

**DUKE LAW OFFICE**

201 Duke Place
6950-109 Street NW
Edmonton, Alberta
T6H 3B8

Tel. (780) 761-3853
Fax (780) 756-6432
duke@dukelow.ca
ssifa@dukelow.ca

Nduka Ahanonu, LLM
Barrister, Solicitor & Notary Public

Sifa Serushago, LLM
Barrister, Solicitor & Notary Public

WILL AND ESTATE PLANNING**Testator Information**

| | |
|-----------------|-----------------|
| First name: | |
| Middle name: | |
| Last name: | |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |
| Phone number: | Work number: |
| Cell number: | Email: |
| Date of birth: | Place of birth: |
| Citizenship: | S.I.N.: |

Spouse's Information (include Common-Law)

| | |
|-----------------|-----------------|
| First name: | |
| Middle name: | |
| Last name: | |
| Address: | City: |
| Province/State: | Country: |
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| Phone number: | Work number: |
| Cell number: | Email: |
| Date of birth: | Place of birth: |
| Citizenship: | S.I.N.: |

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Marriage Information

| | |
|---|--------------------|
| Marital status: | |
| Date of marriage: | Place of marriage: |
| Previous marriage? Yes No | |
| If YES, name of previous spouse: | |
| Date of Death/Divorce or Separation: | |
| Obligations arising from previous relationships (i.e. child or spousal support, written agreements, etc.) | |
| _____ | |
| _____ | |
| _____ | |
| If you are single/separated or divorced | |
| Are you planning on marrying in the near future? Yes No | |
| Are you now cohabiting? Yes No | |
| If YES, name of partner: | |

Surviving children

| | |
|-----------------|----------------|
| Full name: | Date of birth: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|----------------|
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| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|----------------|
| Full name: | Date of birth: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

Surviving children - Continued

- | | | |
|---|-----|----|
| Are any of your children adopted, stepchildren, from a previous marriage or born outside of marriage? | Yes | No |
| Are you responsible for any other children? | Yes | No |
| Are any of your grandchildren adopted, stepchildren or born outside of marriage? | Yes | No |
| Are any of the children or grandchildren mentally or physically handicapped? | Yes | No |

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Deceased Children

| | | |
|--|----------------|----|
| Have any of your children predeceased you? | Yes | No |
| Name of deceased child?: | Date of death: | |
| Name of deceased child?: | Date of death: | |
| Name of deceased child?: | Date of death: | |
| Did deceased child(ren) leave children? | Yes | No |

If YES, please list named and addresses below:

| | |
|-----------------|----------------|
| Full name: | Date of birth: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|----------------|
| Full name: | Date of birth: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|----------------|
| Full name: | Date of birth: |
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|-----------------|----------------|
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| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

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|-----------------|----------------|
| Full name: | Date of birth: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

FINANCIAL INFORMATION

The purpose of this section is to provide us with sufficient information to assist you in planning your estate and to ensure we include sufficient powers in your Will. It will also inform your Executor(s) of all of your assets to make sure they don't miss any.

Real Estate -Principal Residence

| | |
|-------------------------------|-----------------------------|
| Municipal address: | City: |
| Province/State: | Country: |
| Postal code: | |
| Full name(s) on title: | |
| Date of purchase: | Acquisition cost: \$ |
| Current market value: \$ | Current o/s on Mortgage: \$ |
| Is the Mortgage life insured? | Yes No |

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Other Real Estate and Recreational Property

| | |
|-------------------------------|-----------------------------|
| Municipal address: | City: |
| Province/State: | Country: |
| Postal code: | |
| Full name(s) on title: | |
| Date of purchase: | Acquisition cost: \$ |
| Current market value: \$ | Current o/s on Mortgage: \$ |
| Is the Mortgage life insured? | Yes No |

| | |
|-------------------------------|-----------------------------|
| Municipal address: | City: |
| Province/State: | Country: |
| Postal code: | |
| Full name(s) on title: | |
| Date of purchase: | Acquisition cost: \$ |
| Current market value: \$ | Current o/s on Mortgage: \$ |
| Is the Mortgage life insured? | Yes No |

| | |
|-------------------------------|-----------------------------|
| Municipal address: | City: |
| Province/State: | Country: |
| Postal code: | |
| Full name(s) on title: | |
| Date of purchase: | Acquisition cost: \$ |
| Current market value: \$ | Current o/s on Mortgage: \$ |
| Is the Mortgage life insured? | Yes No |



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Bank Accounts

| | |
|------------------|------------------------------|
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

| | |
|------------------|------------------------------|
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

| | |
|------------------|------------------------------|
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

| | |
|------------------|------------------------------|
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

Investments (G/CS, RRSPS, Stocks, Non-Registered Funds, Etc.)

| | |
|---------------------|------------------------------|
| Type of investment: | |
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

| | |
|---------------------|------------------------------|
| Type of investment: | |
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

| | |
|---------------------|------------------------------|
| Type of investment: | |
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |



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| | |
|---------------------|------------------------------|
| Type of investment: | |
| Bank name: | Location: |
| Name on account: | Appr. Balance in Account: \$ |

Life Insurance Policies

| | |
|-----------------|----------------|
| Type of Policy: | |
| Company: | Policy number: |
| Value: \$ | Beneficiary: |

| | |
|-----------------|----------------|
| Type of Policy: | |
| Company: | Policy number: |
| Value: \$ | Beneficiary: |

| | |
|-----------------|----------------|
| Type of Policy: | |
| Company: | Policy number: |
| Value: \$ | Beneficiary: |

| | |
|-----------------|----------------|
| Type of Policy: | |
| Company: | Policy number: |
| Value: \$ | Beneficiary: |



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Employment Pension Plans

| | |
|---------------------|----------|
| Plan Administrator: | Value:\$ |
| Beneficiary: | |

| | |
|---------------------|----------|
| Plan Administrator: | Value:\$ |
| Beneficiary: | |

| | |
|---------------------|----------|
| Plan Administrator: | Value:\$ |
| Beneficiary: | |

| | |
|---------------------|----------|
| Plan Administrator: | Value:\$ |
| Beneficiary: | |

Shares in Private Corporations

Describe full name of company, shareholders, number and type of shares owned by each shareholder, nature of business, assets owned by company, acquisition cost and current value:

| |
|--|
| |
|--|

| | | |
|--|-----|----|
| Are there any restrictions on transfer? | Yes | No |
| Is there a Buy/Sell or Unanimous Shareholders Agreement? | Yes | No |
| If YES, is life insurance funded? | Yes | No |
| OR, otherwise funded? | Yes | No |



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Partnership/Un-Incorporated Business

Please describe:

| |
|--|
| |
|--|

Valuable Personal Property

(please list below -e.g. art, silverware, stamps, coins, jewelry, automobiles, mobile homes, boats, heirlooms, etc.)

| | |
|----------------------|-----------|
| Description: | Location: |
| Acquisition Cost: \$ | Value: \$ |

| | |
|----------------------|-----------|
| Description: | Location: |
| Acquisition Cost: \$ | Value: \$ |

| | |
|----------------------|-----------|
| Description: | Location: |
| Acquisition Cost: \$ | Value: \$ |

| | |
|----------------------|-----------|
| Description: | Location: |
| Acquisition Cost: \$ | Value: \$ |

| | |
|----------------------|-----------|
| Description: | Location: |
| Acquisition Cost: \$ | Value: \$ |



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- | | | |
|---|-----|----|
| Have you an interest in mines and minerals? | Yes | No |
| Have you an interest in any assets outside of Alberta? | Yes | No |
| Have you an interest in any assets outside of Canada? | Yes | No |
| Have you an interest in another estate or trust? | Yes | No |
| Have you made any loans or advances to family members or others that are to be collected or that you wish to be forgiven? | Yes | No |
| Have you an interest in any farmland? | Yes | No |
| Do you own any property in joint tenancy with someone not described above? | Yes | No |
| Are you the owner of a life insurance policy on the life of another person? | Yes | No |

Please describe the Yes answers.

Liabilities

| | | |
|--------------|------------|-----------|
| Description: | Amount: \$ | Due date: |
|--------------|------------|-----------|

| | | |
|--------------|------------|-----------|
| Description: | Amount: \$ | Due date: |
|--------------|------------|-----------|

| | | |
|--------------|------------|-----------|
| Description: | Amount: \$ | Due date: |
|--------------|------------|-----------|



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| | | |
|--------------|------------|-----------|
| Description: | Amount: \$ | Due date: |
|--------------|------------|-----------|

| | | |
|--------------|------------|-----------|
| Description: | Amount: \$ | Due date: |
|--------------|------------|-----------|

| | | |
|--------------|------------|-----------|
| Description: | Amount: \$ | Due date: |
|--------------|------------|-----------|

Please list any other liabilities:

| |
|--|
| |
|--|

Personal advisors

Please fill out the details below if you have the following Personal Advisors

| | |
|-------------------|-----------------|
| Accountant | |
| Full name: | Contact number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|---------------------------------------|-----------------|
| Stock Broker/Financial Advisor | |
| Full name: | Contact number: |
| Address: | City: |
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Life Insurance Agent

Full name:

Contact number:

Address:

City:

Province/State:

Country:

Postal code:

Property Insurance Agent

Full name:

Contact number:

Address:

City:

Province/State:

Country:

Postal code:

Bankers

Full name:

Contact number:

Address:

City:

Province/State:

Country:

Postal code:

General Physician

Full name:

Contact number:

Address:

City:

Province/State:

Country:

Postal code:

Please list any other personal advisors:

| |
|--|
| |
|--|



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Safety Deposit Box

| | |
|-------------------|-------------------|
| Location: | Box: |
| Registered names: | Location of keys: |

| | |
|-------------------|-------------------|
| Location: | Box: |
| Registered names: | Location of keys: |

| | |
|-------------------|-------------------|
| Location: | Box: |
| Registered names: | Location of keys: |

| | |
|-------------------|-------------------|
| Location: | Box: |
| Registered names: | Location of keys: |

Funeral Arrangements and Specific Instructions

Have you pre-arranged your funeral? Yes No

If YES, please list details:

| |
|--|
| |
|--|

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Instructions for Will

Do you have a Will? Yes No

Executors

If your spouse /AIP is the sole beneficiary of your estate, it may be preferable to name him/her as the primary Executor. One primary and one alternate Executor will be sufficient, depending on your circumstances. For tax reasons, it is not advisable to choose an Executor who resides outside of Canada. At least one Executor should be a resident of Alberta, particularly where beneficiaries are under the age of 18 years. (Note: you can have one Executor acting alone, or two people acting jointly).

Do you wish to name your spouse/ AIP as Executor first? Yes No

If NO, name Executor(s) other than spouse below:

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

Alternate Executor(s) (If spouse or executor(s) named above are unable to act)

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Address: | City: |
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| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

Have all of your Executors been asked and are they willing to act? Yes No

Guardian(s) for Minor Children

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Work number: | Cell number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
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Alternate Guardian(s) for Minor Children

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Work number: | Cell number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Work number: | Cell number: |
| Address: | City: |
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| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Work number: | Cell number: |
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Have all of your Guardians been asked and are they willing to act? Yes No



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Division of Estate

1. All to spouse: Yes No

If NO to spouse and NO to children, Go to question #5 below:

2. If spouse predeceases me (or no spouse) Yes No

a. Equally to all children? Yes No

b. All to children but different percentages? Yes No

c. Different percentages to particular children? Yes No

d. Other named beneficiaries? Yes No

GO TO QUESTION #5 BELOW

3. At what age are your children to receive their share of your estate?

a. All _____ (years)

b. _____ % at _____ (years)

_____ % at _____ (years)

_____ % at _____ (years)

c) If other, please list below:

4. If one child or named beneficiary dies before you do, or before attending the age at which he/she is entitled to the share, who shall receive that share or the amount remaining?

a) The children of the deceased child (my grandchildren) or children of named beneficiary Yes No

b) My surviving children only Yes No

c) If other, please list below:



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5. All to the following (please complete this section for any beneficiaries who are not already described in this questionnaire)

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

| | |
|-----------------|-----------------|
| Full name: | Relationship: |
| Age: | Contact number: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

6. **FAMILY DEMISE:** How is your estate to be divided if you and your spouse and all your children and grandchildren are killed in a common accident, OR if any of your children or grandchildren survive you but die before becoming entitled to receive their entire portion of your estate?

- a) 1/2 to my parents and 1/2 to spouse / AIP's parents Yes No
- b) 1/2 to my brothers and sisters and 1/2 to my spouse / AIP's brothers and sisters who are then alive in equal shares Yes No
- c) To my nephews and nieces and my spouse / AIP's nephews and nieces in equal shares Yes No
- d) Charities? Please list below:

e) If other, please list below:



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Do you have an RESP for your children? Yes No

If YES, who do you want to name as your successor subscriber?

a) The executor only Yes No

b) The executor with authority to name an alternate subscriber Yes No

c) If other, please give details

If your child(ren) does/do not qualify to receive the RESP in the future (i.e. do not continue onto post-secondary education) who should receive the refund of contributions?

| | |
|-----------------|----------------|
| Full name: | Date of birth: |
| Address: | City: |
| Province/State: | Country: |
| Postal code: | |

Specified Gifts or Legacies -(List items or amounts)

Please list details below:

Who pays for packing, shipping and insurance?



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Nduka Ahanonu, LLM
Barrister, Solicitor & Notary Public

Sifa Serushago, LLM
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Charitable donations:

Please list details below: