

PLANNING YOUR WILL GUIDE

Wilzso Law

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CLIENT :

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**WILL AND POWER OF ATTORNEY AND
PERSONAL DIRECTIVE QUESTIONNAIRE**

PLANNING YOUR WILL GUIDE

Dear Madam/Sir,

Congratulations on your forward thinking and taking steps to provide yourself and your family with financial security. A will is undoubtedly essential to ensure your estate is dealt with in accordance with your wishes and the secondary consideration is how to deal with your property in case of incapacity.

We always encourage you to have an Enduring Power of Attorney and a Personal Directive executed alongside a Will. These two documents protect you as well as your property as they appoint someone to take care of your financial matters and medical decisions in case of your incapacity.

WHY DO WE ASK FOR PERSONAL INFORMATION?

In this form, we ask for personal information about you, your family members and potential beneficiaries. We also ask for a list of your assets and liabilities.

We do this for several reasons-we assess the information you provide to us to determine if there are any special issues that may require discussion and advice, we review the list of assets and liabilities to determine if we should be suggesting that you take advantage of various tax and probate planning mechanisms to save your estate money, and finally, to assist us with the spelling of names and the recording of birthdates, etc.

Please be assured that the information that you provide to us is used to provide you with the best possible service and advice.

If you have any difficulties in completing this questionnaire we will be happy to discuss it with you, either before you come in or during our first meeting.

We have included our costs* below for the Will, Enduring Power of Attorney and Personal Directive and would happily assist you.

	Will	Will, Enduring Power of Attorney, Personal Directive.
Single	\$300.00	\$500.00
Couple	\$500.00	\$800.00
Senior (Single)	\$250.00	\$400.00
Senior (Couple)	\$450.00	\$600.00

* The costs above include one hour appointment for execution of documents. If more time is required extra fees may be applied. This one hour does not include the time for review of first draft of documents at our office. We do not email the drafts for review to clients.

We have enclosed questionnaires for all three documents. Once filled out, they can be returned to our office by email at: info@wilzsolaw.ca/mail/dropped into our office. We will then draft the documents and schedule an appointment for you to come in an review them and sign the documents.

SECTION "A": PERSONAL INFORMATION

Full Legal name: _____

Address: _____

Phone numbers: _____

Email address: _____

Spouse information:

Full Legal name: _____

Address: _____

Phone numbers: _____

Email address: _____

I am () married/ () divorced/ () widowed since: _____

Executor information:

Full Legal name: _____

Address: _____

Phone numbers: _____

Relationship: _____

Alternate Executor information (recommended to have alternative executor)

Full Legal name: _____

Address: _____

Phone numbers: _____

Relationship: _____

AND/OR

Full Legal name: _____

Address: _____

Phone numbers: _____

Relationship: _____

Do you wish to compensate the executor from the Estate: _____ (Y) _____ (N)

How much: \$ _____ Set amount; _____ %

Beneficiaries information: (Please add extra page if needed)

Full Legal Name: _____

Address (city/province): _____

Phone number: _____

Relationship to you: _____

If under 18, indicate what age they will be entitled to receive the interest of your Estate:

_____ 18 yrs; _____ 21 yrs; _____ 25 yrs; _____ other; _____ n/a.

Full Legal Name: _____

Address (city/province): _____

Phone number: _____

Relationship to you: _____

If under 18, indicate what age they will be entitled to receive the interest of your Estate:

_____ 18 yrs; _____ 21 yrs; _____ 25 yrs; _____ other; _____ n/a.

Full Legal Name: _____

Address (city/province): _____

Phone number: _____

Relationship to you: _____

If under 18, indicate what age they will be entitled to receive the interest of your Estate:

_____ 18 yrs; _____ 21 yrs; _____ 25 yrs; _____ other; _____ n/a.

Full Legal Name: _____

Address (city/province): _____

Phone number: _____

Relationship to you: _____

If under 18, indicate what age they will be entitled to receive the interest of your Estate:

_____ 18 yrs; _____ 21 yrs; _____ 25 yrs; _____ other; _____ n/a.

Full Legal Name: _____

Address (city/province): _____

Phone number: _____

Relationship to you: _____

If under 18, indicate what age they will be entitled to receive the interest of your Estate:

_____ 18 yrs; _____ 21 yrs; _____ 25 yrs; _____ other; _____ n/a.

Full Legal Name: _____

Address (city/province): _____

Phone number: _____

Relationship to you: _____

If under 18, indicate what age they will be entitled to receive the interest of your Estate:

_____ 18 yrs; _____ 21 yrs; _____ 25 yrs; _____ other; _____ n/a.

Specific Bequests (antiques/ cars/ rings/ heirlooms/ articles holding sentimental values etc)

Will you include a Memorandum ____ (Y) ____ (N) – a detailed list of personal Affects you want to set out to specific family members/beneficiaries.

Do you have any registered plans/insurance policies for which no nomination is made?

Residue (whom you want all the money to be left to):

Loans during lifetime to beneficiaries do you wish to:

___ the outstanding amount to be forgiven; or

___ reduce the beneficiaries share in the Estate by the outstanding amount; or

___ n/a.

Guardianship of minor children:

If my spouse fails to survive me, I appoint: _____

_____ as the guardian of my minor children.

Disposition of Digital Assets (emails; social media accounts etc):

Funeral arrangements:

Would you like to be () cremated/ ()buried/ () hold a funeral/ () donate your body for research purposes.

Have you registered with any funeral home (Provide details):

If you want burial, have you finalized burial place? _____ Y _____ N.

Details of the location: _____

ENDURING POWER OF ATTORNEY QUESTIONNAIRE

Do you have any Powers of Attorney presently in effect? () Yes/ () No.

Personal Information:

Full Legal Name: _____

Address: _____

Phone number: _____ ; _____

Email address: _____

Information of the person you wish to designate as your Attorney:

Full Legal Name: _____

Address: _____

Phone number: _____ ; _____

Email address: _____

Relationship to you: _____

Alternate Attorney (s) Information: (Recommended)

Full Legal Name: _____

Address: _____

Phone number: _____ ; _____

Email address: _____

Relationship to you: _____

When should your Power of Attorney come into effect:

- a. _____ when you sign it;
- b. _____ at a specified date/time;
- c. _____ If and when you become mentally incapable;
- d. _____ If you become physically incapacitated;

e. _____ On some other contingency (Elaborate) _____

Do you wish to impose any restrictions on your Attorney: () Y/ () N

Elaborate: _____

For whose benefit the monies can be spent: _____

Do you wish to give your Attorney the power to make gifts consistent with your giving practices?

() Y/ () N. Restrictions if any: _____

Any restrictions on sale of property or assets or land: () Y/ () N.

Elaborate: _____

To whom do you wish your Attorney to account: _____

Do you wish to remunerate your Attorney: () Y/ () N.

- a. _____ out of pocket expenses;
- b. _____ % of assets managed annually;
- c. _____ % of the income collected annually;
- d. _____ lumpsum amount.

Have you bequeathed certain assets in your Will that would restrict the sale of property that your Attorney should be aware of: () Y/ () N.

If so, please elaborate: _____

PERSONAL DIRECTIVE QUESTIONNAIRE

Personal Information:

Full Legal Name: _____

Address: _____

Phone number: _____ ; _____

Email address: _____

Do you have a previous Personal Directive in place: () Y/ () N.

Agent: (Agent is the person designated by you to make medical decisions when you no longer have the capacity to make them yourself).

Full Legal Name: _____

Address: _____

Phone number: _____ ; _____

Email address: _____

Relationship with you: _____

Alternate Attorney (Recommended at least one):

Full Legal Name: _____

Address: _____

Phone number: _____ ; _____

Email address: _____

Relationship with you: _____

Public Guardian as Agent: () Yes/ () No.

When do you want the Personal Directive to come into effect: _____

Should it come into effect after certification of your health care-provider: () Y/ () N.

How many healthcare-providers must certify your incapacity? _____

Specific Instructions regarding health care:

_____ extreme physical or mental disability- all life sustaining measures will be implemented.

_____ all life sustaining measures and treatments except cardiopulmonary resuscitation (CPR)

_____ No CPR, ventilators, respirators or feeding tubes, but all comfort measures to be implemented.

_____ Life not to be prolonged by CPR, ventilators, respirators or feeding tubes if suffering from extreme mental or physical disability such as Alzheimer's or dementia.

_____ my life shall not be prolonged by means of life support systems if there is only likelihood only to remain coma state or in a constant vegetative state or one of brain death.

_____ If a co-morbid infection, such as pneumonia develops, I do not want to be put on antibiotic therapy when the best results would only return me to a previous seriously incapacitated chronic state.

_____ I do not wish to be admitted to any Intensive Care Unit of any hospital if there is only likelihood only to remain coma state or in a constant vegetative state or one of brain death

_____ I wish/ do not wish to be kept in a long term care

_____ If any of my tissues or organs are sound and would be of value as transplants to other people, I freely give my permission for such donation.