



Questionnaire Instructions

Protect your personal assets, business and financial affairs; let Trust Stone prepare your Will, Power of Attorney and Personal Directive so that you and your family have peace of mind.

Please fill out our below Questionnaire to the best of your ability, for each individual. If you have any questions or concerns in the process, please do not hesitate to contact our office.

Once you have completed the questionnaire please print or save the document and return it by e-mail, fax, or by dropping it off at our office.

Our contact information is as follows:

Trust Stone Real Estate Law LLP
4034 16 Street SW
Calgary, Alberta T2T 4H5

Telephone
825-540-7629

Fax
825-540-7630

Email
Lawyer: lawyer@truststonelaw.com
Paralegal: Admin@truststonelaw.com

Website
<https://truststonelaw.com/>

If you would like to restart the Questionnaire for another individual, please redownload the form from our website, or save the document you are using as a new document, to ensure that your information does not get overwritten or lost.

Once you are ready to start the form over, please hit the reset button on the top right corner of each page to clear any prior answers.

A Simple Will for an individual starts at \$450.00*, and \$650.00* for a couple.

A Simple Will, Power of Attorney and Personal Directive package for an individual starts at \$850.00*, and \$1250.00* for a couple.

The price may vary depending on the complexity of the documents.

*Prices are subject to change and do not include disbursements or GST, some conditions may apply. Contact Trust Stone for details.



TRUST STONE

REAL ESTATE LAW LLP

4034 16 Street SW
Calgary, Alberta T2T 4H5

Telephone: 825-540-7629
Fax: 825-540-7630
<https://truststonelaw.com/>

PERSONAL INFORMATION

Full Name (First, Middle, Last): _____

Date of birth: _____ List any other names you are/were known by: _____

Address & postal code: _____

Have you dealt with our office before? ☐ YES ☐ NO

If not, how did you hear about us: _____

Primary phone: _____ Business phone: _____

E-Mail: _____ Occupation: _____

Citizenship other than Canada: ☐ YES ☐ NO If yes, where _____

Do you have a US green card? ☐ YES ☐ NO

Do you holiday outside of Canada for six months or more? ☐ YES ☐ NO If yes, where _____

Are you leaving on holidays soon? ☐ YES ☐ NO If yes, where are you going? _____

If yes, when are you going? _____ Do you require your documents before leaving? ☐ YES ☐ NO

SERVICES

What documents are you interested in getting?

☐ Last Will and Testament (Please complete pages 1-5)

☐ Personal Directive (Please complete pages 1-3 & 6)

☐ Power of Attorney (Please complete pages 1-3 & 7)

☐ All the above (Please complete pages 1-7)

Are you looking for documents for only yourself, or yourself and your partner?

☐ Individual

☐ Couple

What is the estimated net value of your estate?

☐ \$10 000 or under

☐ over \$10 000 but not more than \$25 000

☐ over \$25 000 but not more than \$125 000

☐ over \$125 000 but not more than \$250 000

☐ over \$250 000

An individual's net worth is simply the value that is left after subtracting liabilities from assets. Examples of liabilities, otherwise known as debt, include mortgages, credit card balances, student loans, and car loans. Whatever is left after selling all assets and paying off personal debt is the net worth.

Do you have a previous Will? ☐ YES ☐ NO. If yes, please provide us a copy.

Do you have a prior Enduring Power of Attorney? ☐ YES ☐ NO

Do you have a prior Personal Directive? ☐ YES ☐ NO

Do you own interest in any assets outside Alberta? ☐ YES ☐ NO

Do you own interest in any assets outside Canada? ☐ YES ☐ NO

Do you have a Will for assets outside Canada? ☐ YES ☐ NO

MARITAL INFORMATION

Marital status: _____ Partner's Full Name: _____

"Common law" is a household term for a couple that has lived together long-term but are not legally married. In Alberta, the term "common law relationship" has been replaced since the introduction and proclamation of the Adult Interdependent Relationships Act in 2003. The Act defines a 'relationship of interdependence' as a relationship outside of marriage in which two people: share one another's lives; are emotionally committed to one another; and function as an economic and domestic unit. If you are unsure whether you fall into this category, please contact our office for further details.

Previous marriage: ☐ YES ☐ NO Obligations relating to previous marriages/relationships (spousal/child support): ☐ YES ☐ NO

If yes, please provide details: _____

Do you plan to marry in the near future? ☐ YES ☐ NO

Are you in the process of a Separation? ☐ YES ☐ NO

When did you separate? _____

Do you have a Separation Agreement? ☐ YES ☐ NO

Are you in the process of a Divorce? ☐ YES ☐ NO

Do you cohabit with anyone currently? ☐ YES ☐ NO

When did you move in together? _____

Do you have a Cohabitation Agreement? ☐ YES ☐ NO

CHILDREN

Child #1

Name (First, Middle, Last): _____ Date of Birth: _____

Does your child reside with you? ☐ YES ☐ NO (If no, please provide address below.)

Address & Postal Code: _____

Marital Status: _____ Is child self-supporting? ☐ YES ☐ NO

Is child a stepchild? ☐ YES ☐ NO Is child physically or mentally challenged? ☐ YES ☐ NO

Does child get along with the other children? ☐ YES ☐ NO Is child adopted? ☐ YES ☐ NO

Does child have children? ☐ YES ☐ NO If yes, what are their age(s): _____

Citizenship of Child: _____

Child #2

Name (First, Middle, Last): _____ Date of Birth: _____

Does your child reside with you? ☐ YES ☐ NO (If no, please provide address below.) _____

Address & Postal Code: _____

Marital Status: _____ Is child self-supporting? ☐ YES ☐ NOIs child a stepchild? ☐ YES ☐ NOIs child physically or mentally challenged? ☐ YES ☐ NODoes child get along with the other children? ☐ YES ☐ NOIs child adopted? ☐ YES ☐ NODoes child have children? ☐ YES ☐ NO

If yes, what are their age(s)? _____

Citizenship of Child: _____

Child #3

Name (First, Middle, Last): _____ Date of Birth: _____

Does your child reside with you? ☐ YES ☐ NO (If no, please provide address below.) _____

Address & Postal Code: _____

Marital Status: _____ Is child self-supporting? ☐ YES ☐ NOIs child a stepchild? ☐ YES ☐ NOIs child physically or mentally challenged? ☐ YES ☐ NODoes child get along with the other children? ☐ YES ☐ NOIs child adopted? ☐ YES ☐ NODoes child have children? ☐ YES ☐ NO

If yes, what are their age(s)? _____

Citizenship of Child: _____

Additional QuestionsDo you plan to have (additional) children in the future? ☐ YES ☐ NODo you have any grandchildren who are living with you and/or you are financially supporting that are under the age of 18 years old? ☐ YES ☐ NO**ASSETS**Rent/Lease Residence: ☐ YES ☐ NO Own Residence: ☐ YES ☐ NO Mortgage: ☐ YES ☐ NOTime Shares: ☐ YES ☐ NO Own Rental Property: ☐ YES ☐ NO Mortgage Life Insured: ☐ YES ☐ NOFamily Vacation Home: ☐ YES ☐ NO Commercial Property: ☐ YES ☐ NO Property Out of Alberta: ☐ YES ☐ NOProperty Out of Canada: ☐ YES ☐ NO Safety Deposit Box: ☐ YES ☐ NO Business Owner: ☐ YES ☐ NOCorporate Director: ☐ YES ☐ NO Shareholder: ☐ YES ☐ NO Pension: ☐ YES ☐ NOLife Insurance: ☐ YES ☐ NO If yes, who is the named beneficiary? _____RRSP/RESP/RDSP/TFSA ☐ YES ☐ NO If yes, please specify account type and named beneficiary? _____**ADDITIONAL INFORMATION**Are you an Executor or Trustee in anyone's Will ☐ YES ☐ NO

If yes, whose: _____

Have you made any loans or advances to family members or others that are to be forgiven ☐ YES ☐ NOHave you made any loans or advances to family members or others that are to be repaid ☐ YES ☐ NO

If yes, who was the loan or advance to, how much was the loan or advance for and is there documentation: _____

Have you made any loans or advances to family members or others that are to be forgiven ☐ YES ☐ NO

WILL INSTRUCTIONS

MAIN PERSONAL REPRESENTATIVE *(This is the individual(s) responsible for administering your estate (Also known as Executor(s)/Trustee(s)).) You can appoint joint Personal Representatives.*

Full Name (First, Middle, Last): _____

Relationship: _____ Date of Birth: _____

Address & Postal Code: _____

Have you asked/informed this person that you would like them to act as your Personal Representative? ☐ YES ☐ NO

ALTERNATE PERSONAL REPRESENTATIVE *(This is the individual(s) responsible to act in the event the Main Personal Representative is unwilling or unable to act.) You can appoint joint Alternative Personal Representatives.*

Full Name (First, Middle, Last) _____

Relationship _____ Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as your Personal Representative? ☐ YES ☐ NO

GUARDIAN(S) FOR MINOR CHILDREN

Your Will can set out your intentions regarding who you would like to have guardianship of your children. Naming a guardian in your Will does not automatically give them legal guardianship of your children, they must make a guardianship application to the Court. The Court considers, but does not necessarily follow, your wishes in making a declaration of guardianship. The Court will always determine what is in the best interests of the child.

Full Name (First, Middle, Last) _____

Relationship _____ Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as Guardian? ☐ YES ☐ NO

ALTERNATIVE GUARDIAN(S) FOR MINOR CHILDREN

Your Will can set out your intentions regarding who you would like to have guardianship of your children. Naming a guardian in your Will does not automatically give them legal guardianship of your children, they must make a guardianship application to the Court. The Court considers, but does not necessarily follow, your wishes in making a declaration of guardianship. The Court will always determine what is in the best interests of the child.

Full Name (First, Middle, Last) _____

Relationship _____ Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as Guardian? ☐ YES ☐ NO

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.)

Would you like the entirety of your estate to pass to your Spouse? ☐ YES ☐ NO

If no, what would you like done with your estate?

If your spouse predeceases you, how would you like to divide your estate?

☐ Equally to all children at specified ages

☐ Equally to all children over 18

☐ Unequally to all children at specified ages

☐ Unequally to all children over 18

☐ Other If other, please provide details: _____

Please provide any additional details respecting how you would like to divide your estate in the event your spouse predeceases you (i.e., what ages you want each child to receive their share of the estate, would you like their share of the estate to be provided to them in stages, etc.) *(The age of majority is 18 in Alberta. Unless specified otherwise, the will is drafted so that your Personal Representative 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.)*

If one of your children passes before you do, or before reaching the age at which they would be entitled to their share of your estate, who shall receive that share or the amount remaining? *(Would you like the remainder of your deceased child's share of your estate to go to your Grandchildren (your deceased child's children, if they have any) or would you like your estate to only be split between your surviving children?)*

☐ The children of the deceased child (your grandchildren) ☐ Your surviving children only

☐ Other If other, please provide details: _____

COMMON ACCIDENT

How is your Estate to be divided if you and your spouse and all your children/grandchildren perish in a common accident or if any of your children or grandchildren survives you but die before becoming entitled to receive their entire portion of your estate?

☐ All of estate to my parents. *(for individual wills)*

☐ Half (1/2) of estate to my parents and half (1/2) of estate to my spouse's parents. *(for spouses/mirror wills)*

☐ All of estate equally to my siblings. *(for individual wills)*

☐ Half (1/2) of estate equally to my siblings and half (1/2) of estate equally to my spouse's siblings. *(for spouses/mirror wills)*

☐ To be given to Charity/Charities. If Charities, please specify: _____

☐ Other If other, please provide details: _____

ADDITIONAL INFORMATION

Are there any other special instructions for your will?

PERSONAL DIRECTIVE INSTRUCTIONS

In Alberta, an individual with capacity may appoint another individual to make personal decisions for him or her at a future time when they no longer have the capacity to make them. A Personal Directive allows a person to plan for non-financial personal matters such as medical treatment, residence, and other personal activities.

AGENT *(This is the person(s) that will make personal decisions for you if you lose the capacity to make them for yourself.) You can appoint joint Agents.*

Full Name *(First, Middle, Last)* _____

Relationship _____

Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as your Agent? _____

☐ YES ☐ NO

ALTERNATIVE AGENT *(This is the individual(s) responsible to act in the event the Main Agent is unwilling or unable to act.) You can appoint joint Alternative Agents.*

Full Name *(First, Middle, Last)* _____

Relationship _____

Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as your Agent? _____

☐ YES ☐ NO

ADDITIONAL INFORMATION

If you are not sure how you would like to answer the below questions, please visit goals.conversationsmatter.ca

If you are mentally incapacitated and unable to make decisions, do you authorize your Agent to make decisions with respect to the participation in a reasonable trial of experimental medical treatments, whether or not your physician knows the extent of the potential benefits the medication may have? ☐ YES ☐ NO

If you are mentally incapacitated without a reasonable probability of recovering your mental capacities, do you want to receive extraordinary or heroic measures or treatment, or other care that artificially maintains the life-sustaining functions of your body? ☐ YES ☐ NO

If you are in severe pain, and your death appears to be imminent or certain from a medical perspective, do you direct that drugs be mercifully administered to relieve your pain or suffering even if they may hasten the moment of death? ☐ YES ☐ NO

Do you want to donate your organs and tissue for transplantation, medical education or scientific research purposes if at the time of your death you have any that would be useful for this purpose? ☐ YES ☐ NO

For more information about Organ and Tissue Donation in Alberta, and the distinctions and purposes of same please visit <https://myhealth.alberta.ca/alberta/Pages/organ-and-tissue-donation-topic-overview.aspx>

If yes, you will also need to go online and register as a donor at the following website to ensure that these wishes are addressed. <https://myhealth.alberta.ca/Pages/OTDRHome.aspx>

If yes, are there any restrictions: _____

☐ YES ☐ NO

If yes, please provide details: _____

Have you prearranged your funeral? _____

☐ YES ☐ NO

On your death do you want your body to be buried? _____

☐ YES ☐ NO

If yes, do you have a preference as to where it should be buried? _____

☐ YES ☐ NO

If yes, please provide details: _____

Would you prefer that your body be cremated? _____

☐ YES ☐ NO

If yes, do you have any instructions as to what is to be done with your ashes? _____

☐ YES ☐ NO

If yes, please provide details: _____

Have you discussed the above with you family/executor/agent? _____

☐ YES ☐ NO

ENDURING POWER OF ATTORNEY INSTRUCTIONS

In Alberta, an individual may create an Enduring or Limited Power of Attorney, which allows a person to appoint a person or persons to look after the person's legal and financial affairs both before and after the person becomes incapable of doing so. Once created, the enduring power survives subsequent incapacity.

ATTORNEY *(This is the person(s) that will make financial decisions for you; this does not mean lawyer.) You can appoint joint Attorneys.*

Full Name *(First, Middle, Last)* _____

Relationship _____

Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as your Attorney? _____

☐ YES ☐ NO

ALTERNATIVE(s) ATTORNEY *(This is the individual(s) responsible to act in the event the Main Attorney is unwilling or unable to act.) You can appoint joint Alternative Attorneys.*

Full Name *(First, Middle, Last)* _____

Relationship _____

Date of Birth _____

Address & Postal Code _____

Have you asked/informed this person that you would like them to act as your Attorney? _____

☐ YES ☐ NO

TYPE OF POWER OF ATTORNEY

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 when incapacitated ("Springing Enduring Power of Attorney"), springing into effect when you lose capacity financial and property decisions for yourself

We recommend a Springing Power of Attorney, which we believe will be your best option.

ADDITIONAL INFORMATION

Are there any restrictions you would like to include in this Power of Attorney?