

**LAWYERS:**

Michelle Bullas

Rick Siebel

*Estate Planning Information Package, Completed:*

**MAIN LINE:**

(403) 201-9519

**E-MAIL:**

michelle.bullas@aimlaw.ca

rick@aimlaw.ca



# PART 1: PERSONAL INFORMATION

## CLIENT INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME(S)

### HOME ADDRESS

### BUSINESS ADDRESS

STREET

STREET

CITY

CITY

PROVINCE

POSTAL CODE

PROVINCE

POSTAL CODE

HOME PHONE

BUSINESS PHONE

MOBILE PHONE

HOME E-MAIL

BUSINESS E-MAIL

CITIZENSHIP

- Canadian
- United States
- Other

DATE OF BIRTH

PLACE OF BIRTH

If you answered "US", please complete page 2 information in detail.

## SPOUSE/PARTNER INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME(S)

### HOME ADDRESS

Same as above, or:

### BUSINESS ADDRESS

STREET

STREET

CITY

CITY

PROVINCE

POSTAL CODE

PROVINCE

POSTAL CODE

HOME PHONE

BUSINESS PHONE

MOBILE PHONE

HOME E-MAIL

BUSINESS E-MAIL

CITIZENSHIP

- Canadian
- United States
- Other

DATE OF BIRTH

PLACE OF BIRTH

If you answered "US", please complete page 2 information in detail.

## 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.

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

Were any of you born in the United States:  Yes  No  
If yes, please provide particulars:

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

Do you own any property which is located in the US?  Yes  No  
If yes, please list here and provide particulars under Part II, Financial Information.

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Do you vacation in the US or visit the US for any reason (ie. business or personal) on a regular basis?  Yes  No  
If yes, approximately how many days in a year do you spend in the US? \_\_\_\_\_ days

Were any of your parents or grandparents born in the US?  Yes  No  
If yes, please provide particulars:

PARTY	DATE OF BIRTH	YEARS IN THE US
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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## MARITAL STATUS

- Married  Cohabiting  
 Separated  Divorced  
 Single  Widowed

Date of Marriage/Cohabitation \_\_\_\_\_

Date of Separation/Divorce \_\_\_\_\_

Please provide a copy of your separation agreement and/or Divorce certificate for our files.

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### COMMENTS

## CHILDREN

RELATIONSHIP	FULL NAME	CITY, PROVINCE	DATE OF BIRTH	MARITAL STATUS	CITIZENSHIP
<input type="checkbox"/> Daughter <input type="checkbox"/> Son	_____	_____	_____	_____	<input type="checkbox"/> Canada <input type="checkbox"/> US
<input type="checkbox"/> Daughter <input type="checkbox"/> Son	_____	_____	_____	_____	<input type="checkbox"/> Canada <input type="checkbox"/> US
<input type="checkbox"/> Daughter <input type="checkbox"/> Son	_____	_____	_____	_____	<input type="checkbox"/> Canada <input type="checkbox"/> US
<input type="checkbox"/> Daughter <input type="checkbox"/> Son	_____	_____	_____	_____	<input type="checkbox"/> Canada <input type="checkbox"/> US

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

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## ADVISORS

### ACCOUNTANT

NAME \_\_\_\_\_

FIRM/COMPANY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### FINANCIAL PLANNER

NAME \_\_\_\_\_

FIRM/COMPANY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### INSURANCE AGENT

NAME \_\_\_\_\_

FIRM/COMPANY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### BANKER

NAME \_\_\_\_\_

FIRM/COMPANY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### OTHER

NAME \_\_\_\_\_

FIRM/COMPANY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

# PART 2: FINANCIAL INFORMATION

## ASSETS

### PROPERTIES

#### PRINCIPAL RESIDENCE

<input type="checkbox"/> SAME AS ADDRESS ABOVE OR PROVIDE	TITLE - IN WHOSE NAME	<input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Trust <input type="checkbox"/> Other:	ACQUISITION COST	ESTIMATED MARKET VALUE	MORTGAGE
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#### VACATION RESIDENCE

ADDRESS	TITLE - IN WHOSE NAME	<input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Trust <input type="checkbox"/> Other:	ACQUISITION COST	ESTIMATED MARKET VALUE	MORTGAGE
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#### INVESTMENT

ADDRESS	TITLE - IN WHOSE NAME	<input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Trust <input type="checkbox"/> Other:	ACQUISITION COST	ESTIMATED MARKET VALUE	MORTGAGE
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#### INVESTMENT

ADDRESS	TITLE - IN WHOSE NAME	<input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Trust <input type="checkbox"/> Other:	ACQUISITION COST	ESTIMATED MARKET VALUE	MORTGAGE
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**TOTALS**

**(A)\$**

**(B)\$**

**NET EQUITY**

**(A - B) = (C)\$**

### BUSINESS

<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust	NAME	NATURE OF BUSINESS	% OWNERSHIP	ESTIMATED MARKET VALUE (D)
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If not 100% owner, please describe other owners, relationship (if any) 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**

## LIFE INSURANCE

OWNER	TYPE	INSURER	POLICY NO.	BENEFIT PAYOUT	BENEFICIARY	CASH SURRENDER VALUE
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____	_____	_____	_____
<b>TOTAL (E)\$</b>				_____		

## OTHER INSURANCE

OWNER	TYPE	INSURER	POLICY NO.	BENEFIT PAYOUT	BENEFICIARY
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accidental death	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accidental death	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accidental death	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accidental death	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accidental death	_____	_____	_____	_____
<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> 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

# INVESTMENTS

## NON-REGISTERED

CLIENT				SPOUSE		
INSTITUTION	VALUE (\$)	COST (\$)	JOINT?	INSTITUTION	VALUE (\$)	COST (\$)
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	_____
<b>TOTAL</b>				<b>TOTAL</b>		

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

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## REGISTERED

CLIENT			SPOUSE		
INSTITUTION	VALUE (\$)	BENEFICIARY	INSTITUTION	VALUE (\$)	BENEFICIARY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL</b>			<b>TOTAL</b>		

## PENSIONS

CLIENT		SPOUSE	
COMPANY	MARKET VALUE (\$)	COMPANY	MARKET VALUE (\$)
CPP	_____	CPP	_____
OTHER	_____	OTHER	_____
<b>TOTAL</b>		<b>TOTAL</b>	

## OTHER ASSETS

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

CLIENT			SPOUSE		
DESCRIPTION	VALUE (\$)	COST	DESCRIPTION	VALUE (\$)	COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL</b>			<b>TOTAL</b>		

TOTAL INVESTMENTS - CLIENT (\$)

TOTAL INVESTMENTS - SPOUSE (\$)

COMBINED TOTAL (F)\$

# LIABILITIES

(Other than Real Estate Mortgages)

CLIENT				
CREDITOR NAME	DEBT AMOUNT (\$)	DESCRIPTION	SECURITY	SECURED AGAINST
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
			<input type="checkbox"/> SECURED	
			<input type="checkbox"/> UNSECURED	
<b>TOTAL (H)\$</b>				

## ESTATE CALCULATION

Insert the calculations from above:

BOX #	DESCRIPTION	AMOUNT (\$)
C. (page 4)	Net Property	_____
D. (page 4)	Business Interests	_____
E. (page 5)	Insurance	_____
F. (page 6)	Investments	_____
G.	Total Assets ( C + D + E + F )	_____
H.	Liabilities	_____
<b>Gross Estate ( G - H )</b>		_____

# PART 3: INSTRUCTIONS FOR MY WILL

Do you have an existing will?  
In yes, please indicate location: \_\_\_\_\_

Yes  No

## 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 or if I do not wish to appoint my spouse, 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	or	CO-EXECUTORS
NAME _____		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 the first alternate Executor is unable to act, then:

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.



SINGLE ALTERNATE	CO-EXECUTOR ALTERNATE
NAME _____	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  Held in Trust

If held in Trust, the Trust Funds should be distributed to my child(ren)  In a lump sum at age \_\_\_\_\_  At the following ages and in the following percentages:

1. AGE	_____	PERCENTAGE	_____
2. AGE	_____	PERCENTAGE	_____
3. AGE	_____	PERCENTAGE	_____
4. 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

Do you want step-grandchildren, adopted grandchildren, or children born out of wedlock to be beneficiaries if a child predeceases you?  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; OR
- 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:

## 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	or	CO-GUARDIAN
NAME _____ STREET _____ CITY, PROV _____ RELATIONSHIP _____ OCCUPATION _____		NAME #1 _____ STREET _____ CITY, PROV _____ RELATIONSHIP _____ OCCUPATION _____  NAME #2 _____ STREET _____ CITY, PROV _____ RELATIONSHIP _____ OCCUPATION _____

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



SINGLE ALTERNATE		CO-EXECUTOR ALTERNATE
NAME _____ STREET _____ CITY, PROV _____ RELATIONSHIP _____ OCCUPATION _____		NAME #3 _____ STREET _____ CITY, PROV _____ RELATIONSHIP _____ OCCUPATION _____

## FUNERAL/BURIAL INSTRUCTIONS

CLIENT	SPOUSE/PARTNER

## SPECIFIC GIFTS/BEQUESTS

Not applicable

As follows:

NAME	CITY, PROVINCE	RELATIONSHIP	GIFT/BEQUEST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CHARITABLE DONATIONS

Not applicable

As follows:

CHARITY	CITY, PROVINCE	DONATION (\$)	DESIGNATED USE (IF APPLICABLE)

*Attach additional lists as necessary.*

## COMMENTS / QUESTIONS / NOTES

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# PART 4: INSTRUCTIONS FOR MY ENDURING POWER OF ATTORNEY

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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.

- I wish to appoint my spouse/partner as my Attorney in my Enduring Power of Attorney.
- If I do not have a spouse/partner or my spouse/partner is unable/unwilling to act as my Attorney, I wish to appoint the following alternate Attorney(s):

### CLIENT

AGENT #1 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

AGENT #2 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

AGENT #3 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

### SPOUSE

Same parties as client, or as follows

AGENT #1 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

AGENT #2 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

AGENT #3 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

If more than one 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?  Yes  No

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

### CLIENT

AGENT #1 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

AGENT #2 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

### SPOUSE

Same parties as client, or as follows

AGENT #1 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_

AGENT #2 \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY, PROV \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 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.

## SPECIFIC AUTHORITY/RESTRICTIONS

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

# PART 5: 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.

- I wish to appoint my spouse/partner as my Agent.
- If I do not have a spouse/partner or my spouse/partner is unable/unwilling to act as my Agent, I wish to appoint the following alternate Agent(s):

CLIENT	
AGENT #1	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____
AGENT #2	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____
AGENT #3	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____

SPOUSE	
<input type="checkbox"/> Same parties as client, or as follows	
AGENT #1	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____
AGENT #2	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____
AGENT #3	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____

If more than one 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?  Yes       No

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

CLIENT	
AGENT #1	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____
AGENT #2	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____

SPOUSE	
<input type="checkbox"/> Same parties as client, or as follows	
AGENT #1	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
OCCUPATION	_____
AGENT #2	_____
STREET	_____
CITY, PROV	_____
RELATIONSHIP	_____
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):

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

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## CONTACT INFORMATION

Family members and other interested persons who my agent may need to contact. This will be added to your personal directive as filled out by you below:

**SPOUSE** *Contact Information as Above.*

### PHYSICIAN

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO. (HOME) \_\_\_\_\_  
PHONE NO. (WORK) \_\_\_\_\_

### RELIGIOUS ADVISOR

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\*

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO. (HOME) \_\_\_\_\_  
PHONE NO. (WORK) \_\_\_\_\_

### LAWYER AIM LAW or below

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, PROV \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

### ACCOUNTANT as above

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, PROV \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

### OTHER INTERESTED PERSONS

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, PROV \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

*\*Attorney as in Enduring Power of Attorney*