

Warnock Kraft Anderson
 WILL PLANNING INFORMATION
 AND INSTRUCTIONS
 (403) 948-0009

DATE:
FILE #:

1. CLIENT

Client's Full Legal Name:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed
Address:	
Email Address:	
Phone Numbers:	Home/Work: Cell:

2. SPOUSE AND CHILDREN

Spouse's Full Legal Name:	
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Do you require a will for your spouse as well? Yes No
 (ONLY one form is needed if your wills will be identical)

Are either you or your spouse mentally or physically disabled?
Client Yes No **Spouse** Yes No

Have either you or your spouse been married previously?
Client Yes No **Spouse** Yes No

Child's Full Legal Name	Date of Birth	Address

Are the children listed above the natural children of both spouses together? Yes No
 Are any of your children mentally or physically disabled? Yes No

3. EXECUTORS/TRUSTEES

(a) Surviving Spouse:

(b) After Spouse or if no Spouse (If you wish to name one or more of your children, you can do so, and specify that your children are only eligible if they are at least a certain age (i.e. 25 or 30)):

Name:	
Address:	
Phone Numbers:	Work/Cell: Home:

Relationship to You:

(c) Alternate Executors/Trustees

Name:	
Address:	
Phone Numbers:	Work/Cell: Home:

Relationship to You:

4. DO ANY OF YOUR ALTERNATE EXECUTORS RESIDE OUTSIDE ALBERTA? Yes No

5. GUARDIAN FOR MINOR CHILDREN

(a) Guardian(s)

Name(s):	
Phone Numbers:	Work/Cell: Home:
Relationship to You:	

(b) Guardian(s)

Name(s):	
Phone Numbers:	Work/Cell: Home:
Relationship to You:	

6. DISTRIBUTION – SPECIFIC BEQUESTS

Do you have any items or heirlooms that are to be specifically distributed to any particular person or persons?

- Yes No

If yes, please complete the following:

- At what point: If spouse survives
 If no spouse surviving
 If no spouse or children surviving

Item	Name/Address/Relationship

Please continue on back if more space is required

7. DISTRIBUTION – RESIDUE (what is left after specific bequests, above)

- (a) All to spouse
 Other: (to whom and in what percentages)

- i. _____
- ii. _____
- iii. _____

- (b) If Spouse predeceases me: Equally to all children
 All to children, but different percentages
 Other (including % to charity of choice, please specify):

(c) Common Disaster (if spouse and children die with you in a common disaster, to who do you want your estate to go, including % to charity/charities of choice?)

Name	Relationship	Address

Please continue on back if more space is required

8. CHILDREN

(a) When do you wish your children to receive their share of your estate?

(We generally recommend a higher age than 18, the age of majority, such as 21 or even 25 as we can provide some discretion to the trustee to provide for the beneficiary’s maintenance and even grant a lump sum distribution if the trustee deems the beneficiary to be sufficiently mature.)

- Age 18 Age 19 Age 21 Age 25

Part at one age, and the balance at another (i.e. Age 18 and then again at 25, or when the youngest child becomes 18). Please specify:

(b) If any child of yours should predecease you, would you:

- Wish the children of your deceased child to receive the share of your estate which your deceased child would have received had he/she survived you?
- Wish your deceased child’s share to be divided equally among your other living children?
- Wish your deceased child’s spouse to receive your deceased child’s share?

(c) Are gifts made by you to any of your children during your lifetime to be deducted from their respective shares of your estate?

- Yes No

9. FINANCIAL INFORMATION

(a) Real Estate

	Address	Name(s) on Title (indicate sole ownership/join tenancy/tenancy in common)
Primary Residence		
Other		

(b) Other Assets

Asset	Description (location, account #, approximate value, contact person, etc.)
Cash (includes chequing & savings accounts)	
Stocks, Bonds, GICs, Term Deposits, etc.	
Life Insurance (include beneficiaries)	
Other	

10. POWER OF ATTORNEY

Do you wish us to draft a Springing Power of Attorney?

- Who is your first choice of Attorney?
(If you are naming a child or children, do you only wish them to make these decisions if they have achieved a significant age, such as 25 or 30?)

Spouse Other _____ Alternate _____

11. PERSONAL DIRECTIVE

Do you wish us to draft a Personal Directive?

(If you are naming a child or children, what age do you desire your child/children to be given this responsibility, i.e. 25 or 30 years old?)

Spouse Other _____ Alternate _____

12. SAFEKEEPING OF WILL

Lawyer Other