

## ESTATE PLANNING QUESTIONNAIRE

DATE: \_\_\_\_\_

### SECTION 1 - FAMILY INFORMATION

#### PERSONAL INFORMATION:

Full Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

List any other names you are known  
by including previous surname(s):

List any other names you are known  
by including previous surname(s):

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

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

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

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

Citizenship: \_\_\_\_\_

Citizenship: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

#### MARRIAGE INFORMATION:

Martial 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 (i.e., spousal and child maintenance) YES NO

Obligations pursuant to previous marriages (i.e., 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 now cohabiting with anyone? YES NO

If yes, with whom: \_\_\_\_\_

**CHILDREN**

Number of Children (Include Stepchildren): \_\_\_\_\_

Are all the following children from your present marriage? YES NO

If no, indicate with the appropriate letter beside each child's name:

P - from previous marriage (husband/wife)

A - adopted

O - born outside of present marriage

Full Name; Address; Date of Birth (DOB); Martial Status (MS); Names & Ages of Their Children

	Full Name	Address	DOB	MS	Names and Ages of Children
1.					
2.					
3.					

4.						
5.						

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

Are you responsible for any other children? YES NO

Is your spouse responsible for any other children? YES NO

Are any of your grandchildren adopted, stepchildren, illegitimate? YES NO

If yes to any of the above questions, give details:

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

If yes, please describe:

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Are you responsible for any dependent adults who are mentally or physically incapable of handling their own affairs? YES NO

If yes, please explain:

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Have any of your children predeceased you? YES NO

Has any of your spouse's children predeceased him/her? YES NO

If yes, give the name and date of death of the deceased child and the names of their children, if any.

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**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 power 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.

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: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Name(s) on title: \_\_\_\_\_

Ownership:                      Joint Tenancy                      Tenancy in Common

Current market value: \$ \_\_\_\_\_

Current amount owing on mortgages: \$ \_\_\_\_\_

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: \_\_\_\_\_ Legal: \_\_\_\_\_

Names: \_\_\_\_\_

DP: \_\_\_\_\_ AC: \$ \_\_\_\_\_ MV: \$ \_\_\_\_\_ J / C

2. \_\_ Address: \_\_\_\_\_ Legal: \_\_\_\_\_

Names: \_\_\_\_\_

DP: \_\_\_\_\_ AC: \$ \_\_\_\_\_ MV: \$ \_\_\_\_\_ J / C

**DEBTS OWED TO YOU OR YOUR SPOUSE**

Does anybody owe you or your spouse money (i.e., personal loans, promissory notes, mortgages, agreements for sale)?

YES NO

If yes, describe:

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**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:**

Company	Current Value of Benefit of Estate \$	Beneficiary

**SPOUSE'S PENSION PLANS:**

Company	Current Value of Benefit of Estate \$	Beneficiary

Ask your employer, what legislation governs your pension plan. \_\_\_\_\_

What legislation governs your spouse's pension plan. \_\_\_\_\_

**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(s) of company(ies), shareholders, number and type of share owned by each shareholder, nature of business, assets owned by company, acquisition cost and current value:

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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? \_\_\_\_\_

**Spouse:**

Describe full name(s) of company(ies), shareholders, number and type of share owned by each shareholder, nature of business, assets owned by company, acquisition cost and current value:

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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:

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Are you, your spouse or your business, registered to collect the Goods and Services Tax? YES NO

If yes, what is the GST registration number, and who is registered to collect? \_\_\_\_\_

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**SHARES IN PUBLIC CORPORATIONS, MUTUAL FUNDS, BONDS AND DEBENTURES:** (Do not list all shares if portfolio changes regularly)

Owner	Institution
Approximate Current Value of Portfolio: \$	
Location of Share Certificates:	

**VALUABLE PERSONAL PROPERTY FOR YOURSELF AND YOUR SPOUSE:** (i.e., art, silverware, stamps, coins, jewelry, automobiles, mobile homes, boats, heirlooms, etc.)

Description	Location	Acquisition Cost \$	Current Value \$

**ANY OTHER ASSETS NOT LISTED ABOVE AND TO WHOM ARE THEY OWNED BY:**

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1. Have you or your spouse an interest in mines and minerals? YES NO
2. Have you or your spouse an interest in any assets outside Alberta? YES NO
3. Have you or your spouse an interest in any assets outside Canada? YES NO
4. Have you or your spouse an interest in another estate or trust? YES NO

- 5. Have you or your spouse 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 or your spouse any interest in farmland? YES NO
- 7. Do you or your spouse own any property in joint tenancy with someone not described above? YES NO
- 8. Are you or your spouse the owner of a life insurance policy on the life of another person? YES NO

Please describe your "yes" answers.

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**SECTION 3 - LIABILITIES**

Creditor	Amount	Due Date

**SPOUSE'S LIABILITIES**

Creditor	Amount	Due Date

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

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Are any of your debts life insured? YES NO

Do you or your spouse have any credit cards which pay life insurance benefits (i.e., if used to purchase an airline ticket)? YES NO

If yes, please describe.

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**SECTION 4 - PERSONAL ADVISORS**

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

<b>Name</b>	<b>Company</b>	<b>Address</b>
Accountant		
Stock Broker/or Financial Advisor		
Life Insurance Agent		
Property Insurance Agent		
Banker		
General Physician		
Specialist Physician		
Other		

**SPOUSE'S PERSONAL ADVISORS**

<b>Name</b>	<b>Company</b>	<b>Address</b>
Accountant		
Stock Broker/or 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: \_\_\_\_\_

**SAFETY DEPOSIT BOX: (SPOUSE)**

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

**BURIAL WISHES**

Prearranged Funeral: \_\_\_\_\_  
Cremation: \_\_\_\_\_

Burial: \_\_\_\_\_

Donation of Organs: \_\_\_\_\_

**BURIAL WISHES: (SPOUSE)**

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

Shareholder Agreement

Will

Cohabitation Agreement

Buy-Sell Agreement

Codicil(s)

Divorce Decree

Partnership Agreement

Separation Agreement

Minutes of Settlement

Trust Deed in which you have an ongoing administrative or beneficial interest.

Will of deceased person or a Trust Deed which names you as a beneficiary.

SECTION 5 - INSTRUCTIONS FOR WILL

	Testator #1	Testator #2
Do you have a Will		
Reason for Renewing your Will		
<b>PRIMARY EXECUTOR(S)</b> (Full name, address & relationship to self, if any)		
<b>ALTERNATE EXECUTOR(S)</b> (Full name, address & relationship to self, if any)		
<b>GUARDIAN(S) OF INFANT CHILDREN</b> (Full name, address & relationship to self, if any)		

DISPOSTION OF ESTATE	Testator #1	Testator #2
	Mark the clauses which apply	Mark the clauses which apply
Everything to spouse if spouse survives for 30 days (if you do not have a spouse, please indicate)		
If spouse predeceases or dies within 30 days, everything to children in equal shares(if you do not have children, and do not expect to have any children, please indicate)		
If any child predecease you, his/her share goes to that deceased child's children (your grandchildren) or if none, the deceased child's brothers/sisters alive at your death.		
If minor children are alive at the time		

<b>DISPOSTION OF ESTATE</b>	<b>Testator #1</b>	<b>Testator #2</b>
of your death, until what age would you like the Trustee to hold their shares of the estate in trust? (e.g., 18,21,25)		
If spouse, children and all grandchildren do not survive (e.g., entire family dies in common disaster) OR if you do not have a spouse or children OR if you do not have children, residue of the estate is to go to:		

<b>MISCELLANEEOUS MATTERS:</b>	<b>Testator #1</b>	<b>Testator #2</b>
Directions regarding funeral/burial/cremation/etc.(if any)		

**SPECIFIED 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)

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**NOTES**

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**SECTION 6 - INSTRUCTIONS FOR WILL**

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.

<b>PRIMARY ATTORNEY(S)</b> (Full name, address & relationship to self, if any)		
<b>ALTERNATE ATTORNEY(S)</b> (Full name, address & relationship to self, if any)		
Have all of your Attorneys been asked and are they willing to act?		

**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.

Would you like a springing enduring power of attorney which will come into effect upon mental incapacity?		
Would you like the power of attorney to spring into effect when two licensed physicians declare you are incapable or managing your affairs?		
Do you want an immediate enduring power of attorney?		

**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.

What matter would you like your attorney to act on?

GENERAL	YES/NO	YES/NO
REVENUE CANADA	YES/NO	YES/NO
LAND	YES/NO	YES/NO
GIFTS TO FAMILY	YES/NO	YES/NO
PROFESSIONALS	YES/NO	YES/NO
OTHER	YES/NO	YES/NO

**RESTRICTIONS:**

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

Would you like to live independently as long as possible and would like your money to be spent for that purpose.	YES/NO	YES/NO
You would like to put a limit on the amount of money which the attorney can spend on any matter. If yes, what is the Limit?	YES/NO	YES/NO
You would like your attorney to be restricted on investments he/she can make. If yes, restrictions:	YES/NO	YES/NO
Do you not want your attorney to sell specific property? If yes, describe property:	YES/NO	YES/NO
Other:		

**SECTION 7 - INSTRUCTIONS FOR PERSONAL DIRECTIVE**

**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 and several.

<b>PRIMARY AGENT(S)</b> (Full name, address & relationship to self, if any)		
<b>ALTERNATE AGENT(S)</b> (Full name, address & relationship to self, if any)		
Have all of your Agents been asked and are they willing to act?		

**PERSONAL DECISIONS:**

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

Health Care	YES/NO	YES/NO
Accommodation	YES/NO	YES/NO
With whom I may live and associate with	YES/NO	YES/NO
My participation and social education and employment activities	YES/NO	YES/NO
Legal matters that do not relate to my estate	YES/NO	YES/NO
Any other matter prescribed by the regulations and the <i>Personal Directives Act</i> of Alberta	YES/NO	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 cooperation with a physician. Who would you like to make this decision?

Agent	YES/NO	YES/NO
Other:	YES/NO	YES/NO

**NOTIFICATION:**

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

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**For more information, please contact:**

**Arthur Szabo**



**SZABO & COMPANY**

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