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## Estate Planning

This form is intended to get you thinking about the matters to be discussed with us.

### **Last Will & Testament**

A Last Will and Testament is a legal document that communicates your final wishes pertaining to possessions and dependents.

### **Enduring Power of Attorney**

An Enduring Power of Attorney will give your designated Attorney the right to make decisions on your behalf respecting your property and financial affairs, should you lose mental capacity or are unable to make these decisions on your own.

### **Personal Directive**

A Personal Directive will give your designated Agent the right to make decisions on your behalf regarding your medical care or health decisions, should you lose mental capacity or are unable to make these decisions on your own.

**Please fill out the applicable information in these forms and send a copy to [contact@arteagalegal.ca](mailto:contact@arteagalegal.ca)**

Disclaimer:

The contents in the form provided are for general information purposes only and does not constitute legal or other professional advice or an opinion of any kind.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (print full name), understand that:

**INITIALS**

	I can only sign my estate planning documents if I understand what the documents mean and what they do.
	My lawyer must be sure that I have the mental capacity to understand the documents before I sign the documents.
	If my lawyer is not satisfied that I have the capacity to understand the documents, my lawyer may decide not to proceed with the signing. **No refunds will be provided for any time or work completed up to that point.

**Client Signature:** \_\_\_\_\_

## LAST WILL & TESTAMENT

<b>SECTION 1: FAMILY INFORMATION</b>			
<b>1. PERSONAL INFORMATION</b>			
Full Name:			
Present Address:			
Home Phone Number:		Cell Phone Number:	
Email Address:			
Date of Birth:			
<b>2. SPOUSE'S INFORMATION</b>			
Full Name:			
Present Address:			
Home Phone Number:		Cell Phone Number:	
Email Address:			
Date of Birth:			
<b>3. MARRIAGE INFORMATION</b>			
Current Marital Status:			
Previous Marriage(s) or Common Law Relationship(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Obligations to previous Relationship(s) by agreement or Court Order:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please provide a copy of the Agreement or Court Order:			
<b>4. CHILDREN</b>			
Full Name:		Current Age:	
Full Name:		Current Age:	
Full Name:		Current Age:	

**SECTION 2: INSTRUCTIONS FOR WILL**

<b>5. PERSONAL REPRESENTATIVES</b>			
<b>Primary Personal Representative</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>Alternate Personal Representative(s)</b> - Somebody who will be able to act as your Personal Representative in the event that your primary Personal Representative is unable to do so.			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>6. GUARDIAN(S) FOR MINOR CHILDREN – if applicable</b>			
<b>Primary Guardian</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	

<b>Alternate Guardian</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	

<b>7. DEPENDENT ADULT</b>	
Do any of your children or grandchildren have a disability that may result in them becoming a dependent adult	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If yes: please provide the name of the dependent:	

<b>8. GUARDIAN(S) FOR DEPENDENT ADULT</b>
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<b>Primary Guardian</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	

<b>Alternate Guardian</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	

<b>9. BENEFICIARIES</b>	
All to spouse:	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If your spouse predeceases you:	<input type="checkbox"/> Equally to all children
	<input type="checkbox"/> All to children but different percentages to particular children
	<input type="checkbox"/> Other:

If one child dies before you, who shall receive that share	___ Children of the deceased child (grandchildren)
	___ Your surviving children
	___ Other:
Will any of the beneficiaries be a dependent adult?	___ Yes ___ No
At what ages are your beneficiaries to receive their share of your estate? (age of majority is 18):	
How is your estate to be divided if all your beneficiaries predecease you:	

**Assets that Designate Beneficiaries**

We recommend that you review your assets that designate beneficiaries and update that designation and keep those records with your original Estate Planning Documents.

**Specific Gifts**

Item:	Beneficiary:	Relationship:
Item:	Beneficiary:	Relationship:
Item:	Beneficiary:	Relationship:

**10. FUNERAL ARRANGEMENTS**

Upon your death, what would you like done with your body?

Buried	Do you have a preference as to where you would like to be buried:
Cremated	Do you have any instructions as to what is to be done with your ashes:
Other	Do you have any instructions:

If you have already pre-arranged these matters, please provide the details:

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**ENDURING POWER OF ATTORNEY**

<b>1. PRIMARY ATTORNEY</b> This is the person that will make decisions on your behalf regarding your financial affairs (either immediately or only when you lose capacity)			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>2. ALTERNATE ATTORNEYS</b> If you are not naming Joint Attorneys and in the case that your Primary Attorney is unable or is unwilling to act, please list your alternate Attorney or Attorney(s) here:			
<b>Full Name:</b>		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>Full Name:</b>		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>Full Name:</b>		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>3. JOINT ATTORNEYS</b> If you wish to name more than one Attorney to act together to make financial decisions on your behalf, please name them the other Attorney or Attorneys here:			
<b>Full Name:</b>		Relationship:	
Present Address:			

Present Phone Number:		Current Age:	
<b>Full Name:</b>		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>Full Name:</b>		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
If you are naming more than <b>two</b> joint Attorneys, should they make decisions on a majority basis or do they all have to agree?			
		Majority Agreement	
		Unanimous Agreement	

<b>4. TYPE OF ENDURING POWER OF ATTORNEY</b>	
Indicate whether you want this Power of Attorney to come into effect immediately upon signing it, <b>or</b> whether it should spring into effect if and <u>when you lose capacity</u> :	
<input type="checkbox"/>	Immediately
<input type="checkbox"/>	Springing into effect
<b>5. SPRINGING POWER OF ATTORNEY</b>	
If there is a Springing Enduring Power of Attorney, indicate who should decide whether or not you still the capacity to make reasonable judgment:	
<input type="checkbox"/>	One or more qualified capacity assessor
<input type="checkbox"/>	One or more qualified capacity assessor, who must be a medical doctor or psychologist
<input type="checkbox"/>	Two or more qualified capacity assessor
<input type="checkbox"/>	Two or more qualified capacity assessor, who must be a medical doctor or psychologist
<b>6. EXPANDED POWERS</b>	
If you want to expand the powers of your Attorney beyond what is automatically conferred by law, indicate which of the following you would like your Attorney to be able to do with your assets:	
<input type="checkbox"/>	Give gifts to family members on special
<input type="checkbox"/>	Give to charities
<input type="checkbox"/>	Assists my children with post-secondary education expenses even if they are over the age of 18

Other:

**7. LIMITATIONS ON POWER OF ATTORNEY**

Name any particular thing that you do not wish your attorney to do (such as sell certain real property that you own):

**PERSONAL DIRECTIVE**

<b>1. PRIMARY AGENT</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
<b>2. JOINT AGENT- if you wish to name more than one Agent to act together to make decisions on your behalf, please name them the other Agent or Agents here:</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
If you are naming more than two Agents, should they make decisions on a majority basis or do they all have to agree?			
	Majority Agreement		
	Unanimous Agreement		
<b>3. ALTERNATE AGENTS- If you are not naming Joint Agents and in the case that your Primary Agent is unable or is unwilling to act, please list your alternate Agent or Agent(s) here:</b>			
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	
Full Name:		Relationship:	
Present Address:			
Present Phone Number:		Current Age:	

<b>4. CAPACITY TEST</b>	
Please indicate who should decide whether or not you still have the capacity to make decisions about any personal matter:	
	One or more qualified capacity assessor
	One or more qualified capacity assessor, who must be a medical doctor or psychologist
	Two or more qualified capacity assessor
	Two or more qualified capacity assessor, who must be a medical doctor or psychologist
<b>5. ORGAN DONATIONS</b>	
Do you want to donate your organs?	
	Yes
	No