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Estate Planning Questionnaire Will, Enduring Power of Attorney & Personal Directive

The purpose of this questionnaire is to provide us with sufficient information to assist you in planning your estate and to get you thinking about certain aspects of your estate planning matters. This questionnaire does not replace the need for us to meet to discuss your estate planning in detail; this is only for discussion purposes at our meeting and to assist us in drafting your documents.

SECTION I - FAMILY INFORMATION

PERSONAL INFORMATION

Full Name

List any other names you are known by

Date of Birth

Place of Birth

Address
(including
postal code)

Home Phone

Cell Phone

Business Phone

Email

Occupation

Employer

Employer's
Address
(including
postal code)

Spouse's Name

List any other names you are known by

Date of Birth

Place of Birth

Address
(including
postal code)

Home Phone

Cell Phone

Business Phone

Email

Occupation

Employer

Employer's
Address
(including
postal code)

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Citizenship other than Canada?	Yes	No	Citizenship other than Canada?	Yes	No
If yes, where?			If yes, where?		
Do you have a US green card?	Yes	No	Do you have a US green card?	Yes	No
Do you holiday in the US for extended periods of time each year?	Yes	No	Do you holiday in the US for extended periods of time each year?	Yes	No

PRESENT MARRIAGE

Marital Status

Date and Place of Marriage

Full Name

Spouse's Name

PREVIOUS MARRIAGE

Previous Marriage?	Yes	No	Previous Marriage?	Yes	No
If yes, name of previous spouse and date of death/ divorce/separation			If yes, name of previous spouse and date of death/ divorce/separation		
Date and Place of Marriage			Date and Place of Marriage		
Obligations pursuant to previous marriages (e.g. spousal & child maintenance)?	Yes	No	Obligations pursuant to previous marriages (e.g. spousal & child maintenance)?	Yes	No
If yes, please provide details			If yes, please provide details		

If you are single, separated or divorced:

a) Are you planning to marry in the near future?	Yes	No
b) Are you cohabiting with anyone?	Yes	No
If so, for how long		

CHILDREN

Number of Children:

Are all the following children from your present marriage? Yes No

Are you planning to have more children? Yes No

Please provide particulars below:

Full Name	Gender	Address	Date of Birth	Marital Status	Name and Age of Their Children	*

* Please indicate appropriate letter beside each child:

- P - from previous marriage (husband/wife)
- A - adopted
- O - born outside of present marriage

Are there any stepchildren, adopted children, or illegitimate children of either spouse? Yes No

Are any of your grandchildren adopted, stepchildren, illegitimate? Yes No

If yes to any of the above questions, please provide details:

Are any of the children or grandchildren mentally or physically incapacitated? Yes No

If yes, please describe:

Have any of your children predeceased you? Yes No

If yes, provide 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)

This is the person(s) that will act as the executor of your Will and trustee of your estate. If your spouse is the sole beneficiary of your estate, it may be preferable to name him or her as the primary personal representative. 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 personal representative who resides outside of Canada. If you have more than one personal representative, it would be preferable if at least one of them is a resident of Alberta.

Primary Personal Representative(s)

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

If you want more than one personal representative to act together as joint personal representatives, name the other personal representative(s) here:

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

If you are naming more than two personal representatives, jointly, do they make decisions on a majority basis or do they all have to agree?

Majority Basis

All Have to Agree

Alternative Personal Representative(s)

If you are not naming joint personal representatives and your primary personal representative cannot or will not act, name your alternate personal representative(s) here:

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

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If your alternate personal representative(s) cannot or will not act, name your second alternative personal representative(s) here:

Full Name	
Relationship	Date of Birth
Address (including postal code)	
Phone	Email

GUARDIAN(S) FOR MINOR CHILDREN

Primary Guardian(s)

Full Name	
Relationship	Date of Birth
Address (including postal code)	
Phone	Email

If you want more than one guardian to act together as joint guardians, name the other guardian(s) here:

Full Name	
Relationship	Date of Birth
Address (including postal code)	
Phone	Email

Alternate Guardian(s)

If you are not naming joint guardians and your primary guardian cannot or will not act, name your alternate guardian(s) here:

Full Name	
Relationship	Date of Birth
Address (including postal code)	
Phone	Email

If your alternate guardian(s) cannot or will not act, name your second alternate guardian(s) here:

Full Name	
Relationship	Date of Birth

Address (including postal code)

Phone

Email

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 spouse predeceases me | Equally to all children | | |
| | | All to children but different percentages to particular children | | |

3. At what age are your children to receive their share of your estate?

All at 18

% 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.

4. If one child dies before you do, or before attaining the age at which he or she is entitled to the share, who shall receive that share or the amount remaining?

The children of the deceased child (my grandchildren)

My surviving children only

Only

5. Family Demise:

How is your estate to be divided if you and your spouse and all your children and grandchildren die 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?

1/2 to my parents and 1/2 to spouse's parents

1/2 to my brothers and sisters and 1/2 to my spouse's brothers and sisters

Charities

Other

6. Specified Gifts or Legacies - list items or amounts and who is to receive it:
(Caution: As items can be sold and replaced during one's lifetime, we do not recommend that you list any items unless such items are of significant value or of great sentimental value.)

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:

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 yes, then how much would you like to give them for this purpose? \$

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

If yes, then how much would you like to give to them for this purpose? \$

8. Personal Representative Compensation:

Personal representatives are generally 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 for your personal representative to receive compensation for acting on your behalf it is a good idea to 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 percentage of your estate, and if so, what will be the percentage? %

A set amount, and if so, how much will that be? \$

If you have named more than one personal representative to act on your behalf are they to share the compensation or are they each to receive the amount or percentage specified?

SECTION III - FINANCIAL INFORMATION

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 of your assets to ensure they do not miss any. If there is insufficient space to answer any of the following sections, please list on a separate paper.

If left margin, please indicate ownership of assets:

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 ESTATEPrincipal Residence:

Civic address:

Legal description (if known):

Name(s) on title:

Ownership: Joint Tenancy Tenancy in Common

Other Land:

Recreational Farm Other

Civic address:

Legal description (if known):

Name(s) on title:

Ownership: Joint Tenancy Tenancy in Common

Interest in Mines and Minerals:

Civic address:

Legal description (if known)

Name(s) on title:

Ownership: Joint Tenancy Tenancy in Common

FINANCIAL MATTERSCash

1. Bank:
Address:

Type of account: Value: \$

Joint account? Yes No

Registered owner(s):

2.

Bank:

Address:

Type of account:

Joint account?

Registered owner(s):

Yes

No

Value: \$

Guaranteed Investment Certificates (GIC) and Term Deposits

1.

Bank:

Address:

Maturity date:

2.

Bank:

Address:

Maturity date:

Life Insurance Policies

1.

Company:

Policy No.:

Beneficiary(ies):

Type:

Term

Permanent

Value: \$

2.

Company:

Policy No.:

Beneficiary(ies):

Type:

Term

Permanent

Value: \$

Segregated Funds

1.

Company:

Value: \$

Beneficiary(ies):

2.

Company:

Value: \$

Beneficiary(ies):

Pension Plans

1.

Company:

Beneficiary(ies):

2.

Company:

Beneficiary(ies):

Registered Education Savings Plans (RESP)

1.

Company:

Address:

Value:

\$

2. Company:
- Address:
- Value: \$

Registered Retirement Savings Plans (RRSP) & Registered Retirement Income Funds (RRIF)

1. Company:
- Address:
- Beneficiary(ies):
2. Company:
- Address:
- Beneficiary(ies):

Debts Owing to You

Does anyone, including your children, owe you money?
(e.g. personal loans, promissory notes, mortgages, etc.)

Yes

No

If yes, provide details:

Business Interests

Do you have any business interests?
(e.g. private company, partnership, sole proprietorship, etc.)

Yes

No

If yes, provide details:

Shares in Public Corporations, Mutual Funds, Bonds & Debentures

Provide details:
(Do not list all shares if portfolio changes regularly)

Valuable Personal Property

Provide details and include description and location of item:
(e.g. automobiles, mobile homes, boats, heirlooms, etc.)

Tax Free Savings Account

1.

Company:

Address:

Beneficiary(ies):
2.

Company:

Address:

Beneficiary(ies):

Other Assets

Provide details of any other assets not listed above:

LIABILITIES

Creditor:	Amount: \$
Creditor:	Amount: \$
Creditor:	Amount: \$
Creditor:	Amount: \$

MISCELLANEOUS

1.	Do you have an interest in any assets outside of Alberta?	Yes	No
2.	Do you have an interest in any assets outside Canada?	Yes	No
3.	Have you made any loans or advances to family members or others that are to be repaid?	Yes	No
4.	Have you made any loans or advances to family members or others that are to be forgiven?	Yes	No

If you have answered yes to any of the above questions, please provide further details:

Are any of your debts life insured?

Yes

No

Safety Deposit Box

Location:	Location of Keys:
Box Number:	Registered Name(s):

Funeral Arrangements

On your death do you want your body to be buried? Yes No

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

Have you already pre-arranged these matters? If so, with which company:

SECTION IV - INSTRUCTIONS FOR ENDURING POWER OF ATTORNEY**ATTORNEY(S)**

This is the person(s) that will make financial decisions for you should you lose capacity to make them for yourself.

Primary Attorney(s)

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

If you want more than one attorney to act together as joint attorneys, name the other attorney or attorneys here:

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

If you are naming more than two attorneys, jointly, do they make decisions on a majority basis or do they all have to agree?

On a majority basis

They all have to agree

Alternate Attorney(s)

If you are not naming joint attorneys and your primary attorney cannot or will not act, name your alternate attorney here:

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

IMMEDIATE OR SPRINGING

1. Indicate whether you want this power of attorney to come into effect immediately upon you signing it, or whether you want it to spring into effect if and when you lose your capacity to make reasonable judgments relating to all or any part of your estate:

Immediately upon signing ("Immediate Enduring Power of Attorney")

Spring into effect at the time you lose capacity ("Springing Enduring Power of Attorney")

SPRINGING INTO EFFECT

2. If this is a springing 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:

One doctor

Two doctors

One doctor together with:

Two doctors together with:

Other:

POWERS

3. 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:

4. Is there anything that you do not want your attorney to have the authority to do with your property (such as sell certain real property that you own)? If yes, provide details

5. Indicate below how you would like your attorney to be compensated for his or her time and effort on your behalf:

No fees should be paid; my attorney should only be reimbursed for out-of-pocket expenses

Fees should be paid in the amount of \$ _____ per month (including expenses)

6. How do you want your attorney to invest money on your behalf:

Capital guaranteed investment such as guaranteed investment certificates (GIC) and term deposits

Discretion of attorney; whatever they want to invest in, including mutual funds

Some combination of these two, e.g.:

50% capital guaranteed / 50% attorney discretion; or

75% capital guaranteed / 25% attorney discretion; or

25% capital guaranteed / 75% attorney discretion

Prudently, this means that they have discretion as to how they invest your money, but they are required to diversify the investments to manage the risks

Other:

7. We recommend that the attorney be required to provide an accounting of everything they have done with your finances if a family member or friend is at all concerned about the manner in which your attorney is dealing with your income and assets. If you are of the view that such provisions should be included in your Enduring Power of Attorney, please provide the name and addresses of the individual or individuals that would have the right to require that the attorney provide a detailed accounting of what they have done with your assets:

Name and Address:

Name and Address:

8. If this Enduring Power of Attorney comes into effect, the Attorneys will be notified, if they are not already aware of it. Is there anyone, besides the Attorneys appointed by you that you would want notified? If so, please provide their names and addresses:

Name and Address:

Name and Address:

SECTION V - INSTRUCTIONS FOR PERSONAL DIRECTIVE

AGENT(S)

This is the person(s) that will make personal decisions for you should you lose capacity to make them for yourself.

Primary Agent(s)

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

If you want more than one agent to act together as joint agents, name the other agent(s) here:

Full Name:

Relationship:

Date of Birth

Address (including postal code)

Phone

Email

If you are naming more than two agents, jointly, do they make decisions on a majority basis or do they all have to agree?

Majority basis

All have to agree

Alternate Agent(s)

If you are not naming joint agents and your primary agent(s) cannot or will not act, name your alternate agent(s) here:

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

If your alternate agent(s) cannot or will not act, name your second alternate(s) agent here:

Full Name

Relationship

Date of Birth

Address (including postal code)

Phone

Email

BRINGING INTO EFFECT

1. Indicate who should decide whether or not you still have capacity to make decisions about any personal matter:

One doctor

Two doctor

One doctor together with:

Two doctors together with:

Other

MISCELLANEOUS

2. Do you want to donate any of your useful organs and tissue for transplantation purposes at the time of your death?

No

Yes

3. What are your views about being kept alive artificially if there is no known hope of recovery?

4. If you are unable to properly care for yourself in your home, would you want:

5. The agent or agents that have been appointed in this document have full access to all of your medical records and can discuss your medical condition and prognosis with the medical team that is caring for you. Is there anyone else that you would like to have access to the information? If so, then please provide their name and address:

Name and Address:

Name and Address:

6. If this Personal Directive comes into effect, the agents will be notified, if they are not already aware of it. Is there anyone, besides the agents appointed by you that you would want notified? If so, please provide their names and addresses:

Name and Address:

Name and Address:

SECTION VI - NOTIFYING YOUR PERSONAL REPRESENTATIVE(S)

Included in our estate planning services, we notify the person(s) that you have appointed in your Will, Enduring Power of Attorney, and Personal Directive as your executor and trustee, attorney and agent, respectively, to notify them of their appointment and provide them with general information in the event that they are required to act.

Do you authorize us to contact the person(s) you have chosen to appoint as your executor/trustee, attorney and agent?

Yes

No

Thank you for taking the time to complete this questionnaire.

Please contact us at your convenience to schedule a meeting to discuss your estate planning.

Please mail, fax, or email (using button below) your completed questionnaire to our office or bring the questionnaire with you to our meeting. We look forward to working with you to complete your estate planning.