



WILL and ESTATE QUESTIONNAIRE

SECTION I - FAMILY INFORMATION

PERSONAL INFORMATION:

Full Name:

Spouse's Name:

List any other names you are known by:

List any other names you are known by:

Date of Birth:

Date of Birth:

Address:

Address:

Home Phone:

Home Phone:

Business Phone:

Business Phone:

Occupation:

Occupation:

Employer:

Employer:

Employer's Address:

Employer's Address:

MARRIAGE INFORMATION:

Marital Status:

Date & Place of Marriage:

Previous Marriage: YES/NO

If yes, name of previous spouse and date of death/divorce/separation:

Date & Place of Marriage:

Previous Marriage: YES/NO

Previous Marriage: YES/NO

If yes, name of previous spouse and date of death/divorce/separation:

Date & Place of Marriage:

Previous Marriage: YES/NO

If yes, name of previous spouse and date of death/divorce/separation:

Obligations pursuant to previous marriages (e.g. spousal & child maintenance):

YES/NO

If yes, name of previous spouse and date of death/divorce/separation:

Obligations pursuant to previous marriages (e.g. spousal & child maintenance):

YES/NO

If you are single, separated or divorced:

(a) Are you planning on marrying in the near future?

(b) Are you now cohabitating with anyone?

CHILDREN

Number of Children:

Are all 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

0 - born outside of present marriage

1. Full Name _____

Address _____

Date of Birth _____

Marital Status _____

Spouse _____

Grandchildren

Full Name _____

Age _____

Address (if different from above) _____

2. Full Name _____

Address _____

Date of Birth _____

Marital Status _____

Spouse _____

Grandchildren

Full Name _____

Age _____

Address (if different from above) _____

3. Full Name _____

Address _____

Date of Birth _____

Marital Status _____

Spouse _____

Grandchildren

Full Name _____

Age _____

Address (if different from above) _____

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

Are any of your grandchildren adopted, stepchildren, illegitimate? 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:

Have any of your children predeceased you? YES /NO

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

SECTION 2 - INSTRUCTIONS FOR 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. You should also name alternates if your first choice is unable to act. For tax reasons, it is not advisable to choose an Executor who resides outside of Canada. At least one Executor should be a resident of Alberta.

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

ALTERNATES

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

- 3. Full Name: _____
 Relationship: _____ Age: _____
 Address: _____

GUARDIAN(S) FOR MINOR CHILDREN:

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

ALTERNATE GUARDIAN(S)

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

BENEFICIARIES

The following choices as to distribution of your Estate are for your convenience only. It is intended to get you thinking about the issues to be discussed 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 to particular children?

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

- ___ all at 18
- ___% 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 Executor will hold each 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 share, who shall receive that share or the amount remaining?

_____ the children of the deceased child (my grandchildren)

_____ my surviving children only

_____ other please explain: _____

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 entitled to receive their entire portion of your Estate?

_____ 1/2 to my parents and 1/2 to spouse's parents

_____ 1/2 to my brothers and sisters and 1/2 to my spouse's brothers and sisters who are then-alive in equal shares

_____ charities: _____

_____ other: _____

6. Specified Gifts or Legacies - list items or amounts and who is to receive it:

(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).

7. Money for Guardians:

If it becomes necessary for the guardians that you have named to look after and raise your minor children, will they require:

_____ A lump sum of money to be paid to them to buy a larger house, to renovate their current house, to buy a larger vehicle etc. in order to accommodate your children?

If so, then how much would you like to give to them for this purpose?

_____ A monthly amount to be paid to them to assist with the additional monthly expenses that they will incur as a result of raising your children?

If so, then how much per month per child would they require?

8 . Executor Compensation:

Executors are generally entitled to receive compensation for the time, effort and expertise that is spent by them in administering your Estate. This can be a lump sum amount or a percentage of your Estate. If you wish your Executor to receive compensation for acting on your behalf it is often simpler to specify the amount or percentage of your Estate that you would like them to receive as compensation. In addition they will be entitled to reimbursement for any out-of-pocket expenses they incur in administering your Estate.

In Alberta a rough guideline of the compensation that an Executor is entitled to is 1 % to 5 % of the value of your Estate. If you wish to specify in your Will the compensation that is to be received by your Executor will it be:

_____ A percentage of your Estate, and if so, what will that percentage be? ____%

_____ Will it be a set amount, and if so, how much will that amount be? _____

If you have named more than 1 Executor to act on your behalf are they to share the compensation or are they each to receive the amount or percentage specified?

SECTION 3 - 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.

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

Other Land:

Interest In Mines and Minerals:

BANK ACCOUNTS:

Bank Name(s) and Location(s):

- 1. _____
- 2. _____
- 3. _____

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS:

	Bank	Location	Maturity Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LIFE INSURANCE POLICIES: Indicate Type: Term ("T") or Permanent ("P")

	Company	Policy No.	Value	Beneficiary
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SEGREGATED FUNDS:

	Company	Value	Beneficiary
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PENSION PLANS:

	Company	Beneficiary
1.	_____	_____

2. _____

3. _____

REGISTERED RETIREMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS:

	Financial Institution	Location	Named Beneficiary
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

FARM OPERATION:

What type of farm operation do you have?

Do you operate as:

___ Sole Proprietorship Name: _____

___ Partnership Name: _____

If so, is there a written Partnership Agreement in place? YES/NO

___ Corporation Name: _____

Who are the Shareholders?

Names & Addresses	Number of Shares	Type of Shares
1. _____ _____ _____	_____	_____
2. _____ _____ _____	_____	_____
3. _____ _____ _____	_____	_____

Is there a written Shareholders Agreement in place? YES/NO

EQUIPMENT:

Please provide details of each piece of equipment having a value of in excess of \$10,000.00.

Equipment	Owner	Fair Market Value	Indebtedness
1. _____			
2. _____			
3. _____			
4. _____			

LIVESTOCK:

Type	Amount	Estimated Fair Market Value

CROP ON HAND

Type	Amount	Estimated Fair Market Value

NISA ACCOUNT: YES/NO

Present Balance:

QUOTA YES/NO TYPE

ANY DEFERRED PAYMENTS (Please provide details)?

ANY OTHER MONEY OWED TO YOU (By Children or Anyone Else?)

(e.g. Personal Loans, Promissory Notes, Mortgages?) YES/NO

If yes - provide details:

ANY OTHER BUSINESS INTERESTS (eg. private company, partnership, sole proprietorship, etc.)? - Please describe:

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

VALUABLE PERSONAL PROPERTY: (e.g. automobiles, mobile homes, boats, heirlooms, etc.)

Description	Location of Property
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ANY OTHER ASSETS NOT LISTED ABOVE:

1. Do you have an interest in any assets outside Alberta? YES/NO
2. Do you have an interest in any assets outside Canada? YES/NO
3. Have you made any loans or advances to family members or others that are to be repaid? YES/NO

4. Have you made any loans or advances to family members or others that are to be forgiven? YES/NO

If you have answered yes to any of the above questions please provide further details.

SECTION 4 - LIABILITIES

CREDITOR	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Are any of your debts life insured? YES/NO

SAFETY DEPOSIT BOX:

Location	Box Number	Registered Name(s)	Location of Keys

FUNERAL ARRANGEMENTS:

On your death do you want your body to be buried: YES/NO

If you have answered yes, do you have a preference as to where it should be buried?

Would you prefer that your body be cremated? YES /NO

If you have answered yes, do you have any instructions as to what is to be done with your ashes?

Have you already prearranged these matters? If so, with which company:

If you have any questions while completing this questionnaire call Lee Olesen at (780) 460-0052.

This form can be returned by:

- Faxing it to (780) 419-7171
- mailing it to: **Olesen Law Office**
65 Greenbrier Crescent
St. Albert, AB T8N 1A2
- Or call 460-0052 for other arrangements.

For office purposes: _____

Date received _____ File Number _____