



# **Will, Enduring Power of Attorney and Personal Directive Informational Questionnaire**

## **Alberta**

The information that you will provide in this document will assist us to draft your Will, your Enduring Power of Attorney (Appointing an “Attorney” and give them the power to make decisions relating to your financial matters while you are alive) and/or your Personal Directive (Stating your views and wishes about the personal care you would like to receive if you are unable to express your wishes) in accordance with your specific instructions. All information provided will be strictly confidential. Please fill-in all the required form fields clearly. Please use full legal names, rather than initials, nicknames or abbreviations. If you are uncertain as to a specific term, leave it blank and raise the matter with us.

**File No.:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## WILL

The main purpose of making a Will is to ensure that your assets will go to the people you care about the most. In view of the importance of the purpose of your Will, the expense of making it is relatively low. Your Will is a valuable document that should be kept in a safety deposit box or other secure spot, and which should be reviewed regularly as the circumstances of your life and of those around you change.

The purpose of these questions is to provide with sufficient information to assist you in planning your Estate and to ensure we include sufficient power in your Will. It will also inform your Personal Representative(s) of all 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 piece of paper.

### SECTION 1 – FAMILY INFORMATION

#### PERSONAL INFORMATION

**FULL NAME:**

\_\_\_\_\_

**DATE OF BIRTH :** \_\_\_\_\_

**PLACE OF BIRTH:**

\_\_\_\_\_

**CITIZENSHIP OTHER THAN CANADA?**

YES  / NO

If yes, where? \_\_\_\_\_

**Do you intend to stay in this province indefinitely?**

YES  / NO

If no, where do you intend to move and when?

\_\_\_\_\_

**SPOUSE'S FULL NAME:**

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:**

\_\_\_\_\_

**CITIZENSHIP OTHER THAN CANADA?**

YES  / NO

If yes, where? \_\_\_\_\_

**Do you intend to stay in this province indefinitely?**

YES  / NO

If no, where do you intend to move and when?

\_\_\_\_\_

#### MARRIAGE INFORMATION

**MARITAL STATUS:**

\_\_\_\_\_

**DATE AND PLACE OF MARRIAGE:**

\_\_\_\_\_

**1. PREVIOUS MARRIAGE? YES /NO**

If yes, name of previous spouse and date of death / divorce / separation:

\_\_\_\_\_

Date and place of previous marriage:

\_\_\_\_\_

**OBLIGATIONS PURSUANT TO PREVIOUS MARRIAGES/RELATIONSHIPS** (e.g. spousal & child maintenance)? **YES  / NO**

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**2. PREVIOUS MARRIAGE? YES /NO**

If yes, name of previous spouse and date of death / divorce / separation:

\_\_\_\_\_

Date and place of previous marriage:

\_\_\_\_\_

**OBLIGATIONS PURSUANT TO PREVIOUS MARRIAGES/RELATIONSHIPS** (e.g. spousal & child maintenance)? **YES  / NO**

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE SINGLE, SEPARATED OR DIVORCED:**

Are you planning to marry in the near future? Give details:

\_\_\_\_\_

Are you now cohabitating with anyone that isn't a spouse? Give details including length of time:

\_\_\_\_\_

Are you planning to separate or divorce in the near future? Give details:

\_\_\_\_\_

**CHILDREN**

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

If no, indicate name of other parent in last column:

	<b>Full Name</b>	<b>Date of Birth</b>	<b>Address</b> (if different from yours)	<b>Parent</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Are any of your children or grandchildren adopted, stepchildren, born outside of a marriage?  
YES /NO

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

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**SECTION 2 - FINANCIAL INFORMATION**

**REAL PROPERTY**

Address of Property	Names on Title	Joint Tenancy or Tenancy in Common? (if applicable)	Value	Mortgage or Clear Title?
1. _____ _____	_____	_____	_____	_____
2. _____ _____	_____	_____	_____	_____

**BANK ACCOUNTS**

Bank Name	Location	Value
1. _____	_____	_____
2. _____	_____	_____

**STOCKS AND BONDS**

Description	Location	Purchase Price	Transferable
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**PENSIONS AND ANNUITIES**

Description	Company Carrying Policy	Purchase Price	Beneficiary
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**LIFE INSURANCE POLICIES**

	<b>Insurance Company</b>	<b>Beneficiary</b>	<b>Amount</b>
1.	_____	_____	_____
2.	_____	_____	_____

**RRSPs AND OTHER TAX SAVING PLANS**

	<b>Description</b>	<b>Beneficiary</b>	<b>Amount</b>	<b>Institute</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**BUSINESS INTERESTS:** (particulars including shares, promissory notes, lien notes, agreements for sale, mortgage interests, leasehold interests, private companies, partnership, sole proprietorship)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**VALUABLE PERSONAL PROPERTY** (e.g. cars, mobile homes, boats, heirlooms, jewellery, silverware, china, collections, paintings, etc.)

	<b>Description</b>	<b>Location</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Do you have an interest in any assets outside of Alberta?**

YES /NO  If yes, what and where? \_\_\_\_\_

**Do you have an interest in any assets outside of Canada?**

YES /NO  If yes, what and where? \_\_\_\_\_

**Have you made any loans or advances to family members or others that are to be repaid?**

YES /NO  If yes, who and how much? \_\_\_\_\_

**Have you made any loans or advances to family members or others that are to be forgiven?**

YES /NO  If yes, who and how much? \_\_\_\_\_

**LIABILITIES:**

	<b>Creditor</b>	<b>Amount</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Are any of your debts life insured? YES  / NO  \_\_\_\_\_

**SAFETY DEPOSIT BOX:**

<b>Location</b>	<b>Box Number</b>	<b>Registered Name(s)</b>	<b>Location of Keys</b>	<b>Contents</b>
_____	_____	_____	_____	_____

**APPROXIMATE NET WORTH:** \_\_\_\_\_

**SECTION 3 – INSTRUCTIONS FOR WILL**

**PERSONAL REPRESENTATIVE(S):**

A Personal Representative (“PR(s)” is/are the person(s) who will administer your estate (ie. Often your spouse). He or she should be a person you can rely on to carry out your wishes. You should also name alternates, in the event your first choice is unable to act. For tax reasons, it is not advisable to choose a PR who resides outside of Canada. If you have more than one PR, it would be preferable if at least one of them is a resident of Alberta.

I wish to appoint the following person(s) as primary personal representatives(s):

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

(Note: if two Primary PRs are chosen they must act unanimously)

**ALTERNATES:**

I wish to appoint the following person(s) as alternate personal representative(s):

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Check if Alternate PRs are to act unanimously (Note: if not selected, Alternates will act in order listed above).

**GUARDIANS FOR MINOR CHILDREN:** [Not Applicable

It may be necessary for the guardians that you have named, to incur additional costs to take care of your children such as to buy a larger house, to renovate their current house, to buy a larger vehicle, etc. in order to accommodate your children. Such powers will be provided for in the will.

I wish to appoint the following person(s) as guardian(s) of my minor (under 18) children:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

(Note: if two Primary Guardians are chosen they must act unanimously)

**ALTERNATE GUARDIANS:**

I wish to appoint the following person(s) as alternate guardian(s) of my minor (under 18) children:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Check if Alternate Guardians are to act unanimously. (Note: if not selected, Alternates will act in order listed above).

**DISPOSITION OF ESTATE:**

**SPECIFIC DISPOSITIONS**

Personal Effects include all articles of personal, domestic or household use or ornament belonging to the Testator/Testatrix (person making the will) at time of death.

It is our firm’s policy and recommendation not to include specific instructions regarding the disposition of Personal Effects in your will, but rather in a written memorandum entirely in the Testator’s/Testatrix’ own handwriting and dated and signed by the Testator / Testatrix, and keep same with the Will. Although such a holographic memorandum may not be binding at law, the Testator/Testatrix may pronounce his/her wish that the Personal Representative will follow such memorandum as though it formed a part of the Will. This holographic memorandum might also include specific gifts and/or cash legacies.

You might also consider dividing all or some of your Personal Effects amongst all or some of the beneficiaries who survive you, in such manner as those beneficiaries shall mutually agree, or in default of such agreement, equally amongst them at the Personal Representative’s sole discretion.

**Do you plan to make any specific dispositions? YES /NO**

**If yes, what and to whom? (Note: write on separate page and attach if more space needed)**

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**DISPOSITION OF RESIDUE** (the balance remaining following the Specific Dispositions)

- No spouse/partner (if applicable, skip to page 9 Common Accident) **OR**
- All to spouse/partner if spouse/partner survives for 30 days; **OR**
- Spouse/partner is to receive:

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**If spouse/partner predeceases me, to Children:**

- No children;      **OR**
- All to children, in equal shares;      **OR**
- to all my children, but different percentages to particular children, as follows:

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At what age are your minor beneficiaries (ie: children) to receive their share of your Estate?

- All at 18?      **OR**
- All at another age? \_\_\_\_\_ **OR**
- \_\_\_% at \_\_\_ years and \_\_\_ % at \_\_\_ years (ie. 50% at 18 years old and 50% at 25 years old)

The age of majority is 18 in Alberta. Unless specified otherwise, the Will will be drafted so that your PR 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 a child does not survive you, his/her share of your estate is to be distributed as follows:**

- all your grandchildren, if no grandchild(ren), to surviving children;      **OR**
- your surviving children only;      **OR**
- deceased child’s estate (this could include the spouse of a deceased child – being your daughter-in-law/son-in-law)

**Common Accident/No spouse/partner/No children**

How is your estate to be divided if you and your spouse/partner 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?

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>	<b>% of Estate</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**Other Comments:**

**MISCELLANEOUS MATTERS**

**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 PR to receive compensation for acting on your behalf, you may specify the dollar amount or percentage of your Estate they are to receive, otherwise your Will will be drafted to provide compensation according to the usual rules for compensation to a PR. They will also be entitled to reimbursement for any out-of-pocket expenses they incur in administering your Estate.

**FUNERAL AND BURIAL ARRANGEMENTS:**

- I have no direction as far as my funeral and burial are concerned; **OR**
- I desire cremation; **OR**
- I wish to be buried at \_\_\_\_\_, **AND/ OR**
- I have the following directions:

\_\_\_\_\_  
\_\_\_\_\_

**OTHER MATTERS I WISH TO DEAL WITH IN MY WILL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If you have filled out this form electronically, you will sign this page at your appointment.)

## ENDURING POWER OF ATTORNEY

### Definitions:

“**Donor**” is the person making the Power of Attorney;

“**Attorney**” is the person who is appointed by you to look after your affairs when you are unable to do so.

An Enduring Power of Attorney is a binding legal document executed pursuant to the provisions of the *Powers of Attorney Act* (Alberta). It allows you to appoint another individual to act on your behalf as your attorney in order to manage your property and financial affairs while you are alive. This is of particular importance when you are incapacitated or otherwise unable to do so yourself. It is our firm’s policy and recommendation to have also a Personal Directive, thus not giving the Attorney any power to make decisions regarding your personal or health care.

An Enduring Power of Attorney can help you and your loved ones, by eliminating the stress, preparing a plan to protect your assets, and saving your family from having to go through the costly and often stressful proceedings of having a court declare you a dependant adult and appointing someone who might not be your preferred Attorney.

Your Attorney will have very broad powers to deal with your property and financial affairs on your behalf, unless you direct otherwise. By law, these powers include the ability to use your property to benefit your spouse and any dependent children. Your Attorney will be able to transfer or dispose of property or make investments on your behalf, directly or through an agent such as a stockbroker or investment counsellor. You should consider whether you wish to impose any restrictions on the powers of your Attorney by stating those limitations in the Enduring Power of Attorney (in which case we will require detailed instructions from you).

When investing funds on your behalf, your Attorney must make investments with a view to obtaining a reasonable rate of return while avoiding undue risk. Your Attorney must also review the investments at reasonable intervals to determine whether or not they are appropriate.

You may wish to indicate that the Power of Attorney takes effect as soon as it is signed and witnessed and then it is an “enduring” Power of Attorney, which means that it will not come to an end if you become mentally incapable of managing your own affairs. At that time, your Attorney has a legal duty to manage your affairs and cannot resign without first obtaining permission from the Court.

Alternatively, you may wish to indicate that the Power of Attorney does not take effect now but will take effect if and when you become mentally incapacitated. Alberta law allows the release of necessary medical information (which may otherwise be confidential) to confirm that this has occurred.

Note that at such occurrences your Power of Attorney will be used without your express authority.

Your Power of Attorney will cease to have effect in the following circumstances:

- on your death;
- on the death or mental incapacity of your Attorney (unless you have named an alternate);
- when you properly revoke it; or
- by Order of the Court.

The Power of Attorney is revocable, which means that you may cancel it at any time provided that the termination is in writing and you are mentally capable of understanding your actions. This termination is

effective regardless of whether you have appointed one or more Attorneys or if you have appointed alternate Attorneys.

Your Attorney should keep a record of all decisions made under the Power of Attorney and should keep that record during the period for which he is authorized to act and for at least two (2) years after the authority ceases.

You should ensure that your Attorney agrees to be appointed to act on your behalf, and is aware of the Power of Attorney and its location.

**PRIMARY ATTORNEY(S)**

I wish to appoint the following person(s) as primary attorney(s) of my Power of Attorney:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

(Note: if two Primary Attorneys are chosen they must act unanimously)

**ALTERNATE ATTORNEY(S)**

I wish to appoint the following person(s) as alternate attorney(s) of my Power of Attorney:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Check if Alternate PRs are to act unanimously (Note: if not selected, Alternates will act in order listed above).

**ONE OF THE FOLLOWING SHOULD BE CHECKED:**

- I wish the Power of Attorney to take effect as soon as it is signed; or
- I wish the Power of Attorney to take effect if and when I become mentally incapacitated.

**RESTRICTIONS ON THE POWERS OF THE ATTORNEY:**

I wish to impose the following restrictions and limitations on the powers of the Attorney:

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## **PERSONAL DIRECTIVE**

### **Definitions:**

“**Maker**” is the person making the Personal Directive;

“**Agent**” is the person who is appointed by you to make personal and health care decisions for you when you are unable to do so.

A **Personal Directive** is a binding legal document executed pursuant to the provisions of the *Personal Directives Act (Alberta)*. A Personal Directive will allow you to provide guidance to your family members and health care providers as to the health care and treatment to be provided to you at a time when you may otherwise be unable to make such a decision on your own.

If you do not make a Personal Directive and you lose the ability to make decisions, you will not be able to choose who will be your decision maker. Under the *Adult Guardianship and Trusteeship Act (Alberta)*, a health care provider (physician, nurse or dentist for dental care) may select a family member from a ranked list to make decisions for you in the event you are incapable of providing informed consent for health care or temporary residential placement. These decisions can dramatically affect your quality of life, including where you live, how you spend your day and who takes care of your minor children. Making a Personal Directive will save your family the stress and expenses of having to apply to the court to appoint your guardian.

It is crucial that you make a thoughtful choice about the person you are appointing to be your Agent. It is also important to have a conversation with your Agent, once you've informed them of your choice, to explain your wishes, beliefs and values regarding end of life care.

It is our firm's policy and recommendation, that under a Personal Directive, your Agent would not be able to make decisions concerning property and financial affairs on your behalf.

Your Agent and service providers must continually determine whether or not you have the mental capacity to make decisions, recognizing that you may have capacity to make some personal decisions and not others.

Your Agent **MUST**:

- Act honestly and in good faith;
- Follow the instructions and wishes you made when you were capable, unless it is impossible to do so.

If it is impossible, then:

- make the decision that your Agent believes you would have made in the circumstances, given your Agent's knowledge of your wishes, beliefs, and values; and
- where your Agent does not know what decision you would have made, to make the decision your Agent believes in the circumstances is in your best interests.

Your Personal Directive ceases to have effect in the following circumstances:

- during any period in which you regain and have capacity to make the personal decision in question;
- on your death;
- on the death or mental incapacity of your Agent (unless you have named an Alternate Agent);
- when you choose to cancel or revoke it (provided you are mentally capable of understanding what you are doing at that time); or
- by Order of the Court.

Your Agent must keep a record of all personal decisions made under this Personal Directive and keep that record during the period you lack capacity and for at least two (2) years after the Agent's authority ceases. When requested, the Agent must provide a copy of those decisions to you, to your lawyer and to anyone else entitled to receive a copy of that record, as you may direct in this Personal Directive, or by the *Personal Directives Act*.

You have the option to provide specific instructions to your Agent(s) regarding the decisions they are to make on your behalf.

A **Living Will** is traditionally known as the document that provides instructions regarding end-of-life decisions. Such decisions often include decisions relating to the circumstances where you do not wish life support to be continued or decision as to whether you wish to be resuscitated.

Provided the Living Will meets the legal requirements of the *Personal Directives Act*, it is simply a Personal Directive that deals with one issue. The legislation allows a person to create multiple personal directives, however, you may wish to include such end-of-life decisions in one Personal Directive.

### PRIMARY AGENT(S)

I wish to appoint the following person(s) as primary agent(s) of my Personal Directive:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

(Note: if two Primary Agents are chosen they must act unanimously)

### ALTERNATE AGENT(S)

I wish to appoint the following person(s) as alternate agent(s) of my Personal Directive:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Check if Alternate Agents are to act unanimously (Note: if not selected, Alternates will act in order listed above).

**SPECIFIC INSTRUCTIONS:**

Your agent will have the ability to make decisions on your behalf with respect to health care, accommodation, with whom you live and associate, participation in social activities, participation in education activities, participation in employment activities, and legal matters. If you have specific instructions for your Agent or would like to restrict your Agent's ability to make decisions about any of these items, please provide details below:

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**TEMPORARY CHILD CARE** [Not Applicable

I wish to appoint the following person(s) as agent(s) for the temporary care and education of my minor children:

	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Check the box if the Agents are to act unanimously.