

Questionnaire Instructions

Protect your personal assets, business and financial affairs; let Minuk Law prepare your Will, Power of Attorney and Personal Directive so that you and your family have peace of mind.

Please fill out our below Questionnaire to the best of your ability, for each individual. If you have any questions or concerns in the process, please do not hesitate to contact our office.

Once you have completed the questionnaire please print or save the document and return it by e-mail, fax, or by dropping it off at our office.

Our contact information is as follows:

Minuk Law Office
8227 Elbow Drive SW
Calgary, Alberta T2V 1K6

Telephone
403.453.1054

Fax
403.453.1056

Email
assistant2@minuklaw.com to reach Shelby Wright
accounting@minuklaw.com to reach Kara Sewell

Website
www.minuklaw.com

If you would like to restart the Questionnaire for another individual, please redownload the form from our website, or save the document you are using as a new document, to ensure that your information does not get overwritten or lost.

Once you are ready to start the form over, please hit the reset button on the top right corner of each page to clear any prior answers.

A Simple Will for an individual starts at \$450.00*, and \$650.00* for a couple.

A Simple Will, Power of Attorney and Personal Directive package for an individual starts at \$850.00*, and \$1250.00* for a couple.

The price may vary depending on the complexity of the documents.

*Prices are subject to change and do not include disbursements or GST, some conditions may apply. Contact Minuk Law for details.



Personal Information

Full Name (*First, Middle, Last*): _____

Date of birth: _____ List any other names you are/were known by: _____

Address & postal code: _____

Have you dealt with our office before? YES NO

If not, how did you hear about us: _____

Primary phone: _____ Business phone: _____

E-Mail: _____ Occupation: _____

Citizenship other than Canada: YES NO If yes, where: _____

Do you have a US green card? YES NO

Do you holiday outside of Canada for six months or more? YES NO
If yes, where: _____

Are you leaving on holidays soon? YES NO Do you require your documents before leaving? YES NO

When are you leaving? _____ Where are you going? _____

Marital Information

Marital status: _____ Partner's Full Name: _____

Previous marriage: YES NO Obligations relating to previous marriages (spousal/child support): YES NO

If yes, please provide details: _____

Do you plan to marry in the near future? YES NO

Are you in the process of a Separation? YES NO

Do you have a separation agreement? YES NO

Are you in the process of a Divorce? YES NO

Do you cohabit with anyone currently? YES NO

When did you move in together? _____

Do you have a cohabitation agreement? YES NO

Children

Child #1 (*First, Middle, Last*): _____ Date of Birth: _____

Does your child reside with you? YES NO (if no, please provide address below.) _____

Address & Postal Code: _____

Marital Status: _____ Is child self-supporting? YES NO

Is child a stepchild? YES NO Is child physically or mentally challenged? YES NO

Does child get along with the other children? YES NO Is child adopted? YES NO

Does child have children? YES NO (If yes, what are their age(s)):

Child #2 (First, Middle, Last): _____ Date of Birth: _____

Does your child reside with you? YES NO (if no, please provide address below.)

Address & Postal Code: _____

Marital Status: _____ Is child self-supporting? YES NO

Is child a stepchild? YES NO Is child physically or mentally challenged? YES NO

Does child get along with the other children? YES NO Is child adopted? YES NO

Does child have children? YES NO (If yes, what are their age(s)):

Child #3 (First, Middle, Last): _____ Date of Birth: _____

Does your child reside with you? YES NO (if no, please provide address below.)

Address & Postal Code: _____

Marital Status: _____ Is child self-supporting? YES NO

Is child a stepchild? YES NO Is child physically or mentally challenged? YES NO

Does child get along with the other children? YES NO Is child adopted? YES NO

Does child have children? YES NO (If yes, what are their age(s)):

Do you plan to have (additional) children in the future? YES NO

Do you have any grandchildren who are living with you and/or are you financially supporting anyone under the age of 18 years old? YES NO

Assets

Rent/Lease Residence: YES NO Own Residence: YES NO Mortgage: YES NO

Time Shares: YES NO Own Rental Property: YES NO Mortgage Life Insured: YES NO

Family Vacation Home: YES NO Commercial Property: YES NO Property Out of Alberta: YES NO

Property Out of Canada: YES NO Safety Deposit Box: YES NO RRSP: YES NO

TFSA: YES NO RESP: YES NO Pension: YES NO

Business Owner: YES NO Corporate Director: YES NO Shareholder: YES NO

Life Insurance: YES NO Who is the named beneficiary? _____

Additional Information

Are you an Executor or Trustee in anyone's Will? YES NO

If yes, whose: _____

Do you own interest in any assets outside Alberta? YES NO

Do you own interest in any assets outside Canada? YES NO

Do you have a Will for assets outside Canada? YES NO

Have you made any loans or advances to family members or others that need to be repaid? YES NO

If yes, who was the loan or advance to, how much was the loan or advance for and is there documentation: _____

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

Do you have a previous Will? YES NO

Do you have an Enduring Power of Attorney? YES NO

Do you have a Personal Directive? YES NO

WILL INSTRUCTIONS

Main Personal Representative *(This is the individual(s) responsible for administering your estate (Also known as Executor(s)/Trustee(s)).)*

Full Name *(First, Middle, Last):* _____

Relationship: _____ Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Personal Representative? YES NO

Alternate Personal Representative *(This is the individual(s) responsible to act in the event the Main Personal Representative is unwilling or unable to act)*

Full Name *(First, Middle, Last):* _____

Relationship: _____ Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Personal Representative? YES NO

Guardian(s) for Minor Children

Full Name *(First, Middle, Last):* _____

Relationship: _____ Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as the Guardian? YES NO

Alternative Guardian(s) for Minor Children

Full Name *(First, Middle, Last):* _____

Relationship: _____ Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as the Guardian? YES NO

Beneficiaries

(The following choices for distributing your estate are for your convenience only. It is intended to get you thinking about the issues to be discussed at the meeting with your lawyer.)

All the Estate to go to spouse? YES NO

If no, provide details: _____

If spouse predeceases me, estate to go equally to all children: YES NO

All to children but different percentages to children: YES NO

At what age are your children to receive their share of your estate: All at 18

Other (_____ % at _____ years old)

Please provide details: _____

(The age of majority is 18 in Alberta. Unless specified otherwise, the will is drafted so that your Personal Representative holds each child's share in trust until the specified age with power to use income and capital from the trust for that child's education, maintenance and support.)

If one of your children predecease you before reaching the age at which they were entitled to their share, who shall receive that share or the amount remaining:

The children of the deceased child (your grandchildren)

Your surviving children only

Other, please provide details _____

Common Accident

How is your Estate to be divided if you and your spouse and all your children/grandchildren perish in a common accident or if any of your children or grandchildren survives you but die before becoming entitled to receive their entire portion of your estate:

- 1/2 to my parents and 1/2 to my spouse's parents
- Charities
- 1/2 to my siblings and 1/2 to my spouse's siblings
- Other, please provide details

Specified gifts or legacies - list items or amounts and who is to receive it.

(A legacy is an amount of money or property left to someone in a will) (e.g. automobile, mobile homes, boats, heirlooms, watches, etc.)

Are there any other special instructions for your Will?

PERSONAL DIRECTIVE INSTRUCTIONS

In Alberta, an individual with capacity may appoint another individual to make personal decisions for him or her at a future time when they no longer have the capacity to make them. A Personal Directive allows a person to plan for non-financial personal matters such as medical treatment, residence, and other personal activities.

Agent (*This is the person(s) that will make personal decisions for you if you lose the capacity to make them for yourself.*)

Full Name (*First, Middle, Last*): _____

Relationship: _____

Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Agent? _____

YES NO

Alternative(s) Agent

Full Name (*First, Middle, Last*): _____

Relationship: _____

Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Agent? _____

YES NO

Additional Information

If you are not sure how you would like to answer the below questions, please visit goals.conversationsmatter.ca.

If you are mentally incapacitated and unable to make decisions, do you authorize your Agent to make decisions with respect to the participation in a reasonable trial of experimental medical treatments, whether or not your physician knows the extent of the potential benefits the medication may have? _____

YES NO

If you are mentally incapacitated without a reasonable probability of recovering your mental capacities, do you want to receive extraordinary or heroic measures or treatment, or other care that artificially maintains the life-sustaining functions of your body? _____

YES NO

If you are in severe pain, and your death appears to be imminent or certain from a medical perspective, do you direct that drugs be mercifully administered to relieve your pain or suffering even if they may hasten the moment of death? _____

YES NO

Do you want to donate your organs and tissue for transplantation, medical education or scientific research purposes if at the time of your death you have any that would be useful for this purpose? _____

YES NO

For more information about Organ and Tissue Donation in Alberta, and the distinctions and purposes of same please visit <https://myhealth.alberta.ca/alberta/Pages/organ-and-tissue-donation-topic-overview.aspx>

If yes, you will also need to go online and register as a donor at the following website to ensure that these wishes are addressed. <https://myhealth.alberta.ca/Pages/OTDRHome.aspx>

If yes, are there any restrictions: _____

YES NO

Please provide details: _____

Have you prearranged your funeral? _____

YES NO

On your death do you want your body to be buried? _____

YES NO

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

YES NO

If yes, please provide further details: _____

Would you prefer that your body be cremated? _____

YES NO

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

YES NO

If yes, please provide further details: _____

Have you discussed the above with your family/executor/agent? _____

YES NO

ENDURING POWER OF ATTORNEY

In Alberta, an individual may create an Enduring or Limited Power of Attorney, which allows a person to appoint a person or persons to look after the person's legal and financial affairs both before and after the person becomes incapable of doing so. Once created, the enduring power survives subsequent incapacity.

Attorney (*This is the person(s) that will make financial decisions for you; this does not mean lawyer.*)

Full Name (*First, Middle, Last*): _____

Relationship: _____

Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Attorney? _____

YES NO

Alternative(s) Attorney

Full Name (*First, Middle, Last*): _____

Relationship: _____

Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Attorney? _____

YES NO

Indicate whether you want this power of attorney to come into effect immediately when you sign it, or only once you are incapacitated (*called a "springing" enduring power of attorney because it "springs" into effect only when and if you lose capacity to make reasonable judgments relating to all or any part of your estate*).

Remember, this relates to your finances and property only; this is not for personal or medical decisions:

- Effective immediately when signed ("Immediate Enduring Power of Attorney").
- Effective only when incapacitated ("Springing Enduring Power of Attorney"), springing into effect when you lose capacity to make financial and property decisions for yourself.

We recommend a Springing Power of Attorney, which we believe will be your best option.

Are there any restrictions you would like to include in this Power of Attorney.