

Information and particulars for preparation of a Will

The making of a Will is something that we all prefer to put off to a future date. Law reports are full of cases in which expensive litigation and undesired results could have been avoided by a properly drafted Will, but individuals just kept putting it off. A Will is an unselfish courtesy to your dependents and loved ones.

This letter provides an outline of the information required to draw up a Will. There are blanks left so that the information may be filled in under the explanation paragraph for each section.

If you wish to have a Will prepared, please provide this letter to our office. We will then prepare a Will in draft form and contact you in order to review and prepare the final form for your signature.

You may wish to make an appointment to discuss further your questions and obtain advice for your particular situation.

SALUTATION: MR. MRS. MS.

NAME: _____
(We require your full name, not using initials)

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

PHONE NUMBERS: Home: _____ Cell: _____

Work: _____ EMAIL: _____

MARRIED: YES NO COMMON LAW: YES NO

ASSETS OUTSIDE OF ALBERTA: YES NO

CURRENT WILL INSTRUCTIONS: _____

The Personal Representative(s) for your estate are persons appointed to make decisions and handle the affairs of your estate. Where both husband and wife are making a Will, typically each would want to appoint the other as Personal Representative. It may be preferable that your Personal Representative or Personal Representatives be resident in the Province in which you live, but this is not an absolute requirement. Your Personal Representative(s) should have some knowledge of your affairs, and should be advised of the existence and location of your original Will.

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

Jointly and Severely: _____

You may appoint two persons to act jointly as Personal Representatives if you wish

ALTERNATE PERSONAL REPRESENTATIVE(S):

It is wise to appoint a person or persons to act as an Alternate to the first named Personal Representative(s), in the event that your first named Personal Representative(s) dies before you, or is unwilling or unable to act.

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

FURTHER ALTERNATE PERSONAL REPRESENTATIVE(S):

(If you feel it is wise to name a person or persons alternate to the above.)

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

Trustee Compensation: _____

Do you wish for: Cremation: _____ Burial: _____

Funeral pre-arrangements: _____

Pre-arranged through: _____

BEQUESTS

A list of your assets is not required for the preparation of a Will. You may however, wish to give specific items from your Estate to a particular person. This is not recommended, but in some cases, there are items of value which a person may wish to hand down to certain individuals. If such items are to be included, please list them below, describe each item in as much detail as possible and indicate the name and city of residence of the person who will receive them, and their relationship to you. You may wish to give a specified amount of money to one or more persons, in which case the amount and the name of the beneficiary should be listed in the space below also.

If you are married, for each of the special bequests please indicate whether the bequest would go to the beneficiary before or after the death of your spouse.

Please be advised that specific bequests may be listed in your handwritten memorandum, rather than your Will, which will give you flexibility as a memorandum may be modified by you at any time without witnesses being present. If you wish to list your specific bequests in a memorandum, please advise us of your intentions.

MEMORANDUM: _____

SPECIAL BEQUESTS:

1. _____
2. _____
3. _____
4. _____

RESIDUE

The residue of your Estate is made up of all other property not referred to in the previous paragraph as being given to a particular person. It is most common that the entire residue is given to the surviving spouse. If it is your intention that the residue of the estate should go to your spouse, please place his/her full name in the space below. If the residue of the Estate is to be divided among persons in addition to or other than your spouse, please place their names, addresses and the proportion or percentage of the share in the space provided below.

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

It is also necessary to provide for the situation where your spouse has died before you. It is most common that the residue would be divided equally among your surviving children. If this is not your wish, you may then name one or more persons who would receive the residue of the Estate. Please fill in the information in the space provided.

TO CHILDREN: _____ YES _____ NO

(If children are over the age of 18 years, list their names and addresses)

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

TO NAMED PARTY: _____ YES _____ NO

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

TRUSTS FOR CHILDREN

If you have children under the age of eighteen (18) years, or other beneficiaries of the age of minority, or have named as beneficiaries persons under the age of majority you may wish to provide for them by giving your Personal Representative or Trustee a discretion to encroach upon the capital of the Estate for the upkeep and maintenance of the children or other beneficiaries. There are several choices as to the details of how this will be handled. The legal age in Alberta is eighteen (18) years, but you may specify that your children for other beneficiaries will not receive the balance of their share of the Estate until whatever age you specify over eighteen years.

You may specify that each child or beneficiaries will obtain their respective share of the Estate as they attain the age of eighteen years, or postpone the distribution until the youngest attains the age of eighteen years (or any other age which you have specified). If there is a wide age spread between your oldest and youngest child, it may be wise to postpone the distribution until the youngest attains the age of eighteen years so that there will be sufficient interest from the capital of the estate to provide for living expenses for each child during their minority.

Held in trust until what Age(s): _____ For Children _____ Grandchildren: _____

Post Secondary Trust Clause?: _____ For Children _____ Grandchildren: _____

PREDECEASED CHILD

The next choice you have to cover the possibility that at the time your children become eligible for the residue of your estate, one of those children is not living. You may provide that the share that would have gone to the deceased child will be divided amongst your surviving children, or you may provide that the share may be handed down to any grandchildren (children of the deceased child). Please specify your choice of those alternatives below.

TO YOUR SURVIVING CHILD(REN)?: _____

TO YOUR GRANDCHILDREN?: _____

PER STIRPIES?: _____

GUARDIAN(S):

Guardians are those persons who are appointed to look after the day-to-day needs of your children during their age of minority. They will be called upon to take custody of the children, be responsible for the day-to-day upbringing of your children in the event of the death of both parents while the child is still under the age of eighteen years. Guardians may be the same person or persons as your Personal Representatives. It is advisable to request permission of the person named as Guardian to act in that capacity if required. You may wish to appoint a single individual or a married couple as Guardian(s).

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

ALTERNATE GUARDIAN(S):

You may also wish to appoint alternate Guardian(s) in the event that the first named Guardian(s) are unable or unwilling to act.

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

ANY SPECIAL CONDITIONS?: _____

FAMILY DEMISE:

If both you and your spouse, together with your children should die in a common incident, you should specify who you wish to receive your estate, whether it be your parents or other named beneficiaries.

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

RRSP AND LIFE INSURANCE POLICIES:

Please be advised that unlike all other assets you may own at the time of your death, your RRSP's and proceeds of any life insurance policy do not automatically become part of your estate, but are handled separately.

The information outlined in this letter is designed to provide for a Will which is simple and yet flexible enough so that changes will not be required under most circumstances. If you have special problems or specific questions, or feel that a more complex Will is required in your situation, please make an appointment in order for us to advise you further.

Please note that this letter cannot be used as a Will it is simply to provide instruction to our office for the preparation of a formal Will.

We hope that the information in this letter has provided an explanation to you of the information required and of the matters to be dealt with in a Will. If you have any questions about the points raised in this letter, please feel free to telephone our office.

We look forward to hearing from you and receiving your instructions.

NOTES:

MERCHANTS



Lined area for notes with horizontal ruling lines.

Information and particulars for preparation of an Enduring Power of Attorney

This purpose of this letter is to provide information concerning the *Powers of Attorney Act of Alberta*.

This act has provided an opportunity to deal in advance with the possibility that a person may become mentally incompetent to handle their own affairs.

An ordinary Power of Attorney is still available whereby a person empowers another to handle their financial affairs. A Power of Attorney terminates if the person who gave the Power of Attorney becomes mentally incompetent. Then the only method available to look after that person's affairs is by way of appointment of a Trustee and Guardian under the *Adult Guardianship and Trusteeship Act of Alberta*. This is a slow, expensive and cumbersome process.

The law provides for an "Enduring Power of Attorney". This means that you can appoint a person or persons to act for you at such a time as you may become mentally incapable of handling your own financial affairs. For example, a husband and wife may appoint each other as Attorneys to act in the event that either one becomes mentally incapable. They may also designate alternate Powers of Attorney in the same way as they may appoint each other as Personal Representatives with further alternatives under a Will.

If you wish to have an Enduring Power of Attorney drafted, kindly provide your information on the following pages:

ATTORNEY: Immediate _____ Upon mental incapacity _____

The Attorney under an Enduring Power of Attorney is a person authorized to act on your behalf with respect to your property and financial affairs:

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

ALTERNATE ATTORNEY(S):

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

Jointly and Severely: _____

It is wise to appoint a person to act as an alternate to the named Attorney in the event your first named Attorney dies before you.

Are there any restrictions you wish to impose on your Powers of Attorney?

Property to be used for your benefit only: _____ Best Possible Level of Care _____

Any other restrictions: _____

NOTES:

We would be pleased to discuss these matters with you at any time.

Information and particulars for preparation of a Personal Directive (Living Will)

The purpose of this letter is to provide information concerning the *Personal Directives Act of Alberta*. A Personal Directive (commonly referred to as a living will) was until December 1, 1997, not recognized in Alberta. You may now prepare a Personal Directive appointing an agent to act on your behalf should you become mentally incompetent to make decisions about the following subjects:

- (A) your medical care
- (B) organ donation
- (C) where you will live
- (D) your social activities
- (E) educational pursuits
- (F) employment
- (G) legal and personal matters

A Personal Directive is your opportunity to deal in advance with the possibility of becoming mentally incompetent to deal with your own decisions relating to the subjects as outlined above.

The Personal Directive appoints an Agent, usually a family member, to act on your behalf and carry out the instructions that you set out in the document. Your instructions may be general in nature or be specific as to what medical treatment you might wish to withhold if your condition is terminal.

Alberta law has provided for some time an "Enduring Power of Attorney". This document is available to appoint a person to handle financial matters if you lose mental capacity. However, does not include the power to deal with personal and health care decisions that are now provided for with a Personal Directive.

If you wish to have a Personal Directive drafted, kindly provide the following information:

AGENT:

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

ALTERNATE AGENT(S):

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP TO YOU: _____

Jointly and severally: _____

Would you want your life to be prolonged by artificial means when you are in a coma, or a persistent vegetative state and, in the opinion of your physician and other consultants, have no known hope of regaining awareness and higher mental functions, no matter what is done.

_____ YES _____ NO

LIMITATIONS: _____

Do you wish to be kept comfortable and free from pain, meaning that you may be given pain medication even though it may dull consciousness and indirectly shorten your life.

_____ YES _____ NO

Would you like to donate your Organs and Tissue?: _____ YES _____ NO

If yes:

_____ All my organs and tissues for (check all that apply):

_____ Transplantation _____ Scientific Research _____ Medical Education

OR

_____ **Only** these organs and/or tissues (check all that apply):

___ Heart ___ Small Bowel ___ Eyes ___ Kidneys ___ Stomach

___ Heart Valves ___ Liver ___ Bone ___ Skin ___ Lungs

___ Pancreas ___ Vascular Tissue ___ Connective Tissue

To be used in (check all that apply):

_____ Transplantation _____ Scientific Research _____ Medical Education

___ I chose to donate **my whole body** for medical education and scientific research

Any other specifications for Personal Directive: _____

Should you have any questions or require further information with respect to Personal Directives please do not hesitate to contact our office.

NOTES:
