



Estate Planning Questionnaire

SECTION I – FAMILY INFORMATION

Date: _____

You:

Your Spouse:

Full Name:

Maiden Name:

Any other Aliases:

Date of Birth:

Place of Birth:

Current Address:

Postal Code:

Citizenship (all)

Home Phone:

Business Phone:

Cell Phone:

Occupation:

Employer:

E-Mail Address:

Do you have a US Green Card? YES/NO

Do you holiday in the US for extended periods of time each year? YES/NO



MARRIAGE INFORMATION

Marital Status (married/common law/divorced/widow(er)/second marriage): _____

Date and Place of Marriage: _____

Do you and your spouse have a marriage contract/prenuptial agreement? YES/NO
If yes, please provide.

If you live common law, please answer:

- 1. Do you and your common law partner live together? YES/NO
- 2. The date/how many years you have lived together? _____
- 3. Do you have a child together? YES/NO
- 4. Do you help each other out financially – share assets, etc? YES/NO

If this is your second or later marriage please answer:

Previous Marriage: YES/NO
If yes, name of previous spouse and date of death/divorce/separation:

Previous Marriage: YES/NO
If yes, name of previous spouse and date of death/divorce/separation:

Obligations pursuant to previous marriages (e. g. spousal & child maintenance) YES/NO
If yes, please provide details:

Obligations pursuant to previous marriages (e. g. spousal & child maintenance) YES/NO
If yes, please provide details:

If you are single, separated or divorced:

- (a) Are you planning on marrying in the near future? YES/NO
If yes, give details (name, date of marriage):



(b) Are you now cohabiting with anyone? YES/NO
If yes, give details (name, length of time of cohabitation):

(c) Are you planning to separate or divorce in the near future? YES/NO If yes, give details:

CHILDREN

Number of Children: _____ Number of Grandchildren: _____

Are all the following children from your present marriage? YES/NO

If no, indicate with the appropriate letter beside each child:

P - from previous marriage (husband/wife)

A - adopted

O - born outside present marriage

Children:

Letter	Full Name	Address	Date of Birth	Marital Status	Names of their children (your grandchildren)

Grandchildren

Letter	Full Name	Address	Date of Birth	Marital Status	Names of their children (your great grandchildren)



Are there any stepchildren, adopted children or illegitimate children of either spouse? YES/NO

Are you responsible for any other children? YES/NO

Are any of your grandchildren adopted, stepchildren, illegitimate? YES/NO

If yes to any of the above questions, give details:

Are any of the children or grandchildren mentally or physically incapacitated? YES/NO

If yes, please describe:

Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? YES/NO If yes, please explain:

Have any of your children predeceased you? YES/NO If yes, give the name and date of death of the deceased child and the names of their children, if any:

SECTION II – INSTRUCTIONS FOR WILL

PERSONAL REPRESENTATIVE(S):

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary Personal Representative. You should also name alternatives, in the event your first choice is unable or unwilling to act. 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 the age of 18.

1. Full Name: _____
Relationship: _____ Age: _____
Address: _____



Alternate(s)

2. Full Name: _____
Relationship: _____ Age: _____
Address: _____

3. Full Name: _____
Relationship: _____ Age: _____
Address: _____

Have all your Personal Representatives been asked if they are willing to act? YES/NO

GUARDIAN(S) FOR MINOR CHILDREN:

Are you, by court order, appointed guardian of your children? YES/NO
If yes, Please provide copy of order.

Appointment of Guardians:

1. Full Name: _____
Relationship: _____ Age: _____
Address: _____
Occupation: _____

Alternate Guardian in case 1 cannot act:

2. Full Name: _____
Relationship: _____ Age: _____
Address: _____
Occupation: _____

Have all your guardians been asked if they are willing to act? YES/NO

BENEFICIARIES

The following choices as to distribution of your Estate are for your convenience only.
It is intended to get you thinking about the issues to be discussed with your lawyer.

1. All to spouse: YES/NO Other: _____



2. If my spouse predeceases me: (please circle)

- a. equally to all children
- b. all to children in differing percentages
- c. other: _____

3. At what age are your children to receive their share of your estate? (please circle)

- a. All at 18 years? Or another age _____
- b. _____ % at _____ years
_____ % at _____ years
- c. 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.

4. If one child dies before you do or before attaining the age at which he/she is entitled to his/her share, who is to receive that share or amount remaining? (please circle)

- a. the children of the deceased child (my grandchildren) at what age? _____
- b. my surviving children only
- c. other: _____

5. Family Demise: 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? (please circle)

- a. 1/2 to my parents and 1/2 to spouse's parents
- b. 1/2 to my brothers and sisters and 1/2 to my spouse's brothers and sisters who are then alive in equal shares
- c. charity: _____
- d. other: _____

6. Specified Gifts or Legacies – list items or amounts and who is to receive it:



(Caution: Do not list any items unless they are definitely valuable or of great sentimental value or unless you are prepared to pay your lawyer to draft the Will and change it when an item is sold or replaced).

7. Money for Guardians:

If it becomes necessary for the guardians that you have named to look after and raise your minor children, will they require: (circle any that apply)

- a. A lump sum of money to be paid to them to buy a larger house, to renovate their current house, to buy a larger vehicle, etc. in order to accommodate your children?

If so, then how much would you like to give them for this purpose: _____

- b. A monthly amount to be paid to them to assist with the additional monthly expenses that they will incur as a result of raising your children?

If so, then how much per month per child would they require? _____

8. Personal Representative Compensation:

Personal Representatives are entitled to receive compensation for the time, effort and expertise that is spent by them in administering your Estate. This can be a lump sum amount or a percentage of your Estate. If you wish your Personal Representative to receive compensation for acting on your behalf, you may specify that they be compensated according to the usual Rules, or you may specify the dollar amount or percentage of your Estate they are to receive. They will also be entitled to reimbursement for any out-of-pocket expenses they incur in administering your Estate.

In Alberta, a rough guideline of the compensation that a Personal Representative is entitled to is 1% to 5% of the value of your Estate. If you wish to specify in your Will the compensation that is to be received by your Personal Representative, will it be:

- a. According to the usual Rules (see the *Trustee Act*)
- b. A percentage of your Estate: _____%
- c. A set amount: _____



SECTION III – FINANCIAL INFORMATION

The purpose of this section is to provide sufficient information to plan your estate and to ensure sufficient powers are included in your Will. It will also inform your Personal Representative(s) of all of your assets to make sure they do not miss any. If there is insufficient space to answer any of the following sections, please list on a separate paper.

For each asset, please indicate ownership:

- J – owned jointly by husband and wife
- H – owned by husband
- W – owned by wife
- O – owned by husband and/or wife with some other person (please describe)

REAL ESTATE:

Principal Residence:

Municipal Address: _____

Legal Description: _____

Name(s) on title: _____

Ownership (please circle any that apply):

Joint Tenancy Tenancy in Common Unknown Other: _____

Current Market Value: \$ _____ Current Mortgage Value: \$ _____

Are the mortgage(s) life insured? YES/NO

Interest in Mines and Minerals:

Date of Acquisition: _____ Acquisition Cost: _____



OTHER REAL ESTATE: YES/NO

Municipal Address: _____

Legal Description: _____

Name(s) on title: _____

Ownership (please circle any that apply):

Joint Tenancy Tenancy in Common Unknown Other: _____

Current Market Value: \$ _____ Current Mortgage Value: \$ _____

Are the mortgage(s) life insured? YES/NO

Interest in Mines and Minerals:

Date of Acquisition: _____ Acquisition Cost: _____

ENVIRONMENTAL

To your knowledge, do you own or do you have an interest in any property which now is or might become an environmental concern? YES/NO

If part of the property of your estate may constitute an environmental hazard, you may wish to consider creating a separate trust of that property.

DEBTS OWED TO YOU (by children or anyone else)

Does anybody owe you money (e. g. personal loans, promissory notes, mortgages, agreements for sale)? YES/NO

If yes, please describe:



OTHER ASSETS

For each asset, where applicable please indicate ownership:

- J – owned jointly by husband and wife
- H – owned by husband
- W – owned by wife
- O – owned by husband and/or wife with some other person (please describe)

For each asset with a designated beneficiary, please provide the documentation to verify designation.

BANK ACCOUNTS:

Type of Account	Bank Name	Location	Approx. Balance

Approximate Current balance of all accounts: \$ _____

What is your intention with regard to joint accounts:

1. Is your intention that the joint owners of all joint accounts are to have the contents of such accounts on your death? YES NO

OR

2. Were the joint accounts set up for convenience purposes only and, as such, it is your intention that the contents of any joint accounts are to form part of your estate? YES / NO

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS:

Bank	Location	Principal Value	Maturity Date



SAFETY DEPOSIT BOX:

Location	Box No.	Registered Name(s)	Location of Keys

LIFE INSURANCE POLICIES:

Please indicate type: Term (T) or Permanent (P)

Type	Company	Policy No.	Value	Beneficiary

Location of Life Insurance Policies: _____

PENSION PLANS:

Company	Approx. Current Value of Benefits	Designated Beneficiary



REGISTERED RETIREMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS:

Financial Institution	Location	Named Beneficiary	Approx. Current Value

ANNUITY CONTRACTS:

Name of Company	Type of Plan	Value	Designated Beneficiary

SEGREGATED FUNDS:

Company	Approx. Current Value of Benefits	Designated Beneficiary

SHARES IN PRIVATE CORPORATIONS: (i. e. corporations which are not traded on a stock exchange)

Name of Corporation: _____

Nature of Business: _____

Number of Shareholders: _____

Shareholder	Number and Class of Shares Held

Assets owned by the Corporation: _____

Are there any restrictions on transfer? YES/NO



Is there a buy/sell or unanimous shareholders agreement? YES/NO
If yes, is it life insurance funded or otherwise funded? YES/NO

PARTNERSHIP OR UNINCORPORATED BUSINESS:
Describe name, nature of business and number of partners:

SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES:
Describe (do not list all Shares if portfolio changes regularly):

Location of Share Certificates: _____

VALUABLE PERSONAL PROPERTY: (e. g. art, silverware, stamps, coins, jewelry, automobiles, mobile homes, boats, heirlooms, etc.)

Description	Location of Property	Approx. Acquisition Cost	Approx. Current Value

FIREARMS:
Do you own any firearms? YES/NO If yes, please describe:

Make and Model	Registration Certificate No. (for restricted/prohibited firearms)	Restricted/Non-restricted or prohibited firearm



Do you have a valid PAL? YES/NO

Does your spouse have a valid PAL? YES/NO

Where are your firearms currently stored? _____

Where do you currently keep your PAL license and firearm registration certificates?

ANY OTHER ASSETS NOT LISTED ABOVE:



- | | |
|--|--------|
| 1. Have you an interest in mines and minerals? | YES/NO |
| 2. Have you an interest in any assets outside Alberta? | YES/NO |
| 3. Have you an interest in any assets outside Canada? | YES/NO |
| 4. Have you an interest in another estate or trust? | YES/NO |
| 5. Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? | YES/NO |
| 6. Have you an interest in farmland? | YES/NO |
| 7. Do you own any property in joint tenancy with someone not described above? | YES/NO |
| 8. Are you the owner of a life insurance policy on the life of another person? | YES/NO |
| 9. Do you have a valuable club membership? | YES/NO |

Please describe your "yes" answers below:

PLEASE PROVIDE A COPY OF ANY OF THE FOLLOWING DOCUMENTS WHICH PERTAIN TO YOUR CIRCUMSTANCES:

- Marriage Contract
- Shareholder Agreement
- Will
- Cohabitation Agreement
- Buy-Sell Agreement
- Codicil(s)
- Divorce Decree
- Partnership Agreement
- Separation Agreement
- Minutes of Settlement
- Trust Deed in which you have an ongoing administrative or beneficial interest.
- Will of deceased person or a Trust Deed which names you as a beneficiary.



SECTION IV – LIABILITIES

Creditor	Amount	Due Date

Are any of the above debts life insured? YES/NO If yes, please provide details:

SECTION V – OTHER INSTRUCTIONS

Do you now have a Will: YES/NO

Reason for new Will:

FUNERAL INSTRUCTIONS:

On your death do you want your body to be buried: YES/NO

If you answered yes, do you have a preference as to where it should be buried?

Would you prefer that your body be cremated? YES/NO

If you answered yes, do you have any instructions as to what is to be done with your ashes?

Do you have pre-paid funeral arrangements? YES/NO

If yes, which company? _____



ORGAN DONATION

Would you like to include a wish that your body, or body parts, be donated pursuant to the *Human Tissue Gift Act*? YES NO

If your answer is YES, which of the following apply:

You wish to donate your body for the following purposes:

- Therapeutic
- Medical Education
- Scientific Research

- All body parts and organs can be donated, OR,

Specify which body parts and/or organs can or cannot be donated:

LOCATION OF ORIGINALS

Please note that we do not keep your original executed Will for safekeeping. We suggest that you place the executed Will in a safe place, such as a safety-deposit box.