

AIM LAW GROUP

#308, 11420- 27th Street SE
Calgary, AB T2Z 3R6

Lawyer:
Michelle Bullas

Main Line:
(403) 201-9519

Email:
michelle@aimlaw.ca

ESTATE PLANNING INFORMATION PACKAGE

Date Completed: _____

PART I: PERSONAL INFORMATION

Client Information:

Last Name	First Name	Middle Name(s)
<i>Home Address</i> Street: _____ City: _____ Province: _____ Postal Code: _____		<i>Business Address</i> Street: _____ City: _____ Province: _____ Postal Code: _____
Home Phone ()	Business Phone ()	Mobile Phone ()
Home Email	Business Email	Citizenship: <input type="radio"/> Canadian <input type="radio"/> United States <input type="radio"/> Other: _____ <i>If you answered "US", please complete page 2 information in detail.</i>
Date of Birth	Place of Birth	

Spouse/Partner Information

Last Name	First Name	Middle Name(s)
Same as above: <input type="radio"/> <i>Home Address</i> Street: _____ City: _____ Province: _____ Postal Code: _____		Same as above: <input type="radio"/> <i>Business Address</i> Street: _____ City: _____ Province: _____ Postal Code: _____
Home Phone ()	Business Phone ()	Mobile Phone ()
Home Email	Business Email	Citizenship: <input type="radio"/> Canadian <input type="radio"/> United States <input type="radio"/> Other: _____ <i>If you answered "US", please complete page 2 information in detail.</i>
Date of Birth	Place of Birth	

US CITIZENSHIP QUESTIONS

Please answer the following questions if you or your spouse has any connection with the United States.

If there is no connection to the United States, please proceed to the next page.

1. Are you, your spouse, or any of your children a citizen of the United States: Yes; No

2. Were any of you born in the United States: Yes; No

a. If yes, please provide particulars:

3. Do any of you currently have a valid US green card? Yes; No

4. Do you own any property which is located in the US? Yes; No

a. If yes, please list here and provide particulars under Part II, Financial Information.

5. Do you vacation in the US or visit the US for any reason (ie. business or personal) on a regular basis? Yes; No

a. If yes, approximately how many days in a year do you spend in the US? _____ days

6. Were any of your parents or grandparents born in the US? Yes; No

a. If yes, please provide particulars:

Party	DOB	Years in the US
-------	-----	-----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If you are a US citizen, please list the periods of time & number of days during which you lived in the United States:

Marital Status:

Married <input type="radio"/>	Cohabiting <input type="radio"/>	Date of Marriage / Cohabitation: _____
Separated <input type="radio"/>	Divorced <input type="radio"/>	Date of Separation / Divorce: _____
Single <input type="radio"/>	Widowed <input type="radio"/>	<i>Please provide a copy of your separation agreement and/or Divorce certificate for our files.</i>
Comments:		

Your Children

Relationship	Full Name	City, Province	D.O.B.	Marital Status	Citizenship
Son <input type="radio"/> Daughter <input type="radio"/>					Canadian <input type="radio"/> US <input type="radio"/> Other: _____
Son <input type="radio"/> Daughter <input type="radio"/>					Canadian <input type="radio"/> US <input type="radio"/> Other: _____
Son <input type="radio"/> Daughter <input type="radio"/>					Canadian <input type="radio"/> US <input type="radio"/> Other: _____
Son <input type="radio"/> Daughter <input type="radio"/>					Canadian <input type="radio"/> US <input type="radio"/> Other: _____

Special Circumstances regarding children (disabilities, marital issues, substance abuse, financial maturity, etc.):

Your Advisors:

	Name	Firm / Company Name	Phone Number
Accountant			
Financial Planner			
Insurance Agent			
Banker			
Other:			

PART II: YOUR FINANCIAL INFORMATION

ASSETS

Your Properties

Principal Residence	Title In Whose Name?	Ownership	Acquisition Cost	Estimated Market Value	Mortgage
Same as address above <input type="radio"/> Or:		<input type="radio"/> Joint Tenants <input type="radio"/> Tenants in Common <input type="radio"/> Trust <input type="radio"/> Other: _____		\$ _____	\$ _____
Vacation Home n/a <input type="radio"/>		Ownership		Market Value	Mortgage
Address:		<input type="radio"/> Joint Tenants <input type="radio"/> Tenants in Common <input type="radio"/> Trust <input type="radio"/> Other: _____	\$ _____	\$ _____	\$ _____
Investment n/a <input type="radio"/>		Ownership		Market Value	Mortgage
Address:		<input type="radio"/> Joint Tenants <input type="radio"/> Tenants in Common <input type="radio"/> Trust <input type="radio"/> Other: _____	\$ _____	\$ _____	\$ _____
Investment n/a <input type="radio"/>		Ownership		Market Value	Mortgage
Address:		<input type="radio"/> Joint Tenants <input type="radio"/> Tenants in Common <input type="radio"/> Trust <input type="radio"/> Other: _____	\$ _____	\$ _____	\$ _____
			TOTALS:	(A) \$	(B)\$
			NET EQUITY	(A-B) =	(C)\$

Your Business Not applicable

Structure	Name	Nature of Business	% Ownership**	Estimated Market Value
Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Trust <input type="radio"/>				(D) \$

** If not 100% owner, please describe other owners and percentages:

Does a buy/sell agreement, unanimous shareholders agreement, or partnership agreement, etc. exist?
 Yes No

COPY PAGE AND COMPLETE INFORMATION FOR ADDITIONAL BUSINESS INTERESTS

Your Life Insurance

Owner	Insurer	Policy No.	Coverage	Type	Beneficiary	Cash Surrender Value
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Term <input type="radio"/> Whole Life		
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Term <input type="radio"/> Whole Life		
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Term <input type="radio"/> Whole Life		
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Term <input type="radio"/> Whole Life		
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Term <input type="radio"/> Whole Life		
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Term <input type="radio"/> Whole Life		
Total:			(E) \$			

Your Other Insurance

Owner	Insurer	Policy No.	Coverage	Type	Beneficiary
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Disability <input type="radio"/> Critical Illness <input type="radio"/> Accidental death	
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Disability <input type="radio"/> Critical Illness <input type="radio"/> Accidental death	
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Disability <input type="radio"/> Critical Illness <input type="radio"/> Accidental death	
Client <input type="radio"/> Spouse <input type="radio"/>				<input type="radio"/> Disability <input type="radio"/> Critical Illness <input type="radio"/> Accidental death	

Do any of the above policies provide coverage on the lives of your children? Yes; No

Are you satisfied with your existing insurance coverage? Yes; No

Your Investments

NON-REGISTERED

Client				Spouse		
Institution - Name	Value	Cost	Joint?	Institution - Name	Value	Cost
	\$	\$	Y/N		\$	\$
	\$	\$	Y/N		\$	\$
	\$	\$	Y/N		\$	\$
	\$	\$	Y/N		\$	\$
Total:				Total: \$		

For any of the above investments, please note any restrictions on disposition and on which investment:

REGISTERED (RRSPs, RRIFs, etc.)

Client			Spouse			
Institution - Name	Value	Beneficiary	Institution - Name	Value	Beneficiary	
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
Total:				Total: \$		

PENSIONS

Client		Spouse	
Description	Market Value	Description	Market Value
Company	\$	Company	\$
CPP	\$	CPP	\$
Other	\$	Other	\$
Total:		Total: \$	

OTHER ASSETS

(Cars, Boats, Aircraft, Oil & Gas investments, Tax Shelters, etc.)

Client			Spouse		
Description	Value	Cost	Description	Value	Cost
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
Total:			Total: \$		

TOTAL INVESTMENTS - Client:	\$
TOTAL INVESTMENTS - Spouse:	\$
COMBINED TOTAL:	(F) \$

LIABILITIES
(Other than Real Estate Mortgages)

Client				
Creditor Name	Amount of Indebtedness	Description	Security	Secured Against
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
	\$		<input type="radio"/> Secured <input type="radio"/> Unsecured	
Total:	(H) \$			

ESTATE CALCULATION

Insert the calculations from above:

Box #	Description	Amount
C.	Net Property	\$
D.	Business Interests	\$
E.	Insurance	\$
F.	Investments	\$
G.	Total Assets (C+D+E+F):	\$ -----
H.	Liabilities	\$()
	Gross Estate (G-H):	\$ =====

Do you have an existing will? no ; yes - location: _____

PART III: INSTRUCTIONS FOR MY WILL

EXECUTOR(S): The person(s) I trust to carry out my wishes in accordance with the terms of my will is (are):

my spouse/partner.

If spouse/partner is unable to act as my Executor, then I appoint (*please complete information in left-hand column if you wish a single alternate or the right-hand column if you wish to appoint more than one alternate executor*):

Single Alternate <input type="radio"/>		OR	Co-Executors <input type="radio"/>	
Name #1			Name #1	
Street			Street	
City, Prov.			City, Prov.	
Relationship			Relationship	
Occupation			Occupation	
			Name #2	
			Street	
			City, Prov.	
			Relationship	
			Occupation	
			Name #3	
			Street	
			City, Prov.	
			Relationship	
			Occupation	

Note: there are tax and legal implications to appointing an executor who resides outside of the province of Alberta that should be reviewed.

If any named co-Executor unable to act, remaining executor(s) may act.

-OR-

If any named co-Executor is unable to act, the executor named below shall be act as co-Executor with the remaining Executor(s) above.

If the first alternate Executor is unable to act, then:



Single Alternate <input type="radio"/>			Co-Executor Alternate <input type="radio"/>	
Name #1			Name #4	
Street			Street	
City, Prov.			City, Prov.	
Relationship			Relationship	
Occupation			Occupation	

RESIDUE: My Executors are instructed to distribute the residue of my estate (amount left after payment of all gifts and bequests) as follows:

To my surviving spouse/partner:

Yes No

If my spouse/partner predeceases me, then in equal shares to my child(ren) who survive me:

Yes No

The inheritance to my child(ren) should be:

gifted outright; or

held in a trust?

...if held in trust, the trust funds should be distributed to my child(ren):

in a lump sum at age _____;

-or-

at the following ages and in the following percentages:

1. Age: _____ Percentage: _____%

2. Age: _____ Percentage: _____%

3. Age: _____ Percentage: _____%

If any child predeceases and leaves children surviving him or her (your grandchildren), the share of the deceased child will be transferred on the same trust terms equally to those grandchildren.

Yes No

If there is a common accident and my spouse and children all pass away (and there are no grandchildren), the residue of my estate is to be distributed:

50% to my surviving parents (joint or to survivor), then to sibling(s) in equal shares; 50% to spouse's surviving parents (joint or to survivor), then to sibling(s), in equal shares;

In equal shares between all of my surviving parents (joint or to survivor), siblings & spouse's parents (joint or to survivor) and siblings; or

In accordance with the following instructions:

PERSONAL BELONGINGS: personal and household items, (such as furniture, cars, boats, heirlooms, jewelry, tools, equipment, etc.) shall be distributed as follows:

All to spouse, and then to children and in accordance with any letter of instructions I leave my Executor(s); or

As follows:

Item	Given to	City, Province	Relationship

GUARDIAN(S): Your choice of guardians for your minor child(ren):

my spouse/partner;

If my spouse/partner is unable to act as guardian, then I appoint either:

Single Guardian <input type="radio"/>		OR	Co-Guardians <input type="radio"/>	
Name #1			Name #1	
City			City	
Province			Province	
Relationship			Relationship	
Occupation			Occupation	
			Name #2	
			City	
			Province	
			Relationship	
			Occupation	

If first alternate Guardian is unable to act, then:



Single Alternate <input type="radio"/>			Co-Guardian Alternate <input type="radio"/>	
Name #1			Name #4	
Street			Street	
City, Prov.			City, Prov.	
Relationship			Relationship	
Occupation			Occupation	

FUNERAL OR BURIAL INSTRUCTIONS (ie. cremation, organ donation, use of body for medical research, etc.):

Client	Spouse/Partner

SPECIFIC GIFTS/BEQUESTS: Not applicable or as follows:

Name	City, Province	Relationship	Gift/bequest

CHARITABLE DONATIONS: Not applicable or as follows:

Charity	City, Province	Donation	Designated Use (if applicable)
		\$	
		\$	
		\$	
		\$	
		\$	

Attach additional lists as necessary.

Comments/Questions/Notes:

PART IV – INSTRUCTIONS FOR MY ENDURING POWER OF ATTORNEY

Your Enduring Power of Attorney is a powerful document. It allows you to appoint another person to act on your behalf with respect to all your financial affairs, in the event you become mentally incapacitated or wish it to come into effect for some other reason or at some other time. Please take some time to answer the following questions in order to assist us in preparing a document which accurately reflects your wishes.

Yes; No - I wish to appoint my spouse/partner as my Attorney in my Enduring Power of Attorney.

Yes; No - I wish to appoint the following alternate Attorney(s) if my spouse/partner is unable or unwilling to act as my Attorney:

Client		Spouse Same parties as client <input type="radio"/> , or as follows	
Agent #1		Agent #1	
Street		Street	
City, Prov.		City, Prov.	
Relationship		Relationship	
Occupation		Occupation	
Agent #2		Agent #2	
Street		Street	
City, Prov,		City, Prov,	
Relationship		Relationship	
Occupation		Occupation	
Agent #3		Agent #3	
Street		Street	
City, Prov,		City, Prov,	
Relationship		Relationship	
Occupation		Occupation	

Yes No - If more than 1 alternate is listed and if one of the named alternates is unable or unwilling to act, do you want to have the remaining alternate to act alone?

- If no, I wish to appoint the following alternate as a replacement to serve together with the remaining alternate:

Client		Spouse Same parties as client <input type="radio"/> , or as follows	
Agent #1		Agent #1	
Street		Street	
City, Prov.		City, Prov.	
Relationship		Relationship	
Occupation		Occupation	
Agent #2		Agent #2	
Street		Street	
City, Prov,		City, Prov,	
Relationship		Relationship	
Occupation		Occupation	

Vocabulary:

- “**Donor**” means the person who gives the Enduring Power of Attorney;
- “**Attorney**” means a person who is empowered to act on behalf of the Donor under an Enduring Power of Attorney; and
- “**Enduring Power of Attorney**” means a Power of Attorney which will survive (or take effect) on the mental incapacity of the Donor.

Unless you specify otherwise, your Enduring Power of Attorney will come into effect when either one of the following events occur:

- If and when you become infirm or mentally incapable of making reasonable judgments in respect of matters relating to all or any part of your estate; or
- If you are outside of Canada for any reason and you declare in writing that your Enduring Power of Attorney has come into effect; or
- If you declare in writing that your Enduring Power of Attorney has come into effect for any reason.

Unless you specify otherwise, any two (2) medical practitioners (who are authorized to practice medicine in the jurisdiction in which you are residing at the time you are mentally incapable) will have the power to declare you mentally incapable.

Your Attorney will have authority to do anything on your behalf that you may lawfully do. In addition to these general powers, you may wish to give your Attorney the authority to do specific things or you may wish to impose restrictions on your Attorney’s powers.

IT IS RECOMMENDED THAT YOU COMPLETE A POWER OF ATTORNEY FOR EACH JURISDICTION IN WHICH YOU HOLD PROPERTY.

PART V – INSTRUCTIONS FOR MY PERSONAL DIRECTIVE

Your Personal Directive is a document that allows you to appoint another person to act on your behalf in making health care decisions or other personal decisions if you become mentally incapacitated. Please take some time to answer the following questions in order to assist us in preparing a document which accurately reflects your wishes.

The agent you appoint will have the ability to make personal decisions for you when you are mentally incapable of making decisions yourself. You can name someone to act alone or jointly with another person.

my spouse/partner;

then the following alternate(s):

Client		Spouse Same parties as client <input type="radio"/> , or as follows	
Agent #1		Agent #1	
Street		Street	
City, Prov.		City, Prov.	
Relationship		Relationship	
Occupation		Occupation	
Agent #2		Agent #2	
Street		Street	
City, Prov,		City, Prov,	
Relationship		Relationship	
Occupation		Occupation	
Agent #3		Agent #3	
Street		Street	
City, Prov,		City, Prov,	
Relationship		Relationship	
Occupation		Occupation	

Yes No - If more than one alternate is listed above and if one of the named alternates is unable or unwilling to act, do you want to have the remaining alternate(s) to act?

If no, please specify the alternate(s) you wish to appoint as a replacement to serve together with the remaining alternate(s):

Client		Spouse Same parties as client <input type="radio"/> , or as follows	
Agent #1		Agent #1	
Street		Street	
City, Prov.		City, Prov.	
Relationship		Relationship	
Occupation		Occupation	
Agent #2		Agent #2	
Street		Street	
City, Prov,		City, Prov,	
Relationship		Relationship	
Occupation		Occupation	

Which decisions do you want your agent to make on your behalf?

**The following choices as to personal decisions are for your convenience only.
This is not a substitute for a full discussion with your lawyer and doctor.**

EITHER:

Leave the discretion to the Agent to make the appropriate decision in the circumstances (ie. do not provide any specific instructions in my personal directive):

-OR-

My Agent must follow these instructions when making personal decisions on my behalf (choose from the following sample wording of instructions or write your own instructions in the spot below – add extra pages if required):

(a) I do not wish my life to be prolonged by artificial means when I am in a coma or a persistent vegetative state and, in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions, no matter what is done. I wish to be kept comfortable and free from pain. This means that I may be given pain medication even though it may dull consciousness and indirectly shorten my life.

(b) I do not want to prolong my life at all costs. I hereby give authorization for the withholding or withdrawal of treatment if:

1. *No Expectation of Recovery*: My physician and my Agents determine that my death is imminent with no reasonable medical expectation of recovery whether or not life sustaining procedures are utilized; and
2. *Loss of Interaction Ability*: I have lost the ability to interact with others with no reasonable chance of regaining that ability.

If such a condition exists, I do not want to have my life prolonged because everything meaningful in life to me will have already passed. In that situation, I refuse consent to extraordinary techniques that artificially maintain a life-sustaining function of my body and are used only to prolong my life without improving the chances for cure or reversal of my condition. In such circumstances, my physician and my Agents shall determine what is “reasonable” or “extraordinary”. If they are unable to agree, my Agents alone shall determine what is “reasonable” or “extraordinary”.

(c) I request care that gives comfort and support, that facilitates my interaction with others to the extent possible, and that relieves pain or stress. In case of severe pain, I request that drugs be mercifully administered to relieve pain, even if they may hasten the moment of death.

(d) If, in the opinion of my Agent, this directive does not given clear instructions that are relevant to the personal decisions to be made on my behalf, my Agent must make the decision based upon the following guidelines: It is my wish that my life not be prolonged by intrusive medical treatments but that I be kept as comfortable as possible and free from pain.

Other instructions:

Family members and other interested persons who my agent may need to contact:

Spouse:

Contact Information as above.

Physician:

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Priest, Minister or Pastor:

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Dentist:

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Other Interested Persons

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Children:

Contact Information as above

Attorney in my Enduring Power of Attorney:

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Lawyer:

MSB Law

-or-

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Accountant:

as listed above

Name:
Address:
Phone No. (Home):
Phone No. (Work):

Other Interested Persons

Name:
Address:
Phone No. (Home):
Phone No. (Work):