

WILL & ESTATE PLANNING GUIDE

FOR:

(name)

AND

(name)

DATED:

_____, 20____



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WILL & ESTATE PLANNING GUIDE

Why is it important to complete this guide?

The information collected in this guide is the foundation of your Will and Estate plan. The correctness of any advice provided is dependent upon the completeness and accuracy of the information provided to our office. Such advice is based on the relevant laws in place at this time and how they apply to your personal circumstances.

Your Will can only distribute assets that you personally own. It is important for your lawyer to know what you own and how you own it to determine whether those assets will form part of your Estate. Your lawyer will discuss this further with you.

This guide is also of value to you, as it allows you to record all your important personal and financial information in one place. If a copy of this completed form is kept with your original Will or a copy given to your Executor / Personal Representative, this guide can be of great benefit to your Executor / Personal Representative as a starting point to carrying out their duties.

Privacy & Confidentiality

As a valued client, your privacy is important to us. The personal and financial information you have provided in this Will and Estate Planning Guide will be kept private and confidential.

WILL & ESTATE PLANNING GUIDE

DATE: _____

Part One: Personal Information**PERSONAL INFORMATION**

Full Legal Name		Other Names Known By	
Address	City/Town	Prov.	Postal Code
Home Phone Number	Home E-mail	Cell Phone Number	
Alternate Address	City/Town	Prov.	Postal Code
Date of Birth	Social Insurance Number	Citizenship/Residency (*US Connection)	
Employer	Occupation		
Work Address	Work Phone	Work E-mail	Work Fax

SPOUSE / PARTNER INFORMATION

Full Legal Name		Other Names Known By	
Address	City/Town	Prov.	Postal Code
Home Phone Number	Home E-mail	Cell Phone Number	
Alternate Address	City/Town	Prov.	Postal Code
Date of Birth	Social Insurance Number	Citizenship/Residency (*US connection)	
Employer	Occupation		
Work Address	Work Phone	Work E-mail	Work Fax

MARITAL STATUS

Single Married Common-Law In Contemplation of Marriage
 Separated Divorced Widowed/Widower AIP (Adult Interdependent Partner)

Date of Marriage (if applicable) _____ Date when you started living together (if applicable) _____

Do you have a prenuptial, co-habitation or similar type of agreement? Yes No
 (if yes, please provide a copy)
 Have you been previously married? Yes No
 Has your spouse/partner been previously married? Yes No

If divorced/separated, please provide name of former spouse/partner, date of divorce/separation and details of any continuing obligations from agreements or judgments *(please provide a copy of the agreement or judgment)*:

CHILDREN (please list all children regardless if they are beneficiaries or not)

Full Name	Address and Phone No.	Date of Birth	Marital Status	Number/Ages of Kids

GRANDCHILDREN (please use separate sheet of paper if necessary)

Full Name	Name of Parent(s)
Address and Phone No.	Age or Date of Birth
Full Name	Name of Parent(s)
Address and Phone No.	Age or Date of Birth
Full Name	Name of Parent(s)
Address and Phone No.	Age or Date of Birth

Have any of your children predeceased you?

___ Yes

___ No

If so, please indicate if such child left any of his/her own children surviving:

Are any minor children or adult children mentally or physically disabled?

___ Yes

___ No

If yes, please provide details as to child's name, type of disability, current living accommodations, prognosis, and any other details you feel are relevant:

Are you financially supporting any other persons?

___ Yes

___ No

If yes, please provide details as to the name of such person, the level of support and any other details you feel are relevant:

Part Two: Financial Information

FINANCIAL INFORMATION (please use separate sheet of paper if necessary)

ASSETS	YOUR SOLE ASSET (approx. balance/value)	SPOUSE / PARTNER'S SOLE ASSET (approx. balance/value)	JOINT ASSET (approx. balance/value)
BANK ACCOUNTS (Financial Institution, Account Numbers, CDN/US\$)			
<i>Example: Royal Bank U.S. Dollar Chequing Account, #12-3456, John Smith</i>	\$1,000.00	N/A	N/A
NON-REGISTERED INVESTMENTS (Stocks, Bonds, Mutual Funds, Financial Institution)			
REGISTERED INVESTMENTS (RRSP, RRIF, PENSIONS, TFSA, RESP) (Type of Account, Institution)			DESIGNATED BENEFICIARY?
LIFE INSURANCE (Policy Type, Policy Number, Institution)			DESIGNATED BENEFICIARY?

REAL PROPERTY (Address, Legal Description, Title Ownership, Indicate if Rental, Vacation, Agricultural)			
BUSINESS INTERESTS (Sole Proprietorship, Partnerships, Private Companies – indicate percentage ownership)			
RECEIVABLES - Loans & Mortgages Owed To You (Indicate if documented and details)			
INTEREST IN OTHER ESTATE (Are you a beneficiary?)			
PERSONAL PROPERTY & HOUSEHOLD EFFECTS (Jewellery, Art, Antiques, Collections, Vehicles)			
OTHER ASSETS/ INVESTMENTS (Description)			
TOTAL ASSETS			

LIABILITIES	<i>YOUR SOLE LIABILITY (approx. balance owing)</i>	<i>SPOUSE / PARTNER'S SOLE LIABILITY (approx. balance owing)</i>	<i>JOINT LIABILITY (approx. balance owing)</i>
PERSONAL LOANS/LINES OF CREDIT (Institution, Maturity, Life Insured?, etc.)			
CREDIT & DEPARTMENT STORE CARDS (Type)			
GUARANTEES ON LOANS (Details)			
MORTGAGES (Type, Institution, Life Insured?)			
BUSINESS DEBTS (Details)			
OTHER LIABILITIES (Details)			
TOTAL LIABILITIES			

Part Three – WILL INSTRUCTIONS

Please use this part as a guide to making some important decisions. You may wish to fill it out ahead of time, or you can book an appointment with our office to discuss.

EXECUTOR / PERSONAL REPRESENTATIVE

Full Name of Your Executor	Relationship	Address	Phone Number
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Full Name of Your Alternate Executor	Relationship	Address	Phone Number
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Full Name of Spouse's Executor	Relationship	Address	Phone Number
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Full Name of Spouse's Alt. Executor	Relationship	Address	Phone Number
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GUARDIANS FOR MINOR CHILDREN

Full Name of Guardian	Relationship	Address	Phone Number
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Full Name of Alternate Guardian	Relationship	Address	Phone Number
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FUNERAL / BURIAL WISHES

Do you have a prepaid plot? ___ Yes (if "yes", where?) ___ No

Do you have prepaid funeral arrangements? ___ Yes (if "yes", where?) ___ No

Disposition of remains: ___ Cremation ___ Burial

Donation of organs &/or tissue: ___ None ___ Medical Research ___ Transplants

Please provide details of other wishes, if any:

Does your spouse have a prepaid plot? ___ Yes (if "yes", where?) ___ No

Do your spouse have prepaid funeral arrangements? ___ Yes (if "yes", where?) ___ No

Spouse's Disposition of remains: ___ Cremation ___ Burial

Spouse's Donation of organs &/or tissue: ___ None ___ Medical Research ___ Transplants

Please provide details of spouse's other wishes, if any:

PETS

Do you own a pet for which you would like to make arrangements? ___Yes ___No

If yes, please provide:

• description (age/name/type) of pet(s)

• information on any agreements you have made with an individual or humane society / society for the prevention of cruelty to animals in respect of your pets

SPECIFIC BEQUESTS, if any (gifts of items, eg. jewellery, family heirlooms)

Do you wish to leave all of your personal property (including personal effects and household goods) to your spouse if he/she survives you? ___Yes ___No

Does your spouse wish to leave all of his/her personal property to you if you survive him/her? ___Yes ___No

If you have answered "no" above, or you wish to leave certain items to beneficiaries once both you and your spouse are deceased, please provide the following (use separate sheet of paper if necessary):

1) _____
Description of Item(s) Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this item. Do you wish to name an alternate beneficiary? ___Yes ___No

If yes, please provide: _____
Full Name of Alternate Beneficiary Relationship

2) _____
Description of Item(s) Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this item. Do you wish to name an alternate beneficiary? ___Yes ___No

If yes, please provide: _____
Full Name of Alternate Beneficiary Relationship

3) _____
 Description of Item(s) Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this item. Do you wish to name an alternate beneficiary? Yes No

If yes, please provide: _____
 Full Name of Alternate Beneficiary Relationship

If your spouse's specific bequests differ from yours, please provide details below:

SPECIFIC LEGACIES, if any (gifts of specific sums of money, eg. \$1,000 to Canadian Cancer Society)

1) _____
 Amount Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this amount. Do you wish to name an alternate beneficiary? Yes No

If yes, please provide: _____
 Full Name of Alternate Beneficiary Relationship

2) _____
 Amount Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this amount. Do you wish to name an alternate beneficiary? Yes No

If yes, please provide: _____
 Full Name of Alternate Beneficiary Relationship

3) _____
 Amount Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this amount. Do you wish to name an alternate beneficiary? Yes No

If yes, please provide: _____
 Full Name of Alternate Beneficiary Relationship

4) _____
Amount Full Name of Beneficiary Relationship

If this beneficiary predeceases you, you may or may not wish to name an alternate beneficiary for this amount. Do you wish to name an alternate beneficiary? Yes No

If yes, please provide: _____
Full Name of Alternate Beneficiary Relationship

Do you want these amounts paid only upon the death of the last surviving spouse? Yes No

If your spouse's specific legacies differ from yours, please provide details below:

RESIDUE (This is the usually the bulk of the estate once legacies/bequests are paid first.)

Do you want 100% of your estate to go to your surviving spouse? Yes No

- If:
- you have no surviving spouse, or
 - have answered "no" above, or
 - the estate is to be distributed upon death of the last surviving spouse

Please provide details of how the residue of your estate is to be divided and distributed (please use separate sheet of paper if necessary):

PERCENTAGE (total must add up to 100%)	FULL NAME OF BENEFICIARY	APPROX. AGE	RELATIONSHIP

ENDURING POWER OF ATTORNEY

An Enduring Power of Attorney is a separate and important legal document (separate from your Will). It allows you (the "Donor") to appoint another person (called your "Attorney") to make decisions on your behalf regarding only your property and financial matters. The Enduring Power of Attorney is only effective while you are still living. In other words, the authority of your Attorney ends upon your death.

An Enduring Power of Attorney can be general or specific. If it is **general**, then your Attorney has a general authority to deal with your property and financial matters. If it is **specific**, then you are only giving your Attorney specific powers or imposing certain restrictions on him/her.

Your Enduring Power of Attorney can also be immediate or springing. If it is **immediate**, that means your Enduring Power of Attorney takes effect as soon as you sign it and continues to be in effect after you become incapacitated. If it is **springing**, that means your Enduring Power of Attorney takes effect only after you become incapacitated or upon the occurrence of some other contingency. Unless you indicate otherwise in your Enduring Power of Attorney, the law says it requires the opinion of two physicians to make the determination of your incapacity.

Most Enduring Powers of Attorney are general in nature and only spring into effect upon certain contingencies.

Do you currently have a Power of Attorney? Yes No

Does your spouse currently have a Power of Attorney? Yes No

Do you or your spouse wish to have an Enduring Power of Attorney prepared? If "yes", please complete the following:

Full Name of **Attorney** Relationship Address Phone Number

Full Name of **Alternate Attorney** Relationship Address Phone Number

Full Name of **Spouse's Attorney** Relationship Address Phone Number

Full Name of **Spouse's Alt. Attorney** Relationship Address Phone Number

Please indicate whether you and/or your spouse would like your Enduring Power of Attorney to be:

- a. Immediate or Springing
- b. Specific or General,

and provide any other relevant details:
