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ESTATE PLANNING has a lasting effect on you and your family. What you do now affects what they may have after you die. Your plan may include one or more of these: **Will**; **Personal Directive** (“living will”) ; **Power Of Attorney** in case of incompetence; **Life Insurance** - especially beneficiary designations; and an anatomical gift designation.

A properly executed will leaves instructions to a probate court about your intended property distribution. It may provide simple instructions, or may contain a trust. A will is especially important for parents with young children. In this situation, you should name a guardian (and preferably a backup) for your children in case the natural parent also dies while the children are minors. You should consider naming a trustee to manage your property and properly invest on their behalf. Consider carefully who you trust with these important duties. You should also discuss your wishes with all of those named to ensure that they know that you named them, and what your desires are.

You must plan carefully and that requires you think about your situation, family, and desires. Do so now while you have the time to reflect.

This questionnaire will help you organize the information that our office needs to advise you and prepare your estate plan.

Getting Started. You and, if married, your spouse, should read the attached questionnaire. Please bring your completed questionnaire with you to your next appointment with our office.

ESTATE PLANNING QUESTIONNAIRE

LAST WILL & TESTAMENT

PERSONAL INFORMATION

Client's Full Name: _____

Are you a Canadian citizen? ____ Yes ____ No

MARITAL STATUS (select the most appropriate):

____ Married once, and my spouse is alive.

____ Presently married, and had a prior marriage (previous spouse is deceased or divorced).

____ Widow/ widower

____ Divorced, not presently married.

____ Single, never married.

(if married) Full name of spouse: _____

Is spouse a Canadian citizen? ____ Yes ____ No

Client's current address:

Phone #s: (home): _____ (office): _____

(spouse's office): _____

E-mail: (client's): _____

(spouse's): _____

[Provide only if you/your spouse authorize legal office personnel to contact you by e-mail.]

CHILDREN:

How many children do you have (including adopted & stepchildren)? _____

If you have adopted children or stepchildren, do you wish to treat them the same as your natural children?

_____ yes _____ no

Is any child a minor? _____ yes _____ no

VALUE OF ESTATE: To determine what type of will is appropriate for you, we need an estimate of the value of your estate. For this purpose, include the value of all of the property you own in your name, and if married, the value of your spouse's property. If any of your property secures a debt (for example, a mortgage on your home), include your equity in the property. Also include the value of your life insurance policies. Note that life insurance ordinarily does **not** pass according to your will; it will go to the beneficiaries you designated on the insurance forms.

Approximate value of your estate (not including life insurance): \$ _____

Approximate value of your spouse's estate (not including life insurance):

\$ _____

Value of life insurance (self and spouse): \$ _____

List Policies, Policy Numbers and Agent/Contact Telephone Number:

Total value of both your and your spouse's estate including life insurance:

*\$ _____

FAMILY FARM/FAMILY-OWNED BUSINESS: Do you have a farm or family-owned business?

_____ yes _____ no

REAL ESTATE (Frequently, a husband and wife own real estate jointly with right of survivorship. If you and your spouse own your home or other property that way, your will does not affect how your ownership interest passes when you die.)

Do you own real estate jointly with your spouse? _____ yes* _____ no

Do you own real estate other than jointly with your spouse? _____ yes* _____ no

If yes, how do you wish to give your real estate?

All to my spouse.

Different properties to different beneficiaries (below, please list each person, their relationship to you, and which property they are to receive):

To pass with the rest of my estate.

My home to my spouse and the rest of my real estate to pass with the rest of my estate.

My home to my spouse for as long as my spouse lives there and then my home and the rest of my real estate to pass with the rest of my estate.

**Please provide the legal descriptions of any real estate (land) that you own:*

PERSONAL EFFECTS AND TANGIBLE PERSONAL PROPERTY: How do you wish to give your personal property?

All to my spouse.

Specific items are to go to specific individuals, with all items not listed passing to my spouse. (Please attach detailed list of items, beneficiaries, and relationship to you.)

Specific items are to go to specific individuals, with all items not listed passing with the rest of my estate. (Please attach detailed list of items, beneficiaries, and relationship to you.)

To pass with the rest of my estate.

Other (please explain):

SPECIFIC BEQUESTS: You may make specific gifts of cash, real estate, or personal property to specific people or charities in your will. However, these bequests will be distributed first and may deplete your estate. Also, specific bequests may complicate the probate of your estate if the property given cannot be found at your death. Therefore, if you make any specific bequests, you should only give property or amounts of cash that you are reasonably sure you will have when you die. If you make no

specific bequests, all of your property will pass to your primary beneficiaries.

Do you wish to make any specific bequest in your will? _____ yes _____ no

If yes, please list your specific bequest(s) and who you want to receive it (them):

RESIDUARY ESTATE: Your residuary estate is whatever property remains after paying debts and expenses of administration, and any specific bequests. Because many people do not make specific bequests, the "residuary" usually describes all the property left to your beneficiaries.

To whom do you want to leave your residuary estate?

_____ All to my spouse if he/she survives me, and if not, then to my children and issue (children of children)[in equal shares: yes _____ no _____.

_____ A minimum bequest to my spouse, disinheriting him/her to the fullest extent of the law, with the remainder going to some other person(s).

_____ All to one specific beneficiary other than my spouse.

_____ To more than one beneficiary.

If you have more than one beneficiary, are they:

_____ Specific people who are to share equally.

_____ Some other unequal division between the beneficiaries (e.g., 50% to one beneficiary and 25% each to two others).

_____ Other or names and percentages: (please explain):

MINOR CHILDREN IN TRUST, for the benefit of your beneficiary/ies until he/she/they reach(es) the age you designate. The trustee will manage the trust under court supervision. Although the trustee's primary purpose is to safeguard the inheritance, the money can also be used for any beneficiary's health, education, welfare, or maintenance, at the trustee's discretion. The trustee may provide funds from the trust to each beneficiary as each has a need. A trust is also useful where you desire to protect the assets from third parties who may have claims against one of your beneficiaries.

If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

18

21

Some other age (please indicate the age): _____ (NOTE: Selecting an age greater than 21 will likely require a trust, which may cause your estate to incur additional expenses for the administration of the trust. These expenses would therefore diminish the amount available for your beneficiaries. However, we recommend trusts for larger estates.)

EXECUTOR: Your Executor ensures your estate is settled upon your death. This ordinarily involves going through “probate”, a court-administered procedure for settling an estate as provided in your will. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any adult may serve as your executor, although we prefer an executor who is a legal resident of the province where probate is conducted. Therefore, if possible, you should select family members or responsible friends who are residents of the Province as your legal residence or the Province where you own real estate.

Whom do you wish to have as your executor?

My spouse.

My spouse and a co-executor.*

My spouse and a successor executor.**

One executor other than my spouse.

Two co-executors, neither of whom are my spouse.*

One executor and a successor executor, neither of whom are my spouse.**

*This option is not usually recommended because conflicts can arise between the executors that will complicate the administration of your estate.

**The successor will act only if your first choice is unable to act as your executor.

If you named someone other than your spouse, indicate name(s) and relationship(s):

GUARDIAN: If your children are minors when you die, and if the other natural parent is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name to act as legal guardian(s) of the children. The individual(s) named will have physical control and custody of the children until they reach age 18. If you are divorced, remember the court will usually appoint your former spouse to be the guardian (as the children’s other natural parent) even if you provide otherwise in your will. You should

still name a guardian, however, in case your former spouse dies before you or for any reason cannot act as the guardian.

Do you wish to appoint:

- One guardian for any child when I die.
- One guardian and a successor guardian.
- Two co-guardians.
- No guardian.

If you wish to appoint a guardian or guardians, whom do you wish to have named?

(Please list name, relationship, & city, state of their residence):

1st choice:

2nd choice (optional):

3rd choice (optional):

DISINHERITING SOMEONE:

Do you wish to disinherit someone other than your spouse? yes no

If so, whom (please provide the name and relationship to you.)?

Is it because they have:

received their gift during their lifetime;

"deprived you of their natural love and affection during your lifetime.

Please provide their name(s):

If you do (or were to) have stepchildren or adopted children, would you want to:

Expressly include them in your will (treat them the same as natural children).

Expressly exclude them from your will.

Have the will remain silent as to stepchildren and adopted children.

Is any child of yours in fact a stepchild or adopted child? yes no

If so, who?

How do you want to treat him/her/them in your will?

CHILDREN: Please list your children's names, ages, and whether they are your biological, adopted, or stepchildren:

PRIMARY BENEFICIARIES:

Whom do you want to receive all (or the majority) of your estate?

My spouse, if he/she survives me, and if not, then my children.

My children.

My parents in equal shares, or if not, then my siblings in equal shares (please provide names and relationships):

To these beneficiaries (list name, relationship, and percentage of estate to each of the beneficiaries):

If any of the above beneficiaries die before you and leave descendents (children/issue), do you want the share of the deceased beneficiary to pass to their issue, or to pass only to the beneficiaries you indicated above?

(For example, if one of your children predeceases you and leaves children, do you want the share of your deceased child to pass to his children (your grandchildren) or to go only to your surviving children?)

To the children of any deceased beneficiary.

Only to the named beneficiaries listed above.

SECONDARY BENEFICIARIES: If all of the primary beneficiaries you designated predecease you or die within 30 days of you, to whom do you wish to leave your estate (please provide name, relationship, and percentage of inheritance or list of which item(s) are to go to which individuals)?

FUNERAL ARRANGEMENTS: You may have a strong desire regarding funeral arrangement (for example, burial or cremation). As a practical matter, your funeral arrangements may have been carried out by the time your will is read. Finding out after the fact that the arrangements were contrary to your will may cause some dismay for your survivors. Therefore, we recommend that you tell your desires to your next of kin at your earliest opportunity. If you wish, however, your preference may also be recorded in the will. You should tell the appropriate family members of your desires NOW!

At my death, I prefer:

_____ To be cremated.

_____ To have my body given for medical or scientific purposes.

_____ To be buried at a specified gravesite or location. (Please specify location):

Church service Yes or No . If Yes: Where:

_____ I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me.

PERSONAL DIRECTIVE

PERSONAL DIRECTIVE/"LIVING WILL"An advance medical directive or "living will" is separate from your will, but may be an important part of your estate plan. It states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires, the living will "speaks for you" so your agent(s) know and can act upon, your desires regarding the termination of life support. It also allows you to name someone to make your day to day personal life choices in the event that you are unable to. Once executed, the document is effective until you revoked it, which you may do at any time by physically destroying the document or by doing up a "Revocation" document.

Do you want a living will? _____ yes _____ no
Do you want your spouse to act as your agent? _____ yes _____ no

Unless you have selected your spouse to act as your agent **and** your spouse has the same address you do, please provide the name, ages, address, phone number, and relationship of your first choice of agent:

If you have a second choice, do you want
_____ both agents to have the authority to act separately.
_____ to require both agents to act jointly unless one is incapacitated.
_____ the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the name, address, phone number, and relationship of your second choice of agent:

Do you wish your life to be prolonged by artificial means, when in the opinion of your health care professionals there is no known hope of regaining awareness and higher mental functions no matter what is done?
_____ no _____ yes

Do you wish to be given pain medication even though it may dull consciousness and indirectly shorten your life?

_____ no _____ yes

Is the quality and dignity of life important to you?

_____ no _____ yes

name and address of your treating doctor:

SPRINGING ENDURING POWER OF ATTORNEY:

Your will enables you to dispose of your property as you wish **after** you die. While you are living, you have the right to decide what happens to that property as long as you are of sound mind. But if you become incapacitated, whether through illness or accident, and are unable to handle your own affairs, a court order may revoke your right to manage your own money/property and appoint a guardian or conservator. To protect you from this, you may appoint an agent through a power of attorney.

A power of attorney is your written authorization for someone to act on your behalf, for whatever purpose you designate. A **springing enduring** power of attorney can take effect when you **become** unable to manage your own business and financial affairs and will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document or signing a revocation form. If you choose to have a springing durable general power of attorney, remember to name someone you trust as your agent (also called the attorney). Your agent will have great authority over your affairs. Not only can they keep your affairs in order, but they have the potential to abuse this document at your expense and his or her gain.

Would you like a springing durable general power of attorney?

_____ yes _____ no

Do you want your spouse to act as your agent? _____ yes _____ no

Unless you selected your spouse to act as your agent **and** your spouse has the same address you do, please provide the name, address and relationship of your first choice of agent:

If you have a second choice, do you want:

_____ both agents to have the authority to act separately.

_____ to require both agents to act jointly unless one is incapacitated.

_____ the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the name, age, address, and relationship of your second choice of agent:

If you selected your spouse to act as your agent, at what telephone number can her or she be reached? _____

CLIENT & SPOUSE FINANCIAL DATA (OPTIONAL)

Please provide the information requested below. Its purpose will be used to help your family locate your assets upon your death if they do not have that information on hand. You need only provide approximate figures. If you prefer, you can provide us with a recent financial statement that accurately reflects the current value of your joint and individual assets and liabilities.

Joint Client Spouse Total

Checking accounts

Savings accounts

Residence(s)

equity

Other real estate

equity

Investments

(excluding retirement
benefits)

Closely-held
business(es)

Life insurance
death benefits

Vehicles

Other personal
property (e.g.,
furniture, jewelry,
etc.)

Other assets (list)

Other assets (list)

Other assets (list)

Total

2. Residence Information.

A. Primary Residence: (address):

**Estimated Value Amount of
Mortgages**

**Equity Monthly Mortgage
Payment**

**Owned By (client,
spouse, jointly)**

B. Secondary Residence: (address):

**Estimated Value Amount of
Mortgages**

**Equity Monthly Mortgage
Payment**

**Owned By (client,
spouse, jointly)**

(So we can properly plan for its disposition, please provide us a copy of the deed and mortgages for this secondary residence.)

Do you rent out this secondary residence?

3. Other Real Estate Information (other than residences).

A. Other jointly owned real estate (i.e., in both client's and spouse's names).

Location Estimated Value Amount of Loans

Equity Other Co- Owners? _____

Total _____

B. Other real estate owned by client only.

Location _____

Equity Other Co- Owners? _____

Total _____

C. Other real estate owned by spouse only.

Location _____

Equity Other Co- Owners? _____

Total _____

4. Investment Account Information (other than retirement accounts).

A. Jointly owned investment accounts, mutual funds, etc. (i.e., in both client's and spouse's names).

Location _____

Estimated Value \$ _____

Loans \$ _____

Net Value \$ _____

Other Co-Owners? _____

Total \$ _____

B. Investment accounts owned by client only.

Location _____

Estimated Value \$ _____

Loans \$ _____

Net Value \$ _____

Other Co-Owners? _____

Total \$ _____

C. Investment accounts owned by spouse only.

Location _____

Estimated Value \$ _____

Loans \$ _____

Net Value \$ _____

Other Co-Owners? _____

Total \$ _____

5. Retirement Benefits.

A. Client's retirement benefits.

Description Current Value \$ _____

Beneficiary _____

Total \$ _____

B. Spouse's retirement benefits.

Description: _____

Current Value: \$ _____

Beneficiary _____

Total \$ _____

C. Please provide below any other information regarding retirement accounts and other deferred compensation arrangements:

6. Liability Information.

A. Joint liabilities (i.e., those liabilities for which both client and spouse are responsible), other than those listed previously.

Creditor Liability
Amount Payment
Frequency
Secured?
Total

B. Client's liabilities, other than those listed previously.

Creditor Liability
Amount Payment
Frequency
Secured?
Total

C. Spouse's liabilities, other than those listed previously.

Creditor Liability
Amount Payment
Frequency
Secured?

Total

7. Life Insurance Information.

A. Joint life insurance policies (i.e., life insurance insuring both client's life and spouse's life). (Please indicate those policies not owned by client or spouse with "**".)

Company Type Face Amount \$ _____
(Death Benefit) _____
Cash Surrender \$ _____
Value \$ _____
Beneficiary _____
Total \$ _____

B. Client's life insurance policies; i.e., life insurance insuring client's life. (Please indicate those policies not owned by client with "**".)

Company Type Face Amount
Company Type Face Amount \$ _____
(Death Benefit) _____
Cash Surrender \$ _____
Value \$ _____
Beneficiary _____
Total \$ _____

C. Spouse's life insurance policies (i.e., life insurance insuring spouse's life). (Please indicate those policies not owned by spouse with "**".)

Company Type Face Amount \$ _____
(Death Benefit) _____
Cash Surrender \$ _____
Value \$ _____
Beneficiary _____
Total \$ _____

D. Please provide any other information concerning the above life insurance policies that may be helpful (i.e., outstanding policy loans, whether pledged as collateral, whether owned by a trust, etc.).

8. Miscellaneous Information. Please provide below any other information relating to your assets or liabilities that may have an impact on your estate planning.
