

# Weizman Law

## Instructions for Will, Power of Attorney and Personal Directive



Do you already have a Will? Yes      No

If yes, where is it located: \_\_\_\_\_

Reason for new Will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Executor(s)/Personal Representative(s):**

If your spouse or partner is the sole beneficiary of your estate, it may be preferable to name him/her as the Executor(s)/Personal Representative(s). One primary and one alternate Executor(s)/Personal Representative(s) will likely be sufficient.

It is not advisable to choose an Executor/Personal Representative who lives outside of the Province of Alberta. Please advise if you would like to discuss your Executor/Personal Representative and Trustee choice at our meeting.

### **Executor(s)/Personal Representative(s) Information:**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

### **Alternate Executor(s)/Personal Representative(s):**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

### **Alternate Executor(s)/Personal Representative(s):**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

**\*Have you asked all of your Executor(s)/Personal Representative(s) and are they willing to act?**

Yes      No

**Guardianship for minor children:**

If you have any minor children, you need to specify in your Will who you would like to look after your children when you die.

**Primary Guardian(s):**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

**\*Have you asked all of the Guardians and are they willing to act?**

Yes      No

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

- \_\_\_\_\_ All at eighteen
- \_\_\_\_\_ % at \_\_\_\_ years of age
- \_\_\_\_\_ % at \_\_\_\_ years of age
- \_\_\_\_\_ % at \_\_\_\_ years of age
- \_\_\_\_\_ other: \_\_\_\_\_

The age of majority is eighteen (18) years in Alberta. Unless otherwise specified, the Will shall be drafted so that your Executor(s)/Personal Representative(s) will hold each child's share in trust until the specified age with power to provide funds for and capital for education, maintenance and support.

2. If one (1) child dies before you do, or before attaining the age at which he is entitled to the share, who shall receive that share or the amount remaining?

\_\_\_\_\_ The children of the deceased child (my grandchildren).

\_\_\_\_\_ My surviving children only.

\_\_\_\_\_ other: \_\_\_\_\_

**Family demise:**

3. 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?

\_\_\_\_\_ ½ equally to my parents and ½ equally to spouse's/partner's parents.

\_\_\_\_\_ ½ to my brothers and sisters and ½ to my spouse's/partner's brother and sisters.

\_\_\_\_\_ to my nephews and nieces and my spouse's/partner's nephews and nieces in equal shares.

\_\_\_\_\_ charities: \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

**Specified gifts or legacies:**

Caution: Do not list any items unless they are very valuable or of great sentimental value or unless you are prepared to pay your lawyer to draft the Will and change it when an item is sold or replaced.

Item or Amount	Name and Address of Specific Beneficiary

**Funeral Arrangements:**

Have you prearranged your funeral?

Yes      No

If yes, please provide any information for your prearranged funeral:

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Do you want to be buried or cremated? \_\_\_\_\_

If buried, where would you like to be buried:

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If cremated, what do you want your Executor(s)/Personal Representative(s) to do with your ashes? \_\_\_\_\_

**Instructions for Enduring Power of Attorney**

Do you already have an Enduring Power of Attorney? Yes      No

If yes, where is it located: \_\_\_\_\_

Reason for new Enduring Power of Attorney: \_\_\_\_\_  
\_\_\_\_\_

**Attorney(s):**

In the event of your permanent incapacity due to accident or illness, an Enduring Power of Attorney will allow your Attorney to look after your financial affairs (e.g. control of bank accounts, selling land) until your death, at which time your Executor(s)/Personal Representative(s) would assume control.

**Two (2) medical practitioners must declare that you lack the capacity to make such decisions on your own prior to the Enduring Power of Attorney coming into effect.** Generally, one primary and one alternate Attorney will likely be sufficient, depending on your circumstances. Your Attorney must be over the age of eighteen (18) years.

**Primary Attorney:**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

**Alternate Attorney(s):**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

**\*Have you asked all of your Attorneys and are they willing to act?** Yes      No

**Instructions for Personal Directive**

Do you already have Personal Directive?

Yes No

If yes, where is it located: \_\_\_\_\_

Reason for new Personal Directive:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agent(s):**

In the event of your permanent incapacity due to accident or illness, a Personal Directive will allow your Agent to make your health care decisions for you (i.e. medical decisions, accommodations, with whom you live and associate and other non-financial decisions).

The personal directive comes into effect only after either your Agent or two (2) health care providers declare that you lack the capacity to make such decisions on your own. Generally, one primary and one alternate Agent will be sufficient, depending on your circumstances. Your Agent must be over the age of eighteen (18) years.

**Primary Agent:**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

**Alternate Agent:**

Full name including middle name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

**\*Have you asked all of your Agents and are they willing to act?**

Yes No