

KANTOR_{LLP}

Estate Planning Worksheet

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SECTION 1 – 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:

Place of birth:

Place of birth:

Address & postal code:

Address & postal code:

Home/cellphone:

Home/cell phone:

Business phone:

Business phone:

Occupation:

Occupation:

Employer:

Employer:

Employer's address:

Employer's address:

Citizenship other than Canada? YES NO

If yes, where?

Citizenship other than Canada? YES NO

If yes, where?

Do you have a US green card? YES NO

Do you have a US green card? YES NO

Do you holiday in the US for extended periods of time
each year? YES NO

Do you holiday in the US for extended
periods of time each year? YES NO

MARRIAGE INFORMATION

Marital status: _____

Date and place of marriage: _____

Previous marriage? YES NO Previous marriage? YES NO

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

Date and place of marriage: _____

Obligations relating to previous marriages (e.g., spousal & child maintenance)? YES NO

If yes, please provide details: _____

If you are single, separated, or divorced:

(a) Do you plan to marry in the near future? Give details: _____

(b) Do you cohabit (live “common law”) with anyone now? Give details: _____

(c) If so, when did you start living together? _____

(d) Do you plan to separate or divorce in the near future? Give details: _____

(e) Do you have any agreements in place?(Pre-nup, post-nup, cohabitation, separation, etc) Give details: _____

We may need to review these agreements, please provide copies.

CHILDREN

Number of children: _____ Are all the following children from your present marriage / relationship? YES NO

if no, indicate with the appropriate letter beside each child:

P - from previous marriage (not adopted by each other unless indicated) (husband/wife)

A - legally adopted

O - born outside of present marriage /relationship

Letter	Full name	Address	Date of birth	Marital status	Names and ages of their children

Are any stepchildren, adopted children or children from previous relationship of either spouse? YES NO

Are any of your grandchildren adopted or step grandchildren? YES NO

If yes to any of the above questions, give details. *(For example, if adopted, is the adoption legally finalized? For stepchildren/step grandchildren, do you intend them (or some of them) to be treated equally with biological grandchildren or not? If so, name them.):*

Have you stored genetic material? (For example, frozen sperm/eggs/embryo/cord blood). YES NO

If yes, please describe:

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

PERSONAL REPRESENTATIVE(S):

Another name for a personal representative used to be “executor.” If you want your spouse to be the sole beneficiary of your estate, you may also want to name him/her as the primary personal representative (PR). You should also name alternates, in case your first choice is unable to act at the time. Your PR must be an adult (18 years or older). For tax reasons, your PR should be a resident of Canada, and for practical and cost reasons, it is sometimes easiest for the PR to be resident in Alberta. If you have more than one PR, we recommend at least one of them is a resident of Canada. This can be discussed further with your lawyer.

1. Full name: _____
Relationship: _____ Age: _____
Address: _____

ALTERNATES:

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

3. Full name: _____
Relationship: _____ Age: _____
Address: _____

PR compensation:

Personal representatives are entitled to be paid for the time, effort and expertise they spend administering your estate. This can be a rate you set either in a lump sum amount, an hourly rate, or a percentage of your estate. If you wish your PR to receive compensation for acting on your behalf, you may specify that they be compensated according to the usual guidelines, or you may specify the dollar amount or percentage of your estate they are to receive. They will also 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 a PR 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 PR will it be:

according to the usual guidelines?

a percentage of your estate, and if so, what will that percentage be?

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

an hourly rate, and if so, how much will that amount be?

If you name more than one PR to act on your behalf, is compensation shared or are they each to receive the amount or percentage specified?

GUARDIAN(S) FOR MINOR CHILDREN:

1. Full name: _____
Relationship: _____ Age: _____
Address: _____

ALTERNATE GUARDIAN(S):

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

ALTERNATE GUARDIAN(S):

3. Full name: _____
Relationship: _____ Age: _____
Address: _____

Money for guardians:

If it becomes necessary for the guardians that you name 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?

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.

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, otherwise it would likely incur additional cost to change your Will, should these items or beneficiaries change).

Residue of the Estate

1. All to spouse: YES NO Other: _____

2. If spouse predeceases me: _____

Equally to all children? YES NO

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? or another age _____

_____ % at ___ years _____ % at ___ years

_____ % at ___ years

_____ other _____

The age of majority is 18 in Alberta. Unless specified otherwise, the will is drafted so that your PR 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.

4. If one child dies before you do, or before reaching the age at which he or she 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 _____

5. If no spouse/no children, please list your desired beneficiaries and amounts by percentage:

6. 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 my spouse's parents

1/2 to siblings and 1/2 to my siblings who are then alive in equal shares

charities

other _____

Additional Provisions or Questions?

GUARANTEED INVESTMENT CERTIFICATES AND TERM DEPOSITS:

Bank	Amount	Maturity date

LIFE INSURANCE POLICIES: Indicate Type: Term ("T"), Permanent ("P"), Universal ("U")

Company	Policy no.	Value	Beneficiary

SEGREGATED FUNDS:

Company	Value	Beneficiary

PENSION PLANS:

Company	Beneficiary/Amount

TAX FREE SAVINGS ACCOUNT (TFSA)

Financial institution	Amount	Named beneficiary

REGISTERED RETIREMENT SAVINGS PLANS AND REGISTERED RETIREMENT INCOME FUNDS:

Financial institution	Amount	Named beneficiary

REGISTERED EDUCATION SAVINGS PLANS (RESP) if applicable

Financial institution	Amount	Named beneficiary OR Family Plan

REGISTERED DISABILITY SAVINGS PLANS (RDSP) if applicable

Financial institution	Amount	Named beneficiary OR Family Plan

DEBTS OWED TO YOU (By children or anyone else)

Does anyone owe you money (e.g., personal loans, promissory notes, mortgages)? YES NO

If yes - provide details: _____

BUSINESS INTERESTS (e.g., 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

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. Do you have any wills for assets outside Canada? YES NO
4. Have you made any loans or advances to family members or others that are to be repaid? YES NO
5. 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 & MISCELLANEOUS

CREDITOR

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are any of your debts life-insured? YES NO

SAFETY DEPOSIT BOX:

Location	Box Number	Registered Name(s)	Location of Keys

DISPOSITION OF REMAINS:

Have you made or do you wish to make organ donation provisions in your Will? YES NO

Have you made or do you wish to make body donation provisions in your Will? YES NO

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 pre-arranged these matters? If so, with which company:

It is important that you communicate these arrangements with your family members. Having these in your will is not optimum because the will is generally not consulted until after funeral and memorial arrangements are completed.

ENDURING POWER OF ATTORNEY

GENERAL

An Enduring Power of Attorney is a document in which you (the Donor) appoint a person or persons (Attorney) to act on your behalf with respect to your financial affairs/decisions. An enduring power of attorney may be activated in a number of ways:

1. Immediate upon signing the document
2. At a later date when:
 - a. You, the Donor, decide to activate the enduring power of attorney by signing a declaration or
 - b. You are declared to be mentally incapable of managing your own financial affairs (by two doctors) ;

This is often referred to as a "springing" event, namely the document springs into effect when one of the above events occur.

3. Or a combination of 1 & 2 above (example: some people choose to appoint their spouse immediately, but if the spouse cannot act, then the alternate is only activated upon #2 occurring.

Generally, an enduring power of attorney will outline the authority of the Attorney to do certain things, ie. Sell land, file taxes, spend money on spouse and dependent children. You should consider whether there are restrictions or special authorizations you may wish to address in your enduring power of attorney. As an example, if you are undergoing a succession plan for a business and you wish your attorney to continue to implement that plan or if you have annual gifting to family members or charities that you want to continue in the event your document is activated.

If a person does not have an Enduring Power of Attorney in place and is suddenly unable to make their own financial decisions, a Trustee will have to be appointed by the Court. The Trustee may not be who you would choose, and the process to get appointed can be lengthy and costly.

Please consider any questions or concerns you may wish to discuss regarding this.

INSTRUCTIONS

Attorney (the person or persons that will make financial decisions for you (the Donor); this does not mean lawyer).

Name of attorney: _____

Address & postal code: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship: _____ Age: _____

If you want more than one attorney to act together (joint attorneys), name the other attorney or attorneys here:

Name of attorney: _____

Address & postal code: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship: _____ Age: _____

If you are naming more than two attorneys, do they make decisions on a majority basis or do they all have to agree?

- on a majority basis they all have to agree (unanimous)

If you are not naming joint attorneys and your first-named attorney cannot or will not act, name your second choice (your alternate attorney) here:

Name of alternate attorney: _____

Address & postal code: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship: _____ Age: _____

If your alternate attorney cannot or will not act, name your third choice here:

Name of attorney: _____

Address & postal code: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship: _____ Age: _____

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 at a later date when an event occurs: ("Springing Enduring Power of Attorney"),
- When you declare in writing the document is now “sprung”
- Upon the declaration that you are incapable of managing your financial affairs

Note: If this is a springing power of attorney; you may name the person who decides whether or not you still have capacity to make reasonable judgments relating to all or some part of your estate, the default in the legislation is two physicians;

- Default (two physicians)
- your attorney your attending physician
- other – Name: _____

If you want to expand your attorney's powers beyond what happens automatically by law, indicate which of the following you want your attorney to be able to do with your assets:

- give gifts to family members on special occasions, including gifts of cash
- give to charities
- help my children with post-secondary education expenses even if they are over the age of 18
- continue succession plan of a business
- continue to operate a business
- other _____

Name any particular thing(s) you do not wish your attorney to do (such as sell certain real property that you own – you may want to consider items you have named in your will for giving, or items that have sentimental or particular value to you or others and should be kept, if at all possible):

Indicate below how you want your attorney to be paid for the time and effort acting on your behalf:

- no fees; my attorney should only be reimbursed for out-of-pocket expenses
- monthly fees of \$ _____ (plus reimbursement of out-of-pocket expenses)
- fees based on Alberta surrogate practice (plus reimbursement of out-of-pocket expenses)
- if my attorney is a trust company, fees paid according to its compensation schedule in existence when the power of attorney comes into effect.

Do you own:

- real property (house, cottage, etc.)
- business / farm

How do you want your attorney to invest money on your behalf:

- capital guaranteed investment such as GIC'S and Term Deposits
- whatever he/she wants to invest in including mutual funds
- some combination of these two.
e.g., 50% capital guaranteed/50% whatever they decide
- other

PERSONAL DIRECTIVES

GENERAL

A Personal Directive is a documents in which you (the Donor) appoint someone (Agent) to make your personal decisions (non-financial) in the event you are unable to make those decisions yourself. This is similar to a power of attorney except that it applies to non-financial decisions like health care, where you live, activities you participate in, and legal matters that don't relate to your estate. A Personal Directive (unlike a power of attorney) is only activated upon your incapacity. Under the Personal Directives Act, your incapacity can be determined by two different sets of people:

- Schedule 2 – can be filled out by your Agent (as named in the Personal Directive) with one doctor or psychologist; or
- Schedule 3 – can be filled out by two health care service providers (one of which has to be a doctor or psychologist)

Completing either Schedule 2 or 3 will activate the Personal Directive and begin the duty and authority of the Agent.

Your Personal Directive can also give specific directions to your Agent regarding your wishes and preferences regarding types of accommodation, levels of health care, specific health care instructions, etc.

If you do not have a Personal Directive and you lose capacity to make personal decisions, a Guardian will need to be appointed by the Court. Like a Court-Appointed Trustee, an application to the court will need to be made and it may not be made by the person you would have named in a Personal Directive. The application to appoint a Guardian can take a lot of time and can be costly.

INSTRUCTIONS

1. Name an agent (This is the person(s) that will make personal decisions for you if you lose the capacity to make them for yourself).

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship: _____ Age: _____

2. If you want more than one agent to act together (joint agents), name the other agent or agents here:

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship: _____ Age: _____

Name of agent: _____

Address & Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Please identify any other questions or concerns you may wish to discuss.