



KINETIC LEGAL SERVICES

ESTATE PLANNING QUESTIONNAIRE

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ESTATE PLANNING QUESTIONNAIRE

Date: _____

SECTION 1 - FAMILY INFORMATION

PERSONAL INFORMATION

Full Name:	Spouse Name:
List any other names you are known by:	List any other names you are known by:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Address:	
Home Phone: Cell: Business Phone:	E-mail: Cell: Business Phone:
Citizenship:	Citizenship:

MARRIAGE INFORMATION

Marital Status:	Marital Status:
Date and Place of Marriage:	
Previous Marriages: Yes/No	Previous Marriages: 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 and child maintenance): YES/NO _____ _____ _____	Obligations pursuant to previous marriages (e.g. spousal and child maintenance): YES/NO _____ _____ _____

If you are single, separated or divorced:

(a) Are you planning on marrying in the near future? YES/NO
if yes, to whom? _____

(b) Are you cohabiting with anyone? YES/NO
if yes, with whom? _____

CHILDREN

Number of Children? _____

Are all of 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 of present marriage

Full Name	Address	Date of Birth	Marital Status	Names & Ages of Children
1				
2				
3				
4				
5				
6				

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

Are you responsible for any other children? 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 birth of the deceased child and the names of their children, if any:

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 Personal Representative 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.

IN 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 ESTATE

Principal Residence

Municipal Address:

Name (s) on Title:

Ownership: Joint Tenancy/Tenancy in Common

Current Market Value \$ _____
Current Amount Owing on Mortgage: \$ _____

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

OTHER REAL ESTATE

Describe Municipal Address, Legal Description, Names on Title, Date of Purchase (DP), Acquisition Cost (AC), Current Market Value (MV), Ownership; either Joint Tenancy (J) or Tenancy in Common (C)

1. _____ Address: _____
Name: _____
DP: _____ AC: \$ _____ MV: \$ _____ J/C

2. _____

3. _____

DEBTS OWED TO YOU

Does anybody owe you money (e.g. personal loans, promissory notes, mortgages, agreements for sale)?

YES/NO

If yes, describe:

BANK ACCOUNTS

Owner	Bank Name and Location

Approximate current balance of all accounts: \$ _____

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS

Owner	Bank	Location	Principal Value \$	Maturity Date

LIFE INSURANCE POLICIES

Indicate type: Term (T) or Permanent (P)

Owner	Company	Policy Number	Value	Beneficiary

Location of insurance policies:

PENSION PLANS

Indicate type of pension plan (e.g. is plan governed by federal or provincial legislation?) (Ask your employer who you may designate as a beneficiary under your pension plan).

Company	Current Value of Benefit of Estate \$	Beneficiary

REGISTERED RETIREMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS

Owner	Financial Institution	Location	Current Value \$	Named Beneficiary

ANNUITY CONTRACTS

Owner	Name of Company	Type of Plan	Value \$	Beneficiary

SHARES IN PRIVATE CORPORATIONS

Describe full name of company, shareholders, number and type of share owned by each shareholder, nature of business, as 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?

PARTNERSHIP/UNINCORPORATED BUSINESS

Describe:

SHARE IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS and DEBENTURES

Owner	Institution

Approximate Current Value of Portfolio \$:

Location and Share Certificates:

VALUABLE PERSONAL PROPERTY

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

Description	Location of Property	Acquisition Cost \$	Current Value \$

ANY OTHER ASSETS NOT LISTED ABOVE

- 1. Have you an interests in mines and minerals? YES/NO
- 2. Have you an interests in any assets outside Alberta? YES/NO
- 3. Have you an interest in any assets outside of 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 the owner of a life insurance policy on the life of another person? YES/NO

Please describe your "yes" answers.

SECTION 3 - LIABILITIES

Creditor	Amount \$	Due Date

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

Are any of your debts life insured?

YES/NO

SECTION 4 - PERSONAL ADVISORS

This section will assist your Personal Representatives in tracing assets, especially those which were acquired after the date of your Will.

Name	Company	Address
Accountant		
Stock Broker or Financial Advisor		
Life Insurance Agent		
Property Insurance Agent		
Banker		
Other		
Other		

SAFETY DEPOSIT BOX

Location	Box Number	Registered Name(s)	Location of Keys

BURIAL WISHES

Prearranged Funeral:

Cremation:

Burial:

Donation of Organs:

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

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

SECTION 5 - INSTRUCTIONS FOR YOUR WILL

Do you now have a Will: YES/NO

Reason for new Will:

PERSONAL REPRESENTATIVE

If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary Personal Representative. (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 age 18.

1. Full Name: _____ Age: _____

Relationship: _____

Address: _____

Occupation: _____

2. Full Name: _____ Age: _____

Relationship: _____

Address: _____

Occupation: _____

ALTERNATE PERSONAL REPRESENTATIVE

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

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

GUARDIAN(S) FOR MINOR CHILDREN

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

ALTERNATE GUARDIAN(S)

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

Have all the guardians been asked and are they willing to act? YES/NO

BENEFICIARIES

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

1. Full Name: _____ Age: _____

Relationship: _____

Address: _____

2. Full Name: _____ Age: _____

Relationship: _____

Address: _____

3. Full Name: _____ Age: _____

Relationship: _____

Address: _____

4. Full Name: _____ Age: _____

Relationship: _____

Address: _____

5. Full Name: _____ Age: _____

Relationship: _____

Address: _____

6. Full Name: _____ Age: _____

Relationship: _____

Address: _____

7. Full Name: _____ Age: _____

Relationship: _____

Address: _____

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.

1. All to spouse: YES/NO

Other: _____

2. If spouse predeceases me: _____

- equally to all children?
- all to children but different percentages?
- different percentages to particular children?

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

- _____ All at 18 years
- _____ % 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 of the 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 is entitled to the shares; who shall receive the share or the amount remaining?

- the children of the deceased child (my grandchildren)
- my surviving children only
- 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 entitle to receive their entire portion of your estate?

- ½ to my parents and ½ to my spouse's parents
- ½ to my brothers and sisters and ½ to my spouse's brothers and sisters who are then alive in equal share
- to my nephews and nieces and my spouse's nephews and nieces in equal shares
- Charities:
- Other: _____

Special Gifts or Legacies - list items or amounts (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)

SECTION 6 - INSTRUCTIONS FOR ENDURING POWER OF ATTORNEY

Do you now have an Enduring Power of Attorney: YES/NO

ATTORNEY(S)

An attorney will look after your financial affairs, your money and legal matters relating to your estate but not your person. You should consider whether or not you are looking to name one person alone, two people to act as joint or several attorneys or one person with an alternate. Joint attorneys means that the two of them must act together and joint and several attorneys means that they can act together or apart. If you list more than one mark as joint or joint and several.

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

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

ALTERNATIVE ATTORNEY(S)

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

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

Have all of your Attorneys been asked and are they willing to act? YES/NO

SPRINGING/IMMEDIATE

Enduring Power of Attorney can be either springing or immediate. A springing Enduring Power of Attorney will start upon the happening of some events such as mental incapacity and an immediate attorney will start right away and continue notwithstanding mental incapacity.

- 1. Would you like a springing Enduring Power of Attorney which will come into effect upon mental incapacity? YES/NO
- 2. Would you like the power to spring into effect when two licensed physicians declare you are incapable of managing your affairs? YES/NO
- 3. Or some other conclusion?

- 4. Do you want an immediate Enduring Power of Attorney? YES/NO

GENERAL/SPECIFIC

You can have a general Enduring Power of Attorney and also a specific Enduring Power of Attorney or you can make this a very specific document.

- 1. What matters would you like your attorney to act on?
 - A. General YES/NO
 - B. Revenue Canada YES/NO
 - C. Land YES/NO
 - D. Gifts to Family YES/NO
 - E. Professionals YES/NO
 - F. Other YES/NO

RESTRICTIONS

Would you like any restrictions to be put on you attorney, such as:

A. You would like to live independently as long as possible and you would like your money to be spent for that purpose. YES/NO

B. You would like to put a limit on the amount of money which the attorney can spend on any matter. YES/NO

If yes, what is the limit? \$ _____

C. You would like your attorney to be restricted on investments he/she can make. YES/NO

If yes, what are the restrictions? \$ _____

D. Do you want your attorney to sell of specific property? YES/NO

If yes, describe the property _____

E. Other

SECTION 7 - INSTRUCTIONS FOR PERSONAL DIRECTIVE

Do you have any Personal Directive? YES/NO

AGENT(S)

An agent will be able to make personal decisions for you when you lack the mental capacity to make such decisions. You can name either a single agent with another person as an alternate, two or more agents to act either jointly or severally. Jointly means that the agents must act together; jointly and severally means that they can act together or apart. If you name more than one please indicate if they are joint or joint or several.

1. Full Name: _____ Age: _____

Relationship: _____

Address: _____

Occupation: _____

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

ALTERNATE AGENT(S)

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

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

Have all of your Agents been asked and are they willing to act? YES/NO

PERSONAL DECISIONS

Your Agent can make a number of personal decisions for you. The following is a list of usual matters which they can deal with. Please indicate if you would like them to deal with these matters.

- A. Health Care YES/NO
- B. Accommodation YES/NO
- C. With whom I may live and associate YES/NO
- D. My participation and social education and employment activities YES/NO
- E. Legal matters that do not relate to my estate YES/NO
- F. Any other matter prescribed by the regulations and the Personal Directive Act of Alberta YES/NO

Other:

CAPACITY

You will need to put into the document who it is you wish to decide that you do not have capacity and that the Personal Directive comes into effect. This person will have to make the decision in co operation with a physician. Who would you like this to make this decision?

Agent _____ YES/NO
Other: _____

NOTIFICATION

Who would you like to be notified if the Personal Directive comes into effect?

REVIEW

Who would you like to be able to review the decisions of your Agent if anyone?

DECISION MAKING

Do you want anyone else to be involved in the decision making? You can instruct your Agent to consult with various people in your Personal Directive.

If your Agent and Attorney under Enduring Power of Attorney can not agree, who do you want to have the final say?

Agent _____ YES/NO
Attorney _____ YES/NO
Other: _____

Would you like your agent to be able to make the decision to terminate life support, if you are in a persistent vegetative state with no reasonable likelihood of recovery? YES/NO

Would you like to be given pain medication, even though it may dull your consciousness and shorten your life? YES/NO