



DIXON LEGAL

- ESTABLISHED 1983 -

CHARLES A. DIXON – B.A. LL.B.
Connor B. Dixon – LL.B - Law Student

Barristers, Solicitors & Notary Publics
51 Riverside Gate, PO Box 1169, Okotoks, AB T1S1B2
403.938.8131 Fax 403.938.6365

Tammy Aymont ~ Estate/Litigation Paralegal
tammy@dixonlegal.ca

HELPFUL INFORMATION BEFORE YOU GET STARTED

This *Will Form* is **NOT** your Will. The *Will Form* will help us prepare your Will. All questions applicable to you should be completed in their entirety in order to have your Will properly prepared for you.

All information provided is strictly confidential.

If you cannot complete all information, please forward the incomplete form and we will contact you to review any omissions.

If you need more space to answer a question please attach a separate sheet and indicate the question number to which it pertains.

Will:

A document which provides who is to receive your property, who will administer your estate, who will serve as guardian of your children, if applicable, and other provisions.

PLEASE PRINT

1. Full Name (as it appears on your driver's license).

Maiden Name: _____

Other Names under which you own property: _____

Age: _____ Date of Birth (MDY): _____

Citizenship: _____

2. Present Address (include postal code)

Home Phone Number: _____ Cell Number: _____

Email: _____

Employer: _____

For your information: *Spouse: Legally married person. Adult Interdependent Partner: A person who has lived with the other person in a relationship of interdependence for a continuous period of 3 years, or of some permanence, if there is a child of the relationship by birth or adoption; or the person has entered into an adult interdependent partner agreement.*

3. Marital Status: Married Partnership: _____
 Single: _____ Separated: _____ Divorced/Widowed: _____
 Spouse/Partner Name: _____
 Age: _____ Date of Birth (MDY): _____
 Date of Marriage (MDY) _____ Place of Marriage: _____

4. Prenuptial Agreement: Yes _____ No _____
 If yes, please enclose a copy.

5. Are you planning on marrying or entering into a partnership agreement in the near future? _____

6. If either you or your spouse has been divorced please answer the following. If not applicable please go to question #8.

Date of Marriage: _____ Date of Divorce Judgment: _____
 Court Rendering judgment: _____
 Date of spouse's death (if applicable): _____

7. Obligations pursuant to previous marriages: _____

Children:
 Are any of your children or grandchildren either stepchildren or born outside of marriage? _____
 If yes, please provide details: _____

8. If you have children, including adopted children, state the following for each child. If you do not have children, please go to question #14.

Full Name	Son/Daughter	Date of Birth (M/D/Y)	Child of Current Marriage? (Yes/No)

9. a. Deceased biological or legally adopted children if applicable.

Full Name	Son/Daughter	Date of Death

b. Deceased child's living children, if applicable.

Full Name	Son/Daughter	Date of Birth (M/D/Y)	Parent's Name

10. If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will?

Yes: _____ No: _____ Not Applicable: _____

If yes state the follow for each:

<i>Full Name</i>	<i>Male/Female</i>	<i>Date of Birth (M/D/Y)</i>	<i>Parent's Name</i>

11. If you have grandchildren, state the following for each. If not, go to question #12:

<i>Full Name</i>	<i>Parent's Name</i>	<i>Grandson/ Granddaughter</i>	<i>Date of Birth (M/D/Y)</i>	<i>Living Yes/No</i>

For your information:

Your surviving spouse, adult interdependent partner, your children under 18 years and any children over 18 years who are physically or mentally disabled and thereby unable to earn a livelihood have a right to apply for a greater share of your estate.

12. Are any of your children or other beneficiaries mentally or physically disabled or have special needs? Yes: _____ No: _____. If so, note any special provisions:

If so, are they presently receiving, or do you anticipate that they may apply for disability benefits in the future? Yes: _____ No: _____

_____.

Guardian: *A person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.*

13. If your children are under the age of eighteen (18) state the following for the person who you wish to act as their guardian in the event of your death or in the case of joint death of you and your spouse (if married).

Name: _____

Address: _____

Relationship: _____

If at the time of your death the person(s) named above is/are unwilling to serve as guardian (custodian) please list an alternative.

Name: _____

Address: _____

Relationship: _____

For your information:

Joint Tenants with Right of Survivorship. If you own property jointly with another person as "joint tenant with right of survivorship" your interest in that property will pass to the survivor upon your death. It will not pass according to the terms of your will. If you own property jointly with another person without the right of survivorship (tenants in common) your interest in that property will pass according to the provisions in your will.

14. List your assets as of today's date. We do **NOT** require dollar values.

Assets	If joint assets Name	Designated Beneficiary Name
a. Home		
b. Other Real Estate		
c. Chequing/Savings Accounts		
d. Automobiles		
e. Stocks, Mutual Funds and Other investments.		
f. Interest in a business		
g. RRSPs		
h. Life Insurance policies		
i. Shares in private companies		
j. Miscellaneous		

For your Information:

Beneficiary Designations previously made in life insurance policies, retirement plans, etc. will determine who receives those monies upon your death, not the provisions of your Will. A beneficiary designation that is not irrevocable can be altered by a provision in your Will. This is useful in case you have forgotten who you designated or have failed to designate a beneficiary in the plan.

For your information:

Your personal representative/Executor will manage and distribute your estate in accordance with the terms of your Will. The person you choose should be responsible, trustworthy and willing and able to handle the responsibilities of the role. Since the responsibilities can extend over a number of years, you should choose a person or an appropriate age.

If your personal representative resides outside the Province of Alberta, he or she may be required to post a bond equal to the value of your estate. If possible, choose a personal representative that resides in the Province of Alberta or choose joint personal representatives, one of whom resides in the Province of Alberta.

15. Do you want your spouse or partner as your personal representative/executor?
Yes _____ No _____

Please list an alternate below. If not married, or you wish to appoint someone other than your spouse please indicate below:

Full Name: _____
Relationship: _____
Address: _____

Please list an alternate in case this person is unwilling or unable to serve:

Full Name: _____
Relationship: _____
Address: _____

Do you wish them to act jointly? Yes _____ No _____

16. Many people make special provisions for family heirlooms, jewellery or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person.

Note: In question 17 you indicate how you would like your assets to pass. Please fill out question 16 ONLY if you desire items with specific or sentimental value to be left to a specific person. Include a separate sheet of paper if necessary.

<i>Item</i>	<i>Special Identifying Features</i>	<i>Recipient</i>

For your Information:

Mutual/Mirror Wills. Usual for a couple. Both spouses or partners have the same provisions in their Wills.

17. Do you wish to include funeral instructions in your will? Is so, please advise:

18. Special Circumstances: Are there any special circumstances that may affect how your estate is distributed or that should be addressed in you Will (example: estranged family member, inheritance, out of country property, corporation/business).. If so, please advise:

For your information:

One typical estate plan for married or partnered person provides that if, when you die, your spouse or partner, all your children and grandchildren have predeceased you, your estate is to be divided equally between your family and the family of your spouse or partner. Usually, both you and your spouse or partner contributed to the estate.

19. Indicate how you want your assets to pass when you die.

Please select the ONE option you prefer:

OPTION A: I want my assets to pass to my spouse and child(ren) as follows:

- To my spouse, if surviving;
- If my spouse predeceases me, my assets will be divided in equal shares to my children;
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal share;
- In the event that my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

OPTION B: I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children.
- If one or more of my children predeceased me that child's share in my estate is distributed to his or her children in equal shares;
- In the event all my children and descendants fail to survive me I want my assets to be distributed as follows:

OPTION C None of the above. I want my assets to pass as follows:

For your Information:

While death taxes are not currently imposed in Canada, income taxes must often be paid after death. Income tax may include tax on accrued capital gains (increase in the value of property over time) or RRSPs and RRIFs.

Personal Directive and Enduring Power of Attorney

20. While completing your Will we recommend that you also have a Personal Directive and Enduring Power of Attorney completed at the same time.

Personal Directive (referred to as a "living will") allows a party ("Agent") to act on your behalf for all matters relating to your health and personal care issues while you are alive but unable to do so yourself. Should you wish to proceed to create this document as well it is important that you name one person (or two acting jointly) with an alternate to act in the event your first named agent is unable to do so.

The Enduring Power of Attorney allows a party ("Attorney") to act on your behalf with respect to all matters financial while you are alive but unable to do so yourself. Again should you wish complete this document as well, we would request you provide a first party and an alternate in the event the first party is unable or unwilling to act or fails to survive you.

Please select the document(s) you would like to include:

- Personal Directive
- Enduring Power of Attorney

21. Do you want your spouse or partner as your Agent/Attorney?
Yes _____ No _____

Enduring Power of Attorney:

Please list an alternate below. If not married, or you wish to appoint someone other than your spouse please indicate below:

Full Name: _____

Relationship: _____

Please list an alternate in case this person is unwilling or unable to serve:

Full Name: _____

Relationship: _____

Do you wish them to act jointly? Yes _____ No _____

Personal Directive:

Please list an alternate below. If not married, or you wish to appoint someone other than your spouse please indicate below:

Full Name: _____

Relationship: _____

Please list an alternate in case this person is unwilling or unable to serve:

Full Name: _____

Relationship: _____

Do you wish them to act jointly? Yes _____ No _____

For your Information:

It is important to note that in the event you are unable to deal with financial matters or health care issues, and if you did not have the Personal Directive/Enduring Power of Attorney, someone (possibly your children) would be required to obtain a court order to deal with matters that arise.

Confirmation of information and instructions:

I confirm the information provided by me in this form is complete and accurate and that the instructions I have provided reflect my wishes.

Signature
