

# MABBOTT & COMPANY

*Barristers, Solicitors and Notaries Public*

#5, 201 Grand Boulevard

Cochrane, Alberta T4C 2G4

Phone: (403) 932-3066 Fax: (403) 932-3076

Fax or email form ([reception@mabbott.ca](mailto:reception@mabbott.ca))

## ESTATE PLANNING QUESTIONNAIRE

Date:			
<b>SECTION 1 - PERSONAL &amp; FAMILY INFORMATION</b>			
<b>TESTATOR(S)</b>			
Full Name:		Spouse Name:	
Maiden Name:		Maiden Name:	
Any other names known by:		Any other names known by:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Address:		Address:	
(include postal code)			
E-mail address:		E-mail address:	
Home Phone:		Home Phone:	
Business Phone:		Business Phone:	
Cell Phone:		Cell Phone:	
Occupation:		Occupation:	
Employer:		Employer:	
Citizenship:		Citizenship:	
Marital Status:		Marital Status:	
Date of Marriage:		Place of Marriage:	
Do you and your spouse have a marriage contract?		YES NO	If yes, please provide a copy
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:
Obligations pursuant to previous marriages: (e.g. spousal & child maintenance)	Obligations pursuant to previous marriages: (e.g. spousal & child maintenance)
If you are single, separated or divorced, are you planning to marry in the near future?	YES NO
If yes, to whom:	
Are you now cohabiting with anyone?	YES NO
If yes, do you have cohabitation agreement?	YES NO
If yes, with whom:	
<b>CHILDREN</b>	
Number of children:	
Are all of the above children from your present marriage:	YES NO
Children's full name, address, date of birth, marital status, names and ages of their children:	
1.	
2.	
3.	
4.	
Are there any stepchildren or children born outside of your present marriage?	YES NO
Are you responsible for any other children?	YES NO
Are any of your grandchildren born outside of marriage?	YES

	NO
Are any of the children or grandchildren mentally or physically incapacitated?	YES NO
If yes to any of the above questions, give details:	
Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs?	YES NO
If yes, give details:	

## SECTION 2 - 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 executor(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

### REAL ESTATE

#### Principal Residence:

Municipal Address:			
Legal Description:			
Name(s) on title:			
Ownership:	Joint Tenancy Tenancy in Common Unknown		
Current Market Value:		Current Mortgage Value:	
Are the mortgage(s) life insured?			YES NO

#### Other Real Estate:

1. Municipal Address:			
Legal Description:			
Name(s) on title:			
Ownership:	Joint Tenancy Tenancy in Common Unknown		
Date of purchase:		Acquisition cost:	

Current market value:			
2. Municipal Address:			
Legal Description:			
Name(s) on title:			
Ownership:		Joint Tenancy Tenancy in Common Unknown	
Date of purchase:		Acquisition cost:	
Current market value:			

**DEBTS OWED TO YOU**

Does anybody owe you money (e.g. personal loans, promissory notes, mortgages, agreements for sale)?	YES NO
If yes, give details:	

**BANK ACCOUNTS**

Bank Name and Location:	
Bank Name and Location:	
Bank Name and Location:	
Approximate current balance of all accounts:	

**GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS**

Bank	Location	Principal Value	Maturity Date

**LIFE INSURANCE POLICIES**

[Indicate type: Term (T) Permanent (P)]

1.	
Beneficiary Designated?	YES NO
2.	
Beneficiary Designated?	YES NO

<b>3.</b>			
Beneficiary Designated?			YES NO
Location of original insurance policies?			
<b>PENSION PLANS</b>			
Company		Beneficiary	Type of Pension Plan
<b>REGISTERED RETIREMENT SAVINGS PLAN/REGISTERED RETIREMENT INCOME FUNDS</b>			
Financial Institution	Location	Current Value	Named Beneficiary
<b>ANNUITY CONTRACTS</b>			
Name of Company	Type of Plan	Value	Beneficiary
<b>SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES</b>			
Approximate Current Value of Portfolio:			
Location of Share Certificates:			
<b>SHARES IN PRIVATE CORPORATIONS</b>			
Describe full name of company, shareholders, number and type of share owned by each shareholder, nature of business, assets owned by company, acquisition cost and current value			

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/UNINCORPORATED BUSINESS**

Describe:

**VALUABLE PERSONAL PROPERTY**

*(e.g. art, silverware, stamps, coins, jewelry; automobiles, mobile homes, boats, heirlooms, etc.)*

Description	Location	Acquisition Cost	Current Value

**ANY OTHER ASSETS NOT LISTED ABOVE**

Have you an interest in mines and minerals?	YES NO
Have you an interest in any assets outside Alberta?	YES NO
Have you an interest in any assets outside Canada?	YES NO
Have you an interest in another estate or trust?	YES NO
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
Have you an interest in farmland?	YES NO
Do you own any property in joint tenancy with someone not described above?	YES NO
Are you the owner of a life insurance policy on the life of another person?	YES NO
Do you have a valuable club membership?	YES NO

Please describe your yes answers:

**LIABILITIES**

CREDITOR (Loans, Credit Cards)	AMOUNT	DUE DATE

Other obligations: (e.g. Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Revenue Canada, etc.):

Are any of your debts life insured?	YES NO
-------------------------------------	-----------

Do you have any credit cards which pay life insurance benefits (e.g. if used to purchase an airline ticket)?	YES NO
--	-----------

If yes, please provide details:

**SECTION 3 - INSTRUCTIONS FOR WILL**

Do you now have a Will:	YES	NO
-------------------------	-----	----

Reason for new Will:	
----------------------	--

**EXECUTOR(S)**

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. One primary and one alternate executor will likely be sufficient depending on your circumstances.

1. Full Name:	
---------------	--

Relationship:	
---------------	--

Address:	
----------	--

Occupation:	
-------------	--

2. Full Name:	
---------------	--

Relationship:	
---------------	--

Address:	
Occupation:	
<b>ALTERNATE EXECUTOR(S)</b>	
1. Full Name:	
Relationship:	
Address:	
Occupation:	
2. Full Name:	
Relationship:	
Address:	
Occupation:	
Have all of your executor(s) been asked and are they willing to act?	YES NO
<b>GUARDIAN(S) FOR MINOR CHILDREN</b>	
1. Full Name:	
Relationship:	
Address:	
Occupation:	
<b>ALTERNATE GUARDIAN(S)</b>	
1. Full Name:	
Relationship:	
Address:	
Occupation:	
Have all of the guardians been asked and are they willing to act?	YES NO
<b>ESTATE DISTRIBUTION</b>	
The following choices as to distribution of your estate are for your convenience only. This is not a substitute for a full discussion with your lawyer.	
All to spouse?	YES NO

Other:	
If spouse predeceases me: <ul style="list-style-type: none"> <li>• Equally to all children?</li> <li>• All to children but different percentages?</li> <li>• Different percentages to particular children?</li> <li>• Other?</li> </ul>	
At what age are your children to receive their share of your estate? The age of majority is 18 in Alberta. Unless your Will states otherwise, your Executor(s) will hold each child's share in trust until age 18 with power to encroach on income and capital for education, maintenance and support	
All at 18 years	
%	at _____ Years
%	at _____ Years
%	at _____ Years
Other	
If one child dies before you do, or before attaining the age at which he is entitled to the share, who shall receive that share or the amount remaining? <ul style="list-style-type: none"> <li>• The children of the deceased child (my grandchildren)</li> <li>• My other surviving children only</li> <li>• Other?</li> </ul>	
<b>Family Demise</b>	
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?	
<ul style="list-style-type: none"> <li>• To my parents and to my spouse's parents</li> <li>• To my brothers and sisters and to my spouse's brothers and sisters who are then alive in equal shares</li> <li>• To my nephews and nieces and my spouse's nephews and nieces in equal shares</li> <li>• Other:</li> </ul>	
<b>Specified Gifts or Legacies</b>	
There are two alternative ways to deal with specific gifts or legacies: <p>(a) Specific gifts may be listed in the Will prior to execution. Disposition of these items must, according to law, be disposed of according to the directions in the Will. To change the beneficiary of such a gift involves redrafting the Will or creating a Codicil to the Will;</p> <p>(b) Specific gifts may be listed on a separate document, which is attached to the Will after execution. The direction in this document is not legally binding, it is merely a direction to the Executor. You may add to or subtract from this list as you wish without the assistance of legal counsel.</p>	

List items or amounts of specific gifts which you would like to include in your Will:	
To:	Gift:

Charitable Gifts - Do you wish to give cash or another gift to charity?	YES NO
---	-----------

If yes, please provide details:

To:	Gift:

**BENEFICIARIES**

Please complete this section for any beneficiaries who are not already described in this questionnaire:

Name:		Name:	
Address:		Address:	
Age:		Age:	
Relationship:		Relationship:	
Name:		Name:	
Address:		Address:	
Age:		Age:	
Relationship:		Relationship:	

**SECTION 4 - INSTRUCTIONS FOR AN ENDURING POWER OF ATTORNEY**

Do you wish to draft a Power of Attorney?	YES NO
---	-----------

Have you ever signed a Power of Attorney before?	YES NO
--	-----------

If yes, give date, name(s) of attorney(s) and type or purpose of the Power of Attorney

--

**ATTORNEY(S)**

The person that you appoint (also called your attorney) should be someone you trust to handle your estate, and must be at least 18 years old. Depending upon the complexity of your estate and the nature and duration of your incapacity, the attorney's duties may be time-consuming. It is wise to select someone who resides near you so that he or she will be able to access your bank accounts, etc., as necessary.

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

**ALTERNATE ATTORNEY(S)**

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

Have your attorney(s) been asked and are they willing to act?	YES NO
---	-----------

**SPRINGING/IMMEDIATE**

Do you wish the Power of Attorney to take effect immediately or do you wish it to spring into effect upon your incapacity or upon some other contingency specified by you?

- Immediately
- Upon my incapacity
- Upon the following contingency:

If you wish the Power of Attorney to take effect upon incapacity, do you wish for two medical doctors to make the decision that you have become incapacitated, or some other person such as your attorney, a friend, or any combination of persons. This decision is entirely your own).

<b>COMPENSATION</b>	
Do you wish your attorney to receive compensation?	YES NO
<b>GENERAL/SPECIFIC POWERS</b>	
You can have a general enduring power of attorney or you can make this a very specific document. What matters would you like your attorney to act on?	
General	YES NO
Revenue Canada	YES NO
Land	YES NO
Gifts to Family	YES NO
Professionals	YES NO
Other (specify below):	YES NO
<b>RESTRICTIONS</b>	
Would you like any restrictions to be put on your attorney, such as:	
You would like to live independently as long as possible and would like your money to be spent for that purpose	YES NO
You would like to put a limit on the amount of money which your attorney can spend on any matter. If yes, what is the limit?     \$	YES NO
You would like your attorney to be restricted on investments he/she can make. If yes, state restrictions (e.g. limited to investments authorized under the <i>Trustee Act</i> ).	YES NO
Do you want your attorney to sell specific property?	YES NO
If yes, describe property:	
Any other instructions:	
<b>SECTION 5 - INSTRUCTIONS FOR A PERSONAL DIRECTIVE</b>	
Do you have any personal directives or living wills?	YES NO

The following questions are intended to initiate a discussion among you and the person that you appoint (also called your agent), family members and personal advisors, in order to clarify your wishes and make them known to those people who will be asked to implement them in the event you cannot do so yourself.

Your lawyer's role in the preparation of a Personal Directive is to ensure that your wishes are stated clearly and concisely, in accordance with the requirements of the *Personal Directives Act*. Before you can explain your wishes to your lawyer, you will need to consider a number of personal issues, some of which may lead you to consult your family and others, such as your doctor or your spiritual advisor.

**AGENT(S)**

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

**ALTERNATE AGENT(S)**

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

Your Personal Directive will only take effect if you lack the capacity to make a personal decision. Do you wish for two medical doctors to make the decision that you have become incapacitated, or some other person such as your attorney, a friend, or any combination of persons? This decision is entirely your own.

Please indicate in which areas you wish your agent to make decision for you:

Health care	YES NO
Accommodation	YES NO
With whom I may live and associate	YES NO
My participation in social, educational and employment activities	YES NO
Legal matters that do not relate to my estate	YES NO

Any non-financial matter relating to my person	YES NO
Organ/tissue donation and participation in medical research	YES NO
Other:	
Are there any specific directions which you want your agent to follow?	YES NO
Do you wish your agent to be guided by any particular religious or cultural beliefs or traditions?	YES NO
Do you wish to restrict your agent's authority in any area?	YES NO
In the event Medical Opinion is no hope of any meaningful recovery, do you want doctors to use extraordinary life saving measures?	YES NO

Please describe your yes answers:

## SECTION 6 - GENERAL INFORMATION

### PERSONAL ADVISORS

	Name	Company	Address
Accountant:			
Financial Advisor:			
Life Insurance Agent:			
Property Insurance Agent:			
Banker:			
General Physician:			
Specialist Physician:			
Other:			

### SAFETY DEPOSIT BOX

Location	Box Number	Registered Name(s)	Location of Keys

### FUNERAL AND OTHER SPECIAL INSTRUCTIONS

<p><b>FUNERAL AND OTHER SPECIAL INSTRUCTIONS</b></p>
--

**Family Members and Other Interested Persons Who my Agent May Need to Contact**

Do you want anyone else to be advised of decisions made by your Agent? You can instruct your agent to consult with various people in your personal directive, such as children, physician, attorney in enduring power of attorney, priest, minister or pastor, other interested persons.

Name:	
Address:	
Phone No.:	
Relationship:	
Name:	
Address:	
Phone No.:	
Relationship:	

**OTHER QUESTIONS/COMMENTS:**

--