

**SECTION 1 FAMILY INFORMATION**

<b>1 (a) PERSONAL INFORMATION</b>		
Full Name		Primary Phone Number
Present Address		Email Address
Date of Birth	Place of Birth	Citizenship other than Canada
Occupation	Employer	Do you visit the US for extended periods each year? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1 (b) SPOUSE'S INFORMATION</b>		
Full Name		Primary Phone Number
Present Address		Email Address
Date of Birth	Place of Birth	Citizenship other than Canada
Occupation	Employer	Do you visit the US for extended periods each year? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1 (c) RELATIONSHIP INFORMATION</b>		
Current Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Single		Date of Marriage or Cohabitation
Previous Marriage or Cohabitation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Previous Spouse
Date of Previous Marriage or Cohabitation		Date Previous Marriage or Cohabitation Ended
If you are Single, Separated or Divorced:		
Are you planning to marry or cohabitate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Obligations to Previous Relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1 (d) CHILDREN</b>		
Number of Children (including by adoption)		Are all the children from your present relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name	Date of Birth	Marital Status
Full Name	Date of Birth	Marital Status
Full Name	Date of Birth	Marital Status
Full Name	Date of Birth	Marital Status
Full Name	Date of Birth	Marital Status

<b>1 (e) OTHER DEPENDANTS</b>		
Do you have any grandchildren or great-grandchildren where you are a Guardian or stand in place of a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, please provide details		
Does your spouse, any of your children, grandchildren or great-grandchildren suffer from a physical or mental disability that prevents them from earning a livelihood? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, please provide details		
Do you have any stepchildren to whom you would like to give a benefit from your estate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, please provide details		
Have any of your children predeceased you? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, please provide details		
Full Name	Date of Birth	Date of Death

## SECTION 2 PERSONAL DIRECTIVE

<b>2 (a) PERSONAL DIRECTIVE</b>		
A Personal Directive will give your Agent the right to make decisions on your behalf regarding your medical care or health decisions should you lose mental capacity. Your Agent should be someone you know and trust completely. Your Agent must be 18 years of age at any time while the Personal Directive is in effect and your Agent must have the capacity to make personal decisions on your behalf. You should also name alternates, in the event that your first choice is unable or unwilling to act.		
<b>2 (b) PRIMARY AGENT</b>		
Please name an Agent. This is the person that will make decisions for you if you should lose the capacity to make them for yourself.		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>2 (c) ALTERNATE AGENTS</b>		
If you are not naming Joint Agents and in the case that your Primary Agent is unable or unwilling to act, please list your alternate Agent(s) here.		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>2 (d) CAPACITY TEST</b>		
Please indicate who should decide whether or not you still have lost capacity to make decisions about any personal matter:		
<input type="checkbox"/> One qualified capacity assessor	<input type="checkbox"/> Two qualified capacity assessors	
<input type="checkbox"/> One qualified capacity assessor who must be a medical doctor or psychologist	<input type="checkbox"/> Two qualified capacity assessors, at least one of whom must be a medical doctor or psychologist	

## SECTION 3 ENDURING POWER OF ATTORNEY

<b>3 (a) ENDURING POWER OF ATTORNEY</b>		
An Enduring Power of Attorney (EPA) will give your Attorney the right to make decisions on your behalf with respect to your property and financial affairs should you lose mental capacity. Your Attorney should be someone you know and trust completely; someone who is very capable of handling financial matters.		
<b>3 (b) PRIMARY ATTORNEY</b>		
This is the person that will have the right to make financial decisions on your behalf with respect to your property.		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>3 (c) ALTERNATE ATTORNEYS</b>		
In the case that your Primary Attorney is unable or unwilling to act, please list your alternate Attorney(s) here.		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>3 (d) TYPE OF ENDURING POWER OF ATTORNEY</b>		
Indicate whether you want this Power of Attorney to come into effect immediately upon your signing it, or whether it should spring into effect if and when you lose capacity to make reasonable judgements relating to all or any part of your estate:		
<input type="checkbox"/> Spring into effect at the time you lose capacity to make decisions for yourself (Springing EPA) <input type="checkbox"/> Immediately upon signing (Immediate EPA)		
<b>3 (e) SPRINGING POWER OF ATTORNEY</b>		
If this is a Springing Enduring 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:		
<input type="checkbox"/> One qualified capacity assessor <input type="checkbox"/> Two qualified capacity assessors <input type="checkbox"/> One qualified capacity assessor who must be a medical doctor or psychologist <input type="checkbox"/> Two qualified capacity assessors, at least one of whom must be a medical doctor or psychologist		
<b>3 (f) EXPANDED POWERS</b>		
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:		
<input type="checkbox"/> Give gifts to family members on special occasions, including gifts of cash <input type="checkbox"/> Give to charities <input type="checkbox"/> Assist my children with post-secondary education expenses even if they are over the age of 18 <input type="checkbox"/> Other:		
<b>3 (g) ATTORNEY COMPENSATION</b>		
Indicate below how you would like you would wish your attorney to be compensated for their time and effort on your behalf:		
<input type="checkbox"/> No fees should be paid; my attorney should only be reimbursed for out-of-pocket expenses <input type="checkbox"/> Fees should be paid in the amount of \$_____ per month (in addition to out-of-pocket expenses) <input type="checkbox"/> If my attorney is a trust company, compensation should be paid in accordance with the schedule of compensation that is in existence when the power of attorney comes into effect.		

## SECTION 4 WILL

<b>4 (a) WILL</b>		
<p>A Will provides instruction as to how you want to distribute your estate and who you would like to be guardian to minor children upon your death.</p> <p>If your spouse is the sole beneficiary of your Estate, it may be preferable to name them as the primary Personal Representative. You should also name alternates, in the event your first choice is unable to act. If you have more than one Personal Representative, it would be preferable if at least one of them is a resident of Alberta</p>		
<b>4 (b) PRIMARY PERSONAL REPRESENTATIVE</b>		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>4 (c) ALTERNATE PERSONAL REPRESENTATIVES</b>		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>4 (d) PRIMARY GUARDIAN(S) FOR MINOR CHILDREN</b>		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>4 (e) ALTERNATE GUARDIAN(S) FOR MINOR CHILDREN</b>		
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
Full Name	Relationship	Date of Birth
Present Address	Primary Phone Number	Email Address
<b>4 (f) BENEFICIARIES</b>		
<p>The following choices as to distribution of your Estates are for your convenience only. It is intended to get you thinking about the issues to be discussed with your lawyer.</p>		
All to spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
If spouse predeceases you:		
<input type="checkbox"/> Equally to all children <input type="checkbox"/> All to children but different percentages <input type="checkbox"/> Other:		
At what age are any minor beneficiaries to receive their share of your Estate?		
<input type="checkbox"/> _____% at _____ years      _____% at _____ years      _____% at _____ years <input type="checkbox"/> Other:		

The age of majority in Alberta is 18. 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 they are entitled to the share, who shall receive that share or the amount remaining?

- The children of the deceased child (your grandchildren)
- Your Surviving children only (i.e not to surviving grandchildren)
- Other:

**4 (g) COMMON ACCIDENT TO FAMILY**

Please provide the name of any parents, siblings, friends, or charities who you want to receive a share of your Estate in the case of a common accident

**4 (h) ASSETS THAT DESIGNATE BENEFICIARIES**

Any assets that designate beneficiaries (i.e. life insurance policies, pensions, etc.) may be changed by your Will. However, only the latest signed document takes effect. Do you want your Will to make changes to your Pension or Insurance documents? Yes No If so, please provide details

**4 (i) SPECIFIED GIFTS OR LEGACIES**

It may not be wise to list any items unless they are definitely valuable or of great sentimental value unless you are prepared to pay your lawyer to draft the will and change it when an item is sold or replaced.

Item:	Beneficiary	Relationship
Item:	Beneficiary	Relationship
Item:	Beneficiary	Relationship
Item:	Beneficiary	Relationship

**4 (j) MONEY FOR GUARDIANS**

If it becomes necessary for the guardians that you have names to look after and raise your minor children, do you want them to receive a lump sum or periodic payment to assist with expenses?

- Yes No If Yes, please provide details.

## SECTION 5 FINANCIAL INFORMATION

<b>5 (a) ASSETS</b>	
<p>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 your assets to make sure they do not miss any. If there is insufficient space to answer any of the following questions, please list on a separate sheet of paper.</p> <p>Note: For each asset, please indicate who is the owner, if it is joint ownership, or if partial ownership with a third party</p>	
<b>5 (b) REAL ESTATE</b>	
<b>Principal Residence</b>	
Municipal Address:	Name(s) on Title:
Legal Description:	<input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common
<b>Other Land</b>	
Municipal Address:	Name(s) on Title:
Legal Description:	<input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common
<b>Farm Land</b>	
Municipal Address:	Name(s) on Title:
Legal Description:	<input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common
<b>Interests in Mines and Minerals</b>	
Please describe:	
<b>5 (c) BANK ACCOUNTS</b>	
Bank Name and Location	Ownership
Bank Name and Location	Ownership
Bank Name and Location	Ownership
<b>5 (d) DIGITAL CURRENCY</b>	
Description	Ownership
Description	Ownership
<b>5 (e) ONLINE TRADING ACCOUNTS</b>	
Description	Ownership
Description	Ownership

<b>5 (f) GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS</b>				
Bank Name and Location			Maturity Date:	Ownership
Bank Name and Location			Maturity Date:	Ownership
<b>5 (g) LIFE INSURANCE POLICIES</b>				
Company:	Policy #	Value	Beneficiary	Ownership
Company:	Policy #	Value	Beneficiary	Ownership
<b>5 (h) PENSION PLANS</b>				
Company		Beneficiary		Ownership
Company		Beneficiary		Ownership
<b>5 (i) REGISTERED RETIREMENT SAVINGS PLAN / REGISTERED RETIREMENT INCOME FUND</b>				
Financial Institution		Location		Beneficiary
Financial Institution		Location		Beneficiary
Financial Institution		Location		Beneficiary
Financial Institution		Location		Beneficiary
<b>5 (j) DEBTS OWED TO YOU</b>				
Does anyone, including your children and members of your family, owe you money (i.e. Personal Loans, Promissory Notes, Mortgages, etc.)? If so, please provide details.				
Name		Type of Debt		Amount
Name		Type of Debt		Amount
If any of these amounts are to be forgiven, please provide details:				
<b>5 (k) BUSINESS INTERESTS</b>				
Please describe any interests that you have in private companies, partnerships, sole proprietorships, etc.:				
Interest Type				Ownership
Interest Type				Ownership
<b>5 (l) SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES</b>				
Please describe shares in public corporations, mutual funds, bonds and debentures Note: Listing all shares in a portfolio if it changes regularly is not required)				
Interest Type				Ownership
Interest Type				Ownership

<b>5 (m) VALUABLE PERSONAL PROPERTY</b>		
Please list your valuable personal property (i.e. automobiles, mobile homes, boats, heirlooms, etc.), and where the property is located.		
Property	Location	Ownership
Property	Location	Ownership
Property	Location	Ownership
Property	Location	Ownership
Property	Location	Ownership
<b>5 (n) SAFETY DEPOSIT BOX</b>		
Location	Box Number	Ownership
Registered Name(s)	Location of Keys	
<b>5 (o) GENETIC MATERIAL</b>		
Have you stored any genetic material? <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, please provide details regarding any contracts signed regarding its storage and use:		
<b>5 (p) OTHER</b>		
If you have any assets outside of Alberta, please describe.		
If you have any assets outside of Canada, please describe		
Please list any other assets that have not been listed above.		

## SECTION 6 LIABILITIES

<b>6 (a) LIABILITIES</b>		
Creditor	Amount	Liability
Creditor	Amount	Liability
Creditor	Amount	Liability
<b>6 (b) FUNERAL ARRANGEMENTS</b>		
Upon your death, what would you like done with your body? <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Pre-Paid Funeral Plans <input type="checkbox"/> Other Please provide further details if you have specific instructions regarding your remains.		
If you have already pre-arranged these matters, please provide the company's contact information:		



## SECTION 7 OTHER INFORMATION

7 (a) OTHER

Please provide any additional details that you would like to incorporate into your Estate Planning