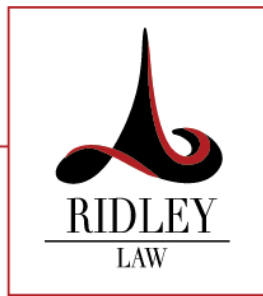


Diane Ridley Professional Corporation
Lawyer



Box 389
4740 50 Avenue
Calmar, Alberta T0C 0V0
diane@ridleylaw.ca
T 780-666-2351
F 780-761-3651

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 above include one an hour appointment: if more then one appointment is required extra charges may be applied;

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

*** plus 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) /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: _____

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: _____

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: _____

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: _____

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: _____

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)

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.):

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

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.)

ENDURING POWER OF ATTORNEY 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.

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

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.