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Wills, Enduring Powers of Attorney, and Personal Directives **What are they and why do I need one?**

Will:

This is the legal document that allows you to dictate how and when your property and assets will be distributed after your passing.

In this document, you appoint a person to act as your Trustee. Trustees are better known as Executors. After your passing, it is your Trustee's responsibility to:

1. gather all your assets and property;
2. pay out all outstanding debts and taxes; and
3. distribute the remainder of your estate in accordance with your wishes and desires.

In your Will, you provide detailed instructions to your Trustee on how and when you would like your estate distributed. For example, in your Will, you can dictate which family member and/or friends get to have your favorite jewelry, Grandma's china, your power tools, or whatever cash you have. This is also where you specify at what age your beneficiaries receive their gifts.

If you are intending to exclude someone from your Will, who would be expecting to be included, you must communicate this information to your lawyer. It is important that you have an open and honest conversation with your lawyer so they can draft the Will in a manner that ensures that your final wishes and desires are followed.

If you have children under the age of eighteen, it is also imperative that you have a Will. A Will allows you to appoint a guardian for your children.

If you do not have a valid Will at the time of your death, then your property will be distributed according to the *Wills and Succession Act*.

Enduring Power of Attorney:

This is the legal document that allows you to appoint someone you trust to make your **financial and legal decisions** for you if you LOSE CAPACITY. The person you appoint, your Attorney, will be able to deal with your bank accounts, taxes, property, and any other similar matters. Your Attorney cannot alter your Will.

In the event that you lose capacity and do not have an Enduring Power of Attorney, your loved ones will need to seek assistance from the Courts. This process is lengthy and expensive.

Personal Directive:

This is the document that allows you to appoint someone to make your **personal and medical decisions** for you if you LOSE CAPACITY. The person you appoint, your Agent, will be able to make medical and personal decisions based off your instructions and will be able to access your medical information.



The Personal Directive makes it unnecessary to obtain a Court Order of Guardianship and saves significant time and money. Additionally, a Personal Directive relieves your family and friends from unnecessary stress and worry. It gives your loved ones direction on how you would like to proceed with medical decisions and end of life care when you are incapable of making your wishes known.

Why do I need an Enduring Power of Attorney and Personal Directive?

Without an Enduring Power of Attorney and Personal Directive your family is going to be unable to ensure your wishes are followed. If you lose capacity, and have not prepared these documents, your family will have to have you declared a Dependent Adult by the Courts. This process is lengthy and expensive.

Many people think that if they have joint bank accounts, and/or hold title to their homes jointly with their spouse, that their spouse will be able to act on their behalf if they lose capacity. This is NOT TRUE. **If you lose capacity, your spouse will be unable to sell your home, or even re-finance the home without your signature.** Without an Enduring Power of Attorney, your spouse will have to get you appointed as a Dependent Adult before being able to sell or refinance your home. This could potentially be a huge issue if one spouse is unable to make the mortgage payments by himself or herself and must go to Court to legally proceed with a sale or a refinance.

How do I proceed?

Please fill out the attached questionnaire when you have some time to seriously think about how you want your assets to be distributed upon your passing. If you have any questions and/or concerns please contact our office (587) 855 - 0008. Once you have completed the questionnaire, please return it to our office either by fax, e-mail or personal delivery.

** Please note if you would prefer to have a consult in person we would be more than happy to meet with you. There is no extra charge to meet in person. Please call our office to book an appointment.*

FEE SCHEDULE

	Single	Couple
Will	\$450.00	\$800.00
Personal Directive	\$250.00	\$450.00
Power of Attorney	\$250.00	\$450.00
Complete Package (all 3)	\$900.00	\$1,500.00

*Fees are for basic Will instructions.

If instructions become more complicated, additional fees may apply.

THE LAST WILL AND TESTAMENT QUESTIONNAIRE

Personal Information

Full Legal Name									
E-mail Address									
Residential Address									
Cell Number									
Home Number									
Place of Birth									
Date of Birth									
Citizenship									
<p>Martial Status</p> <p>Legally Married Common Law Single Divorced Widow</p>	<p>Information current or previous spouse or partner (If Applicable/Known)</p> <table border="1"> <tr> <td>Full Legal Name</td> <td></td> </tr> <tr> <td>E-mail Address</td> <td></td> </tr> <tr> <td>Residential Address</td> <td></td> </tr> <tr> <td>Telephone</td> <td></td> </tr> </table>	Full Legal Name		E-mail Address		Residential Address		Telephone	
Full Legal Name									
E-mail Address									
Residential Address									
Telephone									
<p>** IF YOU ARE DIVORCED OR SEPARATED PLEASE BRING IN YOUR MINUTES OF SETTLEMENT, SEPARATION AGREEMENT OR SUPPORT OBLIGATIONS.</p>									

	Place of Birth	
	Date of Birth	
	Citizenship	

Your Children's Information

Name	Age	Place of Residence	Biological/Stepchild/Adopted

**Please note if any of your children suffer from a mental and/or physical disability.*

Dependent's Information

(These are people who live with you and/or you financially support them)

Examples: an elderly parent, disabled brother or sister, grandchild etc.

Name	Age	Relationship	Place of Residence

Selecting your Trustee (Executor) and Alternative Trustee

Your Executor should be a highly trust worthy individual and familiar with your affairs. If possible, we strongly recommend that your Executor live close to where you currently resided. For example, most people appoint their spouse as the Executor of their Will.

1.) Please list your first choice of who you would like named as your Executor in your Last Will and Testament.

FIRST CHOICE:

Full Legal Name	
Relationship	
Place of Residence	

2.) Please list your second choice of who you would like named as your Executor if you first choice is unable or unwilling to be your Executor in your Last Will and Testament.

SECOND CHOICE:

Full Legal Name	
Relationship	
Place of Residence	

Selecting your Children’s Guardian

1.) List your first choice of who you would like to look after your minor children if you were to pass away.

FIRST CHOICE:

Full Legal Name	
Relationship	
Place of Residence	

2.) List your second choice if you first choice is unable or unwilling to be your minor children's Guardian.

SECOND CHOICE:

Full Legal Name	
Relationship	
Place of Residence	

Disposition of Estate: Who is Getting What and When?

1.) If you are to pass away before your spouse, would you like your spouse to receive your entire estate?

Yes

No (If no please specify below)

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2.) If your spouse predeceases you, or passes away at the same time as you, would you like your entire estate to be left to your children ?

Yes, in equal shares

Yes, but in unequal shares as specified below

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DID YOU KNOW...

Any assets owned jointly with another person(s) and any assets with a named beneficiary (i.e. life insurance policies, registered investments) will not form part of your estate. In the case of joint assets, the survivor will become the sole owner and in the case of assets with named beneficiaries, the beneficiaries will receive the asset directly. Please check your beneficiary designations to ensure they represent your intentions.

(If no please specify below)

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3.) If your children are minors, we strongly suggest that their share of your estate be held in a trust fund until they reach an age of majority. Please indicate what you would prefer

OPTION ONE:

Age 18:	20% of their share
Age 20:	30% of their share
Age 24:	50% of their share

OPTION TWO:

Age	:	% of their share
Age	:	% of their share
Age	:	% of their share

OPTION THREE:

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4.) Is there anyone that you are excluding from your Will who would think or believe that they should be entitled to a portion of your estate? Example, an ex spouse, estranged child, niece/nephew or stepchild.

No

Yes (If yes, specify who they are and why you are excluding them)

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5.) If in the event that all your named beneficiaries listed above pass away, how would you like your estate distributed?

**If you name a specific charity please confirm and verify the proper description*

6.) Is there any specific gifts you would like to include in your Will? An example may be an item of high financial and/or sentimental value.

Note: You are not required to identify specific gifts in your Will.

No

Yes (If yes please specify what gift and who the beneficiary is)

7.) Would you prefer to be:

Buried

Cremated

Additional Notes, Information or Questions for the Lawyer:

PERSONAL DIRECTIVE

A Personal Directive allows you to name the person who will make non-financial decisions with respect to your health and personal issues, such as what type of health care you will receive and where you may live, should you become incapable of making these decisions yourself.

1.) Please list your first choice of who you would like named as the Primary Agent in your Personal Directive.

FIRST CHOICE:

Full Legal Name:	
Relationship:	
Place of Residence:	

2.) Please list your second choice if your first choice is unable or unwilling to be your Agent in your Personal Directive.

SECOND CHOICE:

Full Legal Name:	
Relationship:	
Place of Residence:	

3.) Please indicate if you would **like** the following clauses included in your Personal Directive:

Clauses	
I do not wish my life to be prolonged by artificial means if 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>No</i> <i>Yes</i>
I wish to be kept comfortable and free from pain. This means that I may be given pain medication even if it may dull my consciousness and indirectly shorten my life.	<i>No</i> <i>Yes</i>
In the hope that I may help others, it is my wish that any of my organs and/or tissues, if medically acceptable, be donated for transplant purposes upon my death.	<i>No</i> <i>Yes</i>
My Agent also has the power to govern my participation in a reasonable trial of medical research or experimental medical treatment, whether or not my doctor or Agent know the extent of the potential benefit to me.	<i>No</i> <i>Yes</i>

POWER OF ATTORNEY

In your Power of Attorney you must appoint your Attorney who will make financial and legal decisions on your behalf when you lose capacity. Your Attorney is the individual you appoint and not an actual Attorney or Lawyer.

1.) Please list your first choice of who you would like named as your Attorney in your Power of Attorney.

FIRST CHOICE:

Full Legal Name:	
Relationship:	
Place of Residence:	

2.) Please list your second choice if your first choice is unable or unwilling to be your Attorney in your Power of Attorney.

SECOND CHOICE:

Full Legal Name:	
Relationship:	
Place of Residence:	