

SECTION ONE – FAMILY INFORMATION

Personal Information

Date: _____

Full Name: _____

Spouse's Name: _____

D.O.B. _____

D.O.B. _____

Place of Birth: _____

Place of Birth: _____

Citizenship: _____

Citizenship: _____

Address: _____

Address: _____

Phone: _____

[H] _____

[W] _____

Phone: _____

[H] _____

[W] _____

Marriage Information

Marital Status: Married
 A.I.P./C. Law
 Separated
 Divorced
 Widowed
 Single

Notes: _____

Date of Marriage: _____ Place of Marriage: _____

Previous Marriage: Yes No

Previous Marriage: Yes No

If yes – previous spouse's name: _____

If yes – previous spouse's name: _____

Date of Divorce/Death or Separation: _____

On-Going Obligations (maintenance): _____

Is this a second marriage situation:¹ Y N

Details:

Children

Number of Children: _____

Full Name	Residence	D.O.B	Marital Status	Children
1.				
2.				
3.				
4.				
5.				

Are all the above children from present marriage: Yes No

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

Are you responsible for any other children? Yes No

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

Details:

¹ Under WSA marriage no longer cancels a will but divorce does cancel a will. Divorce or termination of an AIP after a will is made revokes the gift to the spouse or AIP.

Are any of the children or grandchildren mentally or physically incapacitated?²

Yes No

Details:

Are you financially responsible for any adults who are incapable of handling their own affairs:³

Yes No

Details:

Have any of your children predeceased you?

Yes No

Details including date of death and whether the deceased child had any children:

SECTION TWO – FINANCIAL INFORMATION
Real Estate

Principal Residence:

Municipal Address: _____

Ownership: Sole Joint Details:

Mortgage: Yes No

Life Insurance Yes No

² Now includes grandchildren under 18 where grandparent is standing in the place of a parent.

³ Includes the previous categories plus a child 18 – 22 who is a full time student.

Other Real Estate and Recreational Property:

Municipal Address: _____

Ownership: Sole Joint
 Mortgage: Yes No
 Life Insurance Yes No

Debts Owed To You

Does anyone owe you money (e.g. personal loans, promissory notes, mortgages, agreements for sale)? Yes No

Details:

Bank Accounts

Bank Name	Branch	Account	Amount

Investments, GICs and Term Deposits

Bank	Location	Value	Maturity Date

Life Insurance Policies: Indicate Type: Term ("T") or Permanent ("P")			
Company	Policy No.	Value	Beneficiary

Location of Insurance Policies: _____

Pension Plans: Indicate Type of Pension Plan (i.e. What legislation governs?)		
Company	Current Value of Benefit to Estate	Beneficiary

Annuity Contracts			
Name of Company	Type of Plan	Value	Beneficiary

Business Interests

- Corporation
 - Partnership/Unincorporated Business
 - Share Restrictions
 - Unanimous Shareholders' Agreement
 - Buy/Sell Agreement
- Details:

Note: the recent case of *Meier v. Rose* (AB 2012) indicates that if you know the testator has a corporate vehicle, you need to confirm that ownership is not in the company and a LTO search should be contemplated.

Valuable Personal Property (e.g. art, silverware, stamps, coins, jewelry, automobiles, mobile homes, boats, heirlooms, etc.)			
Description	Location of Property	Acquisition Cost	Current Value

RRSPs and RIFs

- Client is aware this property does not form part of the estate

Plan	Amount	Beneficiary

Any Other Assets Not Listed Above

1. Have you an interest in mines and minerals? Yes No
2. Have you an interest in any assets outside Alberta? Yes No
3. Have you an interest in any assets outside 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

(NOTE: the new WSA provides that in the event of a death or joint owners in circumstances where the order of death is uncertain the WSA deems that the property is held as a tenancy in common unless a contrary intention can be found in the will) CONSIDER a clause indicating the intention that these things are to be considered to be as joint tenants not tenants in common.

Also, if the testator owns property jointly then *Pecor* holds that the presumption of advancement only applies to minor children – no longer adult children. There is also a presumption of resulting trust if property is held by an adult child which can be rebutted. So this needs to be addressed in the Will and the notes.

Put in contrary intention clause

8. Are you the owner of a life insurance policy on the life of another person?
Yes No

Details:

SECTION THREE – LIABILITIES		
Creditor	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 client's debts life insured: Yes No
 Any life insurance on any vehicle loans: Yes No
 Do they have credit cards which pay life insurance benefits (e.g. if used to purchase an airline ticket)? Yes No

Safety Deposit Box

Yes No Institution: _____

Funeral Arrangements and Specific Instructions

Have you prearranged your funeral? Yes No

Details:

Please Get A Copy of Any of the Following Documents Which Pertain to Client's Circumstances:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Marriage Contract | <input type="checkbox"/> Shareholder Agreement | <input type="checkbox"/> Will |
| <input type="checkbox"/> Cohabitation Agreement | <input type="checkbox"/> Buy-Sell Agreement | <input type="checkbox"/> Codicil(s) |
| <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Trust Deeds | |
| <input type="checkbox"/> Separation Agreement | <input type="checkbox"/> Minutes of Settlement | |

SECTION FOUR – INSTRUCTIONS FOR WILL

Do you have a current Will? Yes No

Reason for a new Will: _____

Executor(s)

1. Full Name: _____
Relationship: _____

2. Full Name: _____
Relationship: _____

Alternate Executor(s)

1. Full Name: _____
Relationship: _____

2. Full Name: _____
Relationship: _____

Have Executors been asked and are they willing to act? Yes No

Is there any need for a "majority rules" clause Yes No

Guardians for Minor Children

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

Have Guardians been asked and are they willing to act? Yes No

Alternate Guardians for Minor Children

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

Have Guardians been asked and are they willing to act? Yes No

Disposition of Estate

1. All to Spouse? Yes No

(Note: if the entire estate is not going to the spouse then one must address the question of bequests being above and beyond what a spouse would be able get from an action against the estate. An election of one or the other should be considered and discussed especially considered in second marriage situations). A specific memo should be completed in ensure that detailed notes are recorded.

Details:

2. If Spouse predeceases me: Equally to children

3. Minimal beneficiary age: 18 21 25 _____

4. Details:

5. Family Demise:

- ½ to my parents and ½ to my spouse's parents
- ½ to my brother and sisters and ½ to my spouse's brothers and sisters who are then alive in equal shares
- to my nephews and nieces and my spouse's nephews and nieces in equal shares
- charities:

- other:

Any Specified Gifts or Legacies – list items or amounts.

Charitable Donations

1. _____
2. _____
3. _____

SECTION FIVE – ENDURING POWER OF ATTORNEY

Attorneys

Name of Attorney(s): _____

Relationship: Spouse Child _____

Authority: Single Joint Joint and Several

Notes:

Name of Alternate Attorney(s): _____

Relationship: Spouse Child _____

Authority: Single Joint Joint and Several

Notes:

Triggering Event/ Effective Date

Immediate Springing

Event: Family Physician Single Physician Two Physicians

Notes:

Powers/ and Who to Inform

All Powers Some Restrictions: _____

Who to Inform?

All Children Family Physician Other: _____

Miscellaneous:

Advised that EPA inapplicable over property outside Alberta.

SECTION SIX – PERSONAL DIRECTIVE

Agents

Name of Agent: _____

Relationship: Spouse Child _____

Authority: Single Joint Joint and Several

Notes:

Name of Alternate Agent(s): _____

Relationship: Spouse Child _____

Authority: Single Joint Joint and Several

Notes:

Authority Etc.

Authority: All Powers
 Restrictions: (provided details)

Consultation: _____

Guidelines

- I do not want to prolong life at all costs. I hereby give authorization for the withholding or withdrawal of treatment if my physician and my Agent determines that my death is imminent with no reasonable medical expectation of recovery whether or not life sustaining procedures are utilized. In addition, I must have lost the ability to interact with others with no reasonable chance of regaining that ability. (As to what is reasonable, under both the previous statements, shall be determined by my physician and my Agent); and,

- I request care that gives comfort and support, that facilitates my interactions with others to the extent possible and that relieves pain or distress. In the case of severe

maclean wiedemann lawyers LLP
 422 6th Street SE, Medicine Hat, AB T1A 1H5
 Ph: 403-527-3343
 Fx: 403-526-0473

pain, I request that drugs be mercifully administered to relieve pain, even if they may hasten the moment of my death.

Others Provisions:

SECTION SEVEN – ORGAN DONATION

Interested in Organ Donation:

Yes No

Alberta Health Care Number: _____

- Any needed organs and tissues for transplantation
- Only the following organs and tissues for transplantation:
 - Heart
 - Liver
 - Lungs
 - Kidneys
 - Pancreas
 - Small Bowel
 - Eyes
 - Skin
 - Bone
 - Heart for valves
 - Veins
- Any organs or parts of my body needed for medical research or education if they cannot be used for transplantation
- Advised the Client to make appropriate changes to their health care card

NOTIFICATION

Notification: All Children Family Physician

macleam wiedemann **lawyers** LLP
 422 6th Street SE, Medicine Hat, AB T1A 1H5
 Ph: 403-527-3343
 Fx: 403-526-0473