFE INSURANCE AGENT:			
PROPERTY INSURANCE AGENT:			
BANKER:			
GENERAL PHYSICIAN:			
SPECIALIST PHYSICIAN:			
Other:			

YOUR ESTATE -in this section you will name your Personal Representatives (your executor or executrix) being the person who will make you funeral arrangements and collect and distribute your estate, the guardian of your children if they are under the age of eighteen and also your proposed beneficiaries.

YOUR WILL	TESTATOR #1	TESTATOR #2
Do you have any funeral or special instructions? Provide details		
Do you have a Will? If Yes, reasons for new Will		

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary Personal Representative. One primary and one alternate Personal Representative will likely be sufficient depending on your circumstances. For tax reasons, it is not advisable to choose a 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. List your Primary and Alternate Personal Representatives.

TESTATOR #1

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE YOUR PERSONAL REPRESENTATIVE? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

TESTATOR #2

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE YOUR PERSONAL REPRESENTATIVE? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

GUARDIANS FOR YOUR MINOR CHILDREN**TESTATOR #1**

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE THE GUARDIAN OF YOUR CHILDREN? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

TESTATOR #2

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE THE GUARDIAN OF YOUR CHILDREN? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

DISTRIBUTION OF YOUR ESTATE

HOW DO YOU WANT YOUR ESTATE DISTRIBUTED?	TESTATOR 1	TESTATOR 2
All to spouse? Yes or No		
If spouse predeceases me:	<input type="checkbox"/> Equally to children <input type="checkbox"/> All to children but different percentages <input type="checkbox"/> Different percentages to particular children	<input type="checkbox"/> Equally to children <input type="checkbox"/> All to children but different percentages <input type="checkbox"/> Different percentages to particular children
At what age are your children to receive their share of your estate?	<input type="checkbox"/> All at 18 years _____% at _____ years _____% at _____ years _____% at _____ years _____ other _____	<input type="checkbox"/> 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 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. If one child 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?

TESTATOR #1	TESTATOR #2
<input type="checkbox"/> the children of the deceased child (my grandchildren)– at what age?____ <input type="checkbox"/> my other surviving children only <input type="checkbox"/> other _____	<input type="checkbox"/> the children of the deceased child (my grandchildren)– at what age?____ <input type="checkbox"/> my other surviving children only <input type="checkbox"/> other _____

FAMILY DEMISE	TESTATOR 1	TESTATOR 2
<p>How is your estate to be divided 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?</p>	<p>___ ½ to my parents and ½ to spouse's parents</p> <p>___ ½ to my siblings and ½ to my spouse's siblings who are alive in equal shares</p> <p>___ to my nephews and Nieces and my spouse's nephews and nieces in equal shares</p> <p>___ other</p>	<p>___ ½ to my parents and ½ to spouse's parents</p> <p>___ ½ to my siblings and ½ to my spouse's siblings who are alive in equal shares</p> <p>___ to my nephews and Nieces and my spouse's nephews and nieces in equal shares</p> <p>___ other</p>

SPECIFIC GIFTS OR LEGACIES

There are two alternative ways to deal with specific gifts or legacies:

1. 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 gift involves redrafting the Will or creating a Codicil to the Will.
2. 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.

	TESTATOR 1	TESTATOR 2
<p>List items or amounts of specific gifts you wish to include in your Will</p>		

CHARITABLE GIFTS	TESTATOR 1	TESTATOR 2
Do you wish to give cash or other gifts to charity?		
If Yes, provide details		

OTHER BENEFICIARIES - List all beneficiaries not already described in this questionnaire.

TESTATOR #1

FULL NAME	ADDRESS	AGE	RELATIONSHIP TO YOU

TESTATOR #2

FULL NAME	ADDRESS	AGE	RELATIONSHIP TO YOU

ENDURING POWER OF ATTORNEY	TESTATOR 1	TESTATOR 2
Have you ever signed a Power of Attorney before? Yes/No If Yes, Provide the following: Date of document Name of Attorney Purpose of Power of Attorney		

Your attorney should be someone you trust to handle your estate, and must be 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. List on the attached page your Primary and Alternate Attorney(s).

TESTATOR #1

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE YOUR ATTORNEY? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

TESTATOR #2

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE YOUR ATTORNEY? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

ENDURING POWER OF ATTORNEY	TESTATOR 1	TESTATOR 2
<p>Do you wish for 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?</p>	<p><input type="checkbox"/> immediate <input type="checkbox"/> springing</p>	<p><input type="checkbox"/> immediate <input type="checkbox"/> springing</p>
<p>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. Generally, however, it is recommended that the written declaration of two medical practitioners authorized to carry on practice in the Province of Alberta, or should you become incapacitated while permanently or temporarily outside the jurisdiction of Alberta, then two medical practitioners authorized to carry on practice in that jurisdiction, should be the ones appointed to make the declaration of incapacity</p>		
<p>Do you wish your Attorney to receive compensation?</p>	<p>Yes/No</p>	<p>Yes/No</p>
<p>You can have a general Enduring Power of Attorney or you can make this a very specific document. 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 in when the Enduring Power of Attorney comes into existence. If you wish, however, to make specific directions, what matters would you like your Attorney to act on?</p>	<p><input type="checkbox"/> General <input type="checkbox"/> Gifts to Family <input type="checkbox"/> Revenue Canada <input type="checkbox"/> Professionals <input type="checkbox"/> Land Other:</p>	<p><input type="checkbox"/> General <input type="checkbox"/> Gifts to Family <input type="checkbox"/> Revenue Canada <input type="checkbox"/> Professionals <input type="checkbox"/> Land Other:</p>
<p>Would you like any restrictions to be put on your Attorney? Generally, it is recommended that you prepare an Enduring Power of Attorney without restrictions as it is difficult to contemplate all of the circumstances which exist upon the Enduring Power of Attorney coming into effect, and you may not wish to fetter the discretion of your Attorney. If you wish, however, to make specific directions, what matters would you like your Attorney to act on?</p>	<p><input type="checkbox"/> You want to live independently as long as possible and you would like your money spent to that end. <input type="checkbox"/> You would like to put a limit on the amount of money you Attorney can spend on any matter. The limit would be \$_____ <input type="checkbox"/> You would like your Attorney to be restricted on investments. (i.e. Limited to investments authorized by <i>Trustee Act</i> <input type="checkbox"/> Other (give details on back)</p>	<p><input type="checkbox"/> You want to live independently as long as possible and you would like your money spent to that end. <input type="checkbox"/> You would like to put a limit on the amount of money you Attorney can spend on any matter. The limit would be \$_____ <input type="checkbox"/> You would like your Attorney to be restricted on investments. (i.e. Limited to investments authorized by <i>Trustee Act</i> <input type="checkbox"/> Other (give details on back)</p>
<p>Do you wish to require your Attorney to provide an accounting of his/her activities and transactions as it related to your estate: If Yes, then to whom shall the accounting be provided to: For what period (circle one):</p>	<p>Yes / No _____ Every - 1 year • 3 years • 5 years • other:_____</p>	<p>Yes / No _____ Every - 1 year • 3 years • 5 years • other:_____</p>

PERSONAL DIRECTIVE	TESTATOR 1	TESTATOR 2
Do you have any Personal Directives or Living Wills? If Yes, Provide the following: Date of document Name of Agent		

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.

TESTATOR #1

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE YOUR ATTORNEY? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

TESTATOR #2

	FULL NAME AND ADDRESS	AGE	RELATIONSHIP	OCCUPATION	HAVE YOU ASKED THEM TO BE YOUR ATTORNEY? ARE THEY WILLING TO ACT?
Primary					
Alternate 1					
Alternate 2					

PERSONAL DIRECTIVE	TESTATOR 1	TESTATOR 2
Please indicate the areas you wish your agent to make decisions for you:	<input type="checkbox"/> health care <input type="checkbox"/> accommodation <input type="checkbox"/> with whom I live and associate <input type="checkbox"/> participation in social, educational and employment activities <input type="checkbox"/> legal matters not relating to my estate <input type="checkbox"/> non-financial matters relating to me <input type="checkbox"/> organ/tissue donation <input type="checkbox"/> participation in medical research <input type="checkbox"/> other matters prescribed by <i>Personal Directives Act</i> in Alberta	<input type="checkbox"/> health care <input type="checkbox"/> accommodation <input type="checkbox"/> with whom I live and associate <input type="checkbox"/> participation in social, educational and employment activities <input type="checkbox"/> legal matters not relating to my estate <input type="checkbox"/> non-financial matters relating to me <input type="checkbox"/> organ/tissue donation <input type="checkbox"/> participation in medical research <input type="checkbox"/> other matters prescribed by <i>Personal Directives Act</i> in Alberta
Provide specific directions you want your agent to follow		
Do you wish your agent to be guided by religious or cultural beliefs or traditions? If Yes, provide details		
Do you wish to restrict your agent's authority in any area? If Yes, provide details		
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. If Yes, provide details		
If you're Agent and your Attorney under the Enduring Power of Attorney cannot agree, who do you want to have the final say?	<input type="checkbox"/> Agent <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____	<input type="checkbox"/> Agent <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____