

Date: \_\_\_\_\_

File No: \_\_\_\_\_

**WILL INFORMATION FORM  
CONFIDENTIAL**

**a. PERSONAL INFORMATION**

<b>Full Legal Name:</b>	
<b>List any other names you are known by:</b>	
<b>Date of birth:</b>	
<b>Place of birth:</b>	
<b>Citizenship other than in Canada?</b>	<input type="checkbox"/> Yes If yes, where? _____ <input type="checkbox"/> No
<b>Have you executed a Will in a jurisdiction other than Alberta?</b>	<input type="checkbox"/> Yes If yes, where? _____ <input type="checkbox"/> No

**b. MARRIAGE INFORMATION**

<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b>Date and Place of Marriage:</b>	
<b>Previous Marriage(s)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information about your spouse(s) (where applicable): Name: _____ Date of Marriage: _____ Date of Death: _____ Place of Marriage: _____ Date of Separation: _____ Date of Divorce: _____
<b>Support obligations pursuant to previous marriages (e.g. spousal support &amp; child maintenance?)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
<b>Are you planning to marry in the near future?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
<b>Are you now cohabiting with anyone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, for how long? _____
<b>Are you planning to separate or divorce in the near future?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

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<b>c. CHILDREN</b>				
<b>Number of Children:</b>				
<b>Are all the following children from your present marriage?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate with the appropriate letter beside each child: <b>C:</b> from current marriage or relationship <b>P:</b> from previous marriage or relationship		
	<b>FULL LEGAL NAME</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS (City, Province, Country)</b>	<b>NAMES AND AGES OF GRANDCHILDREN</b>
1.				
2.				
3.				
4.				
<b>Are any of your children adopted or stepchildren?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
<b>Are any of your grandchildren adopted or stepchildren?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
<b>Are any of the children or grandchildren mentally or physically incapacitated?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
<b>Have any of your children predeceased you?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		

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**d. ASSETS**

<b>Principal Residence</b>	Address: _____ Name(s) on Title: _____ Ownership: <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants-in-Common Approximate Property Value: _____ Approximate Value of any Mortgage/Line of Credit Registered Against Title: _____
<b>Other Owned Land</b>	1. Address: _____ Name(s) on Title: _____ Ownership: <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants-in-Common Approximate Property Value: _____ Approximate Value of any Mortgage/Line of Credit Registered Against Title: _____ 2. Address: _____ Name(s) on Title: _____ Ownership: <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants-in-Common Approximate Property Value: _____ Approximate Value of any Mortgage/Line of Credit Registered Against Title: _____
<b>Life Insurance</b>	Insurance Provider: _____ Policy No. _____ Value: \$ _____ Beneficiary(ies): _____
<b>Shares in Private Corporation(s)</b>	Company: _____ Number and Class of Shares: _____ Company: _____ Number and Class of Shares: _____ Company: _____ Number and Class of Shares: _____

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<p><b>Pension Plans</b></p>	<p>Provider: _____ Beneficiary(ies): _____ Provider: _____ Beneficiary(ies): _____</p>
<p><b>Registered Funds</b> (RRSPs, RRIFs, RESPs, TFSAs, etc.)</p>	<p>Provider: _____ Type of Account: _____ Beneficiary(ies): _____ Provider: _____ Type of Account: _____ Beneficiary(ies): _____ Provider: _____ Type of Account: _____ Beneficiary(ies): _____ Provider: _____ Type of Account: _____ Beneficiary(ies): _____</p>
<p><b>Safety Deposit Box</b></p>	<p>Location: _____ Box Number: _____ Location of Keys: _____ Registered Name(s): _____</p>
<p><b>Valuable Personal Property</b> <i>(provide details, description and location of items such as vehicles, boats, heirlooms, etc.)</i></p>	<p>Description: _____ Location: _____ Description: _____ Location: _____</p>
<p><b>Debts Owing to You</b> <i>(i.e., loans you have made)</i></p>	<p>Debtor: _____ Current Amount Owing: _____ Debtor: _____ Current Amount Owing: _____</p>
<p><b>Other Assets Not Listed Above</b></p>	<p>Description: _____ Location: _____ Description: _____ Location: _____</p>

**e. LIABILITIES**

<p><b>Credit Cards/Lines of Credit/Loans</b></p>	<p>Creditor: _____ Current Amount Owing: _____ Creditor: _____ Current Amount Owing: _____ Creditor: _____ Current Amount Owing: _____ Creditor: _____ Current Amount Owing: _____</p>
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**f. IMPORTANT DOCUMENTS**

Please indicate whether you have entered into any of the following agreements:

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Marriage Contract:	<input type="checkbox"/>	<input type="checkbox"/>	Shareholder Agreement:	<input type="checkbox"/>	<input type="checkbox"/>
Cohabitation Agreement:	<input type="checkbox"/>	<input type="checkbox"/>	Buy-Sell Agreement:	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Decree:	<input type="checkbox"/>	<input type="checkbox"/>	Separation Agreement:	<input type="checkbox"/>	<input type="checkbox"/>
Minutes of Settlement:	<input type="checkbox"/>	<input type="checkbox"/>	Partnership Agreement:	<input type="checkbox"/>	<input type="checkbox"/>
AIP Agreement:	<input type="checkbox"/>	<input type="checkbox"/>			

If you checked 'Yes' to any of the above, please provide a copy to our office.

If you checked 'Yes' to any of the above, please also provide details: \_\_\_\_\_

**g. PERSONAL REPRESENTATIVE(S)**

*Note: If your spouse is the sole beneficiary of your Estate, it may be preferable to name him/her as the primary Personal Representative. You should also name an alternate, in the event that your first choice is unable to act. For tax reasons, it is not advisable to choose a Personal Representative who resides outside of Canada. If you have more than one Personal Representative, it would be preferable if at least one of them is a resident of Alberta.*

	FULL LEGAL NAME	RELATIONSHIP	AGE	ADDRESS	
1.	<b>Primary:</b>				<input type="checkbox"/> Joint <input type="checkbox"/> Sole
2.	<b>Alternate:</b>				<input type="checkbox"/> Joint Alternate <input type="checkbox"/> Sole Alternate
3.	<b>Second Alternate:</b>				<input type="checkbox"/> Joint Second Alternate <input type="checkbox"/> Sole Second Alternate
If you name more than one Personal Representative to act jointly, how do you want them to make decisions together?					
<input type="checkbox"/> Majority Decision <input type="checkbox"/> Unanimous Agreement <input type="checkbox"/> First Appointed Decides					

**h. GUARDIAN(S) FOR MINOR CHILDREN**

	NAME	RELATION	AGE	ADDRESS
1.	<b>Primary:</b>			
2.	<b>Alternate:</b>			
3.	<b>Second Alternate:</b>			

i. FUNERAL ARRANGEMENTS	
<b>Identify any wishes respecting:</b> cremation or burial, disposition of ashes or body (location of cemetery plot, etc.), type of memorial or religious service	
<b>Include funerals wishes in will:</b>	<input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>
<b>I have made pre-arrangements with a funeral home:</b>	<input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span> If yes, please provide details:

j. DISPOSITION OF INSURANCE POLICIES AND REGISTERED PLANS	
<b>1. Proceeds of Insurance Policies: (Select one)</b>	
<input type="checkbox"/>	Proceeds of policies and plans should go to beneficiaries named in such policies or plans <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span> Name(s) of current beneficiaries under policies:
<b>2. Proceeds of Tax Sheltered Plans (RRSPs, RRIFs, TFSAs, Pensions, etc.): (Select one)</b>	
<input type="checkbox"/>	Proceeds of policies and plans should go to beneficiaries named in such policies or plans <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span> Name(s) of current beneficiaries under policies:

k. DISPOSITION OF SPECIFIC BEQUESTS				
<b>1. Personal Property to be given to specific persons (jewelry, household items, cars, etc.)</b>				
	BENEFICIARY	RELATIONSHIP	ADDRESS (City, Province, Country)	ITEM
a.				
b.				
c.				
d.				
<b>2. Remaining Personal Property (jewelry, household items, vehicles, etc.)</b>				
All remaining property to go to spouse, if spouse survives: <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>				
If no spouse or spouse predeceased, then: <i>(Select one)</i>				
<input type="checkbox"/> To form part of the residue of the Estate				
<input type="checkbox"/> Executor to divide personal property among _____ as they agree, but if they fail to agree, then according to executor's discretion. If a minor, the executor to select and hold items on behalf of the minor				
<input type="checkbox"/> Other: <i>(Specify)</i> _____				



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	<input type="checkbox"/> Percentages at different ages: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:10%; text-align:center;">% at</td> <td style="width:25%;"></td> <td style="width:40%; text-align:center;">Years</td> </tr> <tr> <td></td> <td style="text-align:center;">%</td> <td></td> <td style="text-align:center;">Years</td> </tr> <tr> <td></td> <td style="text-align:center;">%</td> <td></td> <td style="text-align:center;">Years</td> </tr> </table> <p>Other: <i>(Please specify)</i> _____</p>		% at		Years		%		Years		%		Years																		
	% at		Years																												
	%		Years																												
	%		Years																												
4.	<p><b>If one child dies before you do, or before attaining the age at which they are entitled to their share, who shall receive that share or the amount remaining?</b></p> <input type="checkbox"/> the children of the deceased child (my grandchildren), if my deceased child has children, and if not, to my surviving children <input type="checkbox"/> my surviving children only <input type="checkbox"/> Other: <i>(Please specify)</i> _____																														
5.	<p><b>Family Demise:</b>  <b>How is your Estate to be divided if you and your spouse and all your children and grandchildren perish in a common accident, or if any of your children or grandchildren predecease you, or survive you, but die before becoming entitled to receive their entire portion of your Estate?</b></p> <input type="checkbox"/> One-half (½) to my parents and one-half (½) to my spouse's parents <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th style="width:45%;">BENEFICIARY</th> <th style="width:20%;">RELATIONSHIP</th> <th style="width:35%;">ADDRESS (City, Province, Country)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <input type="checkbox"/> One-half (½) to my brothers and sisters and one-half (½) to my spouse's brothers and sisters <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th style="width:45%;">BENEFICIARY</th> <th style="width:20%;">RELATIONSHIP</th> <th style="width:35%;">ADDRESS (City, Province, Country)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <input type="checkbox"/> Other: _____ _____ _____	BENEFICIARY	RELATIONSHIP	ADDRESS (City, Province, Country)													BENEFICIARY	RELATIONSHIP	ADDRESS (City, Province, Country)												
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6.	<p><b>Loans to Beneficiaries During Your Lifetime</b>  <b>If you made any loans to your beneficiaries during your lifetime, are the loans to be:</b> <i>(Select one)</i></p> <input type="checkbox"/> Forgiven on death <input type="checkbox"/> Set off against debtor's share of the Estate <input type="checkbox"/> Repaid to the Estate <input type="checkbox"/> Other: <i>(Please specify)</i> _____																														
7.	<p><b>Money for Guardians:</b>  <b>If it becomes necessary for the guardians that you have named to look after and raise your minor children, will they require:</b></p> <input type="checkbox"/> A lump sum of money to be paid to them to buy a larger house, to renovate their current house, to buy a larger vehicle etc. in order to accommodate your children? If so, then how much would you like to give to them for this purpose? \$ _____ <input type="checkbox"/> A monthly amount to be paid to them to assist with the additional monthly expenses that they will incur as a result of raising your children? If so, then how much per month, per child would they require? \$ _____ <input type="checkbox"/> Any share of the estate held in trust for the children to be made available to the guardian(s) for benefit of the children																														



**o. PERSONAL REPRESENTATIVE COMPENSATION**

**Note:** Personal Representatives are entitled to receive compensation for the time, effort and expertise that is spent by them in administering your Estate. This can be a lump sum amount or a percentage of your Estate. If you wish for your Personal Representative to receive compensation for acting on your behalf, you may specify that they be compensated according to the usual Rules, or you may specify the dollar amount or percentage of your Estate that they are to receive. They will also be entitled to reimbursement for any out-of-pocket expenses that they incur in administering your Estate. In Alberta, a rough guideline of the compensation that a Personal Representative is entitled to is 1% to 5% of the value of your Estate.

If you wish to specify in your Will the compensation that your Personal Representative is to receive, choose one of the following options:

- According to the usual Rules
- A percentage of your Estate, and if so, what will that percentage be? \_\_\_\_\_ %
- A set amount, and if so, how much will that amount be? \$ \_\_\_\_\_

If you have named more than one Personal Representative to act on your behalf, is compensation shared or are they each to receive the amount or percentage specified? Shared  Each to receive amount specified

**p. DIGITAL ASSETS**

**Note:** Digital Assets include, but are not limited to, files stored on your digital devices, emails received, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, online financial accounts, online bank accounts, etc.

Do you want your Personal Representative(s) to have the power to access, modify, delete, control, use, transfer, and otherwise dispose of your Digital Assets and to obtain, access, modify, delete, and control your passwords and other electronic credentials associated with your digital devices and Digital Assets?

- Yes  No