

Estate Planning Questionnaire

Section 1: Your Personal Information

- Your Full Name
- Your Spouse's Name
- Other Names:
- Address
- Home Phone
- Your Cell Phone
- Spouse's Cell Phone
- Email Address
- Spouse's Email Address
- Citizenship
- Spouse's Citizenship

BOSECKE LLP
CONFIDENCE, TRUST AND SERVICE

Estate Planning Questionnaire

Section 1.1: Marriage Information

- Marital Status
- Date & Place of Marriage
- Previous Marriages?
- If Yes, Name of Previous Spouse(s) including date of separation, divorce or death
- If Single, Are you planning on marrying in near future?
- If Yes. Name of person?
- If Single, Are you co-habiting with anyone?
- If Yes. Name of person?

Estate Planning Questionnaire

Section 1.1: Children

- How many children?
- Are all the children from current marriage?
- Details of all Children
- Are there any deceased children?

BOSECKE LLP
CONFIDENCE, TRUST AND SERVICE

Estate Planning Questionnaire

Section 2: Financial Information

- Does anybody owe you money (e.g. personal loans, promissory notes, mortgages for sale)?
- If Yes. Please Describe
- Main Residence Address
- Names on Title?
- What type of Ownership? Joint Tenancy or Tenancy in Common
- Is Mortgage Life Insured?
- Do you have any other property?
- If Yes. Add the details of the properties answering same questions from above:

Estate Planning Questionnaire

Section 2.1: Financial Information

- Bank Accounts? List bank accounts with Institution and Address of Bank.
- Guaranteed Investment Certificates and Term Deposits? If Yes, List Bank Institution & Address
- Pension Plans? Company Name & Named Beneficiary
- Registered Retirement Saving Plans & Registered Retirement Income Funds? If Yes, Name the Financial Institution, Address & Named Beneficiary
- Shares in Private Corporations? If Yes, Provide:
- Shares in Public Corporations, Mutual Funds, Bonds and Debendtures? (Do not list all shares if portfolio changes regularly)
- Valuable Personal Property? (i.e. art, coins, jewelry, vehicles, heirlooms etc.)
- Safety Deposit Box? If Yes, Provide Details:

Estate Planning Questionnaire

Section 3: Instructions for Will

- Do you have a Will?
- Reason for a new Will?

Executor(s)

- If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. One primary and one alternate executor will likely be sufficient, depending on your circumstances. For tax reasons it is not advisable to choose an executor who resides outside of Canada. At least one executor should be a resident of Alberta, particularly where beneficiaries are under age 18.
- Executor Information. Please provide: Full Name, Age, Relationship, Address & Phone #
- Alternate Executor Information
- Have all your executors been asked and are they willing to act?

Estate Planning Questionnaire

Section 3: Instructions for Will

Guardian(s)

If you appoint a couple to act as guardians, you may wish to consider what is to happen in the event that they divorce, separate or one of them dies or is unable to act.

- Guardian Information. Please provide: Full Name, Age, Relationship, Address & Phone #

- Alternate Guardian Information

- Have all your guardians been asked and are they willing to act?
- Specified Gifts or Legacies? If you would like to list specific amounts or items, please attach a list to this questionnaire. (Caution do not list any items unless they are definitely valuable or of great sentimental value unless you are prepared to pay your lawyer to draft the will and change it when an item is sold or replaced.)

Estate Planning Questionnaire

Section 3: Instructions for Will

Remainder/All of Estate

- Please Choose: * Remainder of Estate or All of Estate
- Based on Answer Above, It will go to Spouse?
- If No. Specify Name(s) Below:
- If Spouse Predeceases me. Answer in field below whether you'd like:
 - Equally to all children?
 - All to children in different percentages as follows:
- At what age are your children to receive their share of your estate?
 - _____ all at 18 years
 - _____ % at ____ years, ____% at ____ years, ____% at ____ years.
 - Other (please specify):
 - The age of majority is 18 in Alberta. Unless otherwise specified, the Will should be drafted so that your Executor will hold each child's share in trust until the specified age with power to encroach on income and capital for education, maintenance and support.

Estate Planning Questionnaire

Section 3: Instructions for Will

- If one child dies before you do, or before obtaining the age at which he/she is entitled to their share, who should receive that share or the amount remaining?
 - The children of the deceased child (my grandchildren) at age _____
 - My surviving children only
 - Other (please specify):

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 portion of your estate?
 - $\frac{1}{2}$ to my parents and $\frac{1}{2}$ to spouse's parents
 - $\frac{1}{2}$ to my brothers and sisters and $\frac{1}{2}$ to my spouse's brothers and sisters whoa are alive in equal shares
 - To my nephews and nieces and my spouse's nephews and nieces in equal shares
 - Charities (specify):
 - Other (specify):

Estate Planning Questionnaire

Section 4: Funeral Arrangements:

- Do you wish your Enduring Power of Attorney to be immediate (takes effect immediately)
- Do you wish your Enduring Power of Attorney to be Springing (only takes effect when you become incapacitated)
- Attorney: For Enduring Power Of Attorney. Please Provide: Full Name, Address, Phone #, Age, Relationship
- Alternate Attorney. For Enduring Power Of Attorney. Please Provide: Full Name, Address, Phone #, Age, Relationship
- Agent for Personal Directive. Please Provide: Full Name, Address, Phone #, Age, Relationship
- Alternate Agent for Personal Directive. Please Provide: Full Name, Address, Phone #, Age, Relationship

BOSECKE LLP
CONFIDENCE, TRUST AND SERVICE

Estate Planning Questionnaire

Section 4: Funeral Arrangements:

- Do you wish your life to be prolonged by artificial means when you are in a coma or persistent vegetative state and in the opinion of your physician you have no hope of regaining awareness and higher mental functions?
- Do you wish to be kept comfortable and free from pain by use of pain medication that may dull your consciousness and indirectly shorten your life?
- Do you wish to give authorization for the removal of tissue from your living body for implementation in the body of another living person pursuant to Part II of the Human Tissue Gift Act for medical, education, and research purposes?
- Do you wish to give authorization for the removal of organs and tissues from your dead body for implementation in the body of another living person pursuant to Part II of the Human Tissue Gift Act for medical, education, and research purposes?
- If your instructions conflict or are ambiguous or if your Agent and your Attorney cannot agree, you direct your Attorney/Agent (name one below) to have final decision-making power in a situation where funds are required to be made available to implement any decisions regarding your person.