



Dear Madam/Sir:

Congratulations on your forward thinking and taking the steps to provide yourself and your family with financial security. A will is undoubtedly essential to ensure your estate is dealt with in accordance with your wishes. A secondary consideration is how to deal with your property in the event you should become incapacitated.

I always encourage clients to have an Enduring Power of Attorney and Personal Directive done simultaneously as their will. These will protect not only you but also your property as they appoint someone to take care of your financial matters and medical decisions if you become incapacitated.

We can become incapacitated due to an accident or medical illness for only a short period. It is crucial to have someone you trust to step in and make financial decisions for you quickly to avoid any negative impact when you recover. In the event you lose the ability to make your own financial decisions, you will need to have appointed someone to ensure you are both physically and financially well cared for.

I have included our costs\* below for the above services and would happily assist you.

	Will	Will, Enduring Power of Attorney and Personal Directive
Single	\$300.00**	\$500.00**
Couple	\$500.00***	\$800.00***

\* the costs mentioned for the one meeting, if more then one meeting additional fees might be applied;

\*\* plus a \$25 disbursement our software company charges per use;

\*\*\* (lus a \$50 disbursement our software company charges per use.

We have enclosed questionnaires for all three of the above documents. Once filled out, they can be returned to our office by email to my assistant ([assistant@ridleylaw.ca](mailto:assistant@ridleylaw.ca)) /fax/mail or pop into the office (see all our contact info above). We will then draft the documents and schedule a time for you to come in and sign them. Please let us know if you have any questions throughout the process.

Yours truly,

**Diane Ridley**  
Barrister and Solicitor

# LAST WILL AND TESTAMENT QUESTIONNAIRE

Once filled in please return to our office by one of the following methods:

**Email:** assistant@ridleylaw.ca

**Fax:** 780-761-3651

**Mail or in person:** 4740-50 Avenue, P.O.Box 389, Calmar, Alberta, T0C 0V0

We will contact you to set an appointment when we have your will drafted.

## Personal Information (**Your Information**):

Full Legal Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

## Executor Information:

Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

## Alternate Executor(s) Information (**Recommend at least 1 Alternate Executor**):

Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

## Do you wish to compensate your executor?

No set amount \_\_\_\_\_ Set amount \$ \_\_\_\_\_ No compensation \_\_\_\_\_

**Beneficiaries (add an extra page if required):**

Full Legal Name: \_\_\_\_\_  
If under 18 indicate what age they be entitled to receive their interest of your estate  
\_\_\_\_\_ 18 years \_\_\_\_\_ 21 years of age \_\_\_\_\_ 25 years of age \_\_\_\_\_ other \_\_\_\_\_ n/a  
Address (city/town and province): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

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Full Legal Name: \_\_\_\_\_  
If under 18 indicate what age they be entitled to receive their interest of your estate  
\_\_\_\_\_ 18 years \_\_\_\_\_ 21 years of age \_\_\_\_\_ 25 years of age \_\_\_\_\_ other \_\_\_\_\_ n/a  
Address (city/town and province): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

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Full Legal Name: \_\_\_\_\_  
If under 18 indicate what age they be entitled to receive their interest of your estate  
\_\_\_\_\_ 18 years \_\_\_\_\_ 21 years of age \_\_\_\_\_ 25 years of age \_\_\_\_\_ other \_\_\_\_\_ n/a  
Address (city/town and province): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

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Full Legal Name: \_\_\_\_\_  
If under 18 indicate what age they be entitled to receive their interest of your estate  
\_\_\_\_\_ 18 years \_\_\_\_\_ 21 years of age \_\_\_\_\_ 25 years of age \_\_\_\_\_ other \_\_\_\_\_ n/a  
Address (city/town and province): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

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Full Legal Name: \_\_\_\_\_  
If under 18 indicate what age they be entitled to receive their interest of your estate  
\_\_\_\_\_ 18 years \_\_\_\_\_ 21 years of age \_\_\_\_\_ 25 years of age \_\_\_\_\_ other \_\_\_\_\_ n/a  
Address (city/town and province): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

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Full Legal Name: \_\_\_\_\_  
If under 18 indicate what age they be entitled to receive their interest of your estate  
\_\_\_\_\_ 18 years \_\_\_\_\_ 21 years of age \_\_\_\_\_ 25 years of age \_\_\_\_\_ other \_\_\_\_\_ n/a  
Address (city/town and province): \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Specific Bequests:** (Specific items ex: rings, cars, etc and/or dollar amounts left to specific people)

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**Will you include a Memorandum \_\_\_\_\_** (Yes or No – a detailed list of Personal Affects/House Hold Effects that you want set out to certain family members or friends)

**Do you have any registered plans/insurance policies for which no beneficiary is named? (Pension, Retirement, Life Income, etc.):**

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**Residue: (whom you want all money/funds left to)**

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**If loans were made during your lifetime to any beneficiaries** do you wish:

\_\_\_\_\_ the outstanding amount to be forgiven or

\_\_\_\_\_ reduce the beneficiaries share by the outstanding amount?

\_\_\_\_\_ n/a

**Guardianship of Minor Children:**

If my spouse fails to survive me, I appoint: \_\_\_\_\_

of: \_\_\_\_\_, as guardians of my minor children.

**Disposition of Body/funeral arrangements:** (would you like to be cremated/or buried/ a funeral held, etc.)

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# ENDURING POWER OF ATTORNEY QUESTIONNAIRE

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Once filled in please return to our office by one of the following methods:**Email:**  
assistant@ridleylaw.ca

**Fax:** 780-761-3651

**Mail or in person:** 4740-50 Avenue, P.O.Box 389, Calmar, Alberta, T0C 0V0

We will contact you to set an appointment when we have your will drafted.

**1. Do you have any Powers of Attorney presently in effect?**

\_\_\_\_\_ No      \_\_\_\_\_ Yes

Where: \_\_\_\_\_

**2. Personal Information (Your Information):**

Full Legal Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

**3. Information of the person you are designating as your attorney (the person who will make your financial decisions when you lack capacity to do so):**

Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

**Alternate attorney(s) Information (Recommend at least 1 alternate):**

4. Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

**5. When should your Power of Attorney come into effect?**

- a. \_\_\_\_ When you sign it
- b. \_\_\_\_ At a specified future time (specific) \_\_\_\_\_
- c. \_\_\_\_ If and when you become mentally incapable – or physical incapacity
- d. \_\_\_\_ If you become physically incapacitated (non-ambulatory)
- e. \_\_\_\_ On some other contingency (specify) \_\_\_\_\_

6. Do you wish to impose any restrictions on your Attorney?

\_\_\_\_\_ No \_\_\_\_\_ Yes

a. For whose benefit can monies be spent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Do you wish to give your Attorney the power to make gifts consistent with your giving practices?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Restrictions: \_\_\_\_\_

c. Any restrictions on the sale of land or other assets?

\_\_\_\_\_ No \_\_\_\_\_ Yes

d. To whom do you wish your Attorney to account? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ No Accounting

7. Do you wish to remunerate your Attorney?

\_\_\_\_\_ No \_\_\_\_\_ Yes

a. \_\_\_\_\_ Out of pocket expenses

b. \_\_\_\_\_ % of assets under management annually

c. \_\_\_\_\_ % of income collected annually

d. \_\_\_\_\_ in addition to the foregoing:

0.5% on the first \$100,000.00; (minimum of \$500.00 per annum)

0.4% on next \$200,000.00;

0.3% on next \$200,000.00;

0.1% on excess beyond \$500,000.00

Annually together with \_\_\_\_\_ % of income collected annually;

e. \_\_\_\_\_ compensation for trustees under the Trustee Act of Alberta

8. Have you bequeathed certain assets in your Will that would restrict the sale of property that your attorney should be aware of?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If so, what: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL DIRECTIVE

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Once filled in please return to our office by one of the following methods: **Email:**  
assistant@ridleylaw.ca

**Fax:** 780-761-3651

**Mail or in person:** 4740-50 Avenue, P.O.Box 389, Calmar, Alberta, T0C 0V0

We will contact you to set an appointment when we have your will drafted.

**1. Personal Information (Your Information):**

Full Legal Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Agent** (legal name & address of the person you are designating to make medical decisions when you no longer have capacity to make them yourself )

Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

**Alternate Agent(s) Information (Recommend at least 1 alternate):**

Full Legal Name: \_\_\_\_\_

Address (just town and province) \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

**3. Public Guardian as Agent:** \_\_\_\_\_ No \_\_\_\_\_ Yes

**4. Specific Instructions regarding Health Care:**

\_\_\_\_\_ Extreme physical or mental disability – all life sustaining measures and treatments will be implemented

\_\_\_\_\_ All life sustaining measures and treatments except cardiopulmonary resuscitation (CPR)

\_\_\_\_\_ No CPR, ventilators, respirators or feeding tubes, but all comfort measures to be implemented.

\_\_\_\_\_ Life not prolonged by CPR, ventilators, respirators or feeding tubes if suffering from extreme mental or physical disability such as Alzheimers of dementia.

\_\_\_\_\_ My life shall not be prolonged by means of life support systems such as ventilators, dialysis or feeding tubes if only likelihood is to return to or remain comatose, in a constant vegetative state, or one of brain death

\_\_\_\_\_ I do not wish to undergo cardiopulmonary resuscitation if the only likelihood is to return to or remain comatose, in a constant vegetative state, or one of brain death

\_\_\_\_\_ If a co-morbid infection, such as pneumonia develops, I do not want antibiotic therapy when the best results would only be to return to a previous seriously incapacitated chronic state

\_\_\_\_\_ I do not wish to be admitted to an Intensive Care unit of any hospital if the only likelihood is to return to or remain comatose, in a constant vegetative state, or one of brain death

\_\_\_\_\_ If any of my tissues or organs are sound and would be of value as transplants to other people, I freely give my permission for such donation.