



WILLS ESTATES TRUSTS  
PROFESSIONAL RESPONSIBILITY

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Turning Point Law is a Trade Name of McLaughlin LLP

## Client Profile

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For your initial appointment, we ask that you complete the basic and financial information sections and review the Will, Enduring Power of Attorney and Personal Directive sections, filling in as much as you are comfortable. Once you have completed the profile, you can either forward it to us or bring it with you when we meet.

We will review your client profile with you and discuss your wishes at your initial appointment

## Personal Information

| Basic Information  |                 |             |            |            |             |
|--|-----------------|-------------|------------|------------|-------------|
| Full Name:   |                 |             |            |            | Home Phone: |
| Address:   |                 |             |            |            | Cell Phone: |
| Email:   | Citizenship:    | US citizen? |            | yes        | no          |
| Date of Birth:   | Place of Birth: |             |            |            |             |
| How did you want to communicate:<br><i>If you use a work email, your employer will have access to our communications</i> | Email           | Home phone  | Cell phone | Work phone | Mail        |
| How did you hear about Turning Point Law?  |                 |             |            |            |             |

## Children

Do you have children?

Yes  
No

*If Yes, please provide the following information:*

|    |            |                |                 |   |           |
|----|------------|----------------|-----------------|---|-----------|
| 1. | Full Name: | Address:       |                 |   |           |
|    | Phone:     | Date of Birth: | son<br>daughter | Are both of you the<br>parents of this child: | Yes<br>No |
| 2. | Full Name: | Address:       |                 |   |           |
|    | Phone:     | Date of Birth: | son<br>daughter | Are both of you the<br>parents of this child: | Yes<br>No |
| 3. | Full Name: | Address:       |                 |   |           |
|    | Phone:     | Date of Birth: | son<br>daughter | Are both of you the<br>parents of this child: | Yes<br>No |
| 4. | Full Name: | Address:       |                 |   |           |
|    | Phone:     | Date of Birth: | son<br>daughter | Are both of you the<br>parents of this child: | Yes<br>No |
| 5. | Full Name: | Address:       |                 |   |           |
|    | Phone:     | Date of Birth: | son<br>daughter | Are both of you the<br>parents of this child: | Yes<br>No |
| 6. | Full Name: | Address:       |                 |   |           |
|    | Phone:     | Date of Birth: | son<br>daughter | Are both of you the<br>parents of this child: | Yes<br>No |

## Information About Children

Is there anything about your children or grandchildren that we should be aware of when we draft your documents?

*For example, do any of your children have a disability, are any of them adopted? Also, who are their parents?*

## Grandchildren

Please provide us with the name, date of birth and parents of your grandchildren.

### Current Relationship

Are you currently in a relationship?

yes  
no

*If yes, please provide the following information about your partner:*

|                |                       |                    |                         |                     |
|----------------|-----------------------|--------------------|-------------------------|---------------------|
| Full Name:     | Type of relationship: | engaged<br>married | common law<br>separated | divorced<br>friends |
| Date of Birth: | Place of Birth:       |                    |                         |                     |

If you are common law, when did you start living together:

If you are married, what is the date of your marriage:

Please describe anything we should know about your relationship (for example: you do not live with your partner, your partner has limited capacity (i.e., dementia) or you have a cohabitation or prenuptial agreement with your partner)

### Prior Relationship(s)

Have you had prior relationship(s)?

yes  
no

*If yes, please provide the full name of your former spouse, type of relationship (married or common law), dates the relationship started and ended and how the relationship ended (death, divorce or separation) for each relationship:*

Please describe anything we should know about your prior relationships (for example: child support issues, not formally divorced yet or ongoing property issues)

### Employment

What is your current employment status:

Employed    Not Employed    Retired

Employer:

Position:

Income: \$

Notes:

## FINANCIAL INFORMATION

This part is to allow us to consider your entire Estate when drafting your documents and record information about your assets. If there is not enough room to describe your assets, please provide us the particulars separately.

| Principal Residence |        |                                    |    |
|---------------------|--------|------------------------------------|----|
| Street Address:     |        | Market Value:                      | \$ |
| Legal Description:  |        | Mortgage Amount:                   | \$ |
| Name(s) on Title:   | Title: | Sole    Joint    Tenants in Common |    |

| Other Real Estate  |        |                                    |    |
|--------------------|--------|------------------------------------|----|
| Street Address:    |        | Market Value:                      | \$ |
| Legal Description: |        | Mortgage Amount:                   | \$ |
| Name(s) on Title:  | Title: | Sole    Joint    Tenants in Common |    |

| Other Real Estate  |        |                                    |    |
|--------------------|--------|------------------------------------|----|
| Street Address:    |        | Market Value:                      | \$ |
| Legal Description: |        | Mortgage Amount:                   | \$ |
| Name(s) on Title:  | Title: | Sole    Joint    Tenants in Common |    |

|  |           |
|--|-----------|
| Would you like Turning Point Law to confirm the Alberta titles? (there is a \$25 charge per title) | Yes<br>No |
|--|-----------|

| Bank Accounts                  |                    |               |                 |
|--------------------------------|--------------------|---------------|-----------------|
| Financial Institution / Branch | Name(s) on Account | Joint or Sole | Average Balance |
|                                |                    |               | \$              |
|                                |                    |               | \$              |
|                                |                    |               | \$              |
|                                |                    |               | \$              |
|                                |                    |               | \$              |

**Financial Advisor**

Name and contact information  
for your financial advisor (if any):

**Registered Investments (i.e., TFSAs, RSPs and RIFs)**

| Financial Institution / Branch | Type | Owner | Beneficiary | Balance |
|--------------------------------|------|-------|-------------|---------|
|                                |      |       |             | \$      |
|                                |      |       |             | \$      |
|                                |      |       |             | \$      |
|                                |      |       |             | \$      |
|                                |      |       |             | \$      |

**Non Registered Investments (i.e., Stocks, GICs and Investment Accounts)**

| Issuer | Type | Owner(s) | Purchase Price | Current Value |
|--------|------|----------|----------------|---------------|
|        |      |          | \$             | \$            |
|        |      |          | \$             | \$            |
|        |      |          | \$             | \$            |
|        |      |          | \$             | \$            |
|        |      |          | \$             | \$            |

**Pension Plans (except CPP or OAS)**

| Company | Owner | Beneficiary |
|---------|-------|-------------|
|         |       |             |

### Life Insurance

| Insurance Company | Type (i.e., term) | Insured | Beneficiary | Amount |
|-------------------|-------------------|---------|-------------|--------|
|                   |                   |         |             | \$     |
|                   |                   |         |             | \$     |
|                   |                   |         |             | \$     |
|                   |                   |         |             | \$     |
|                   |                   |         |             | \$     |

It is important that the designations of beneficiary provided are accurate. We will be relying on this information to give you advice and draft your documents.

### Other Property

Please provide us with a list of any family heirlooms or valuable personal property (e.g., art, silverware, coins, jewelry) or other assets (e.g., timeshares, intellectual property).

### Other Types of Property and Expectations

Do you have any of the following:

- |  |           |
|--|-----------|
| Do you have an RESP for children or grandchildren?                                     | Yes<br>No |
| Do you have farm land, farm business or farm corporation?                              | Yes<br>No |
| Do you have mines or minerals (including oil and gas interests and/or surface leases)? | Yes<br>No |
| Does anyone owe you money? (e.g., personal loans, promissory notes, mortgages, etc.)   | Yes<br>No |
| Have you loaned or advanced funds to a beneficiary of your Estate?                     | Yes<br>No |
| Do you have joint accounts with a child (or other beneficiary of your Estate)?         | Yes<br>No |

*Please provide additional information on any affirmative answers:*

## Small Business Corporation

Do you own shares in a small business (e.g., a company or farm corporation) Yes  
No

*If Yes, please provide the following information:*

The corporation's name: Directors:

Shareholders (including the number and class of shares):

Type of business: Are there retained earnings? Yes  
No

Is there a Unanimous Shareholders Agreement? Yes Are there shareholders loans? Yes  
No  No

*Please provide any additional information that you think is relevant:*

## Liabilities

Includes credit cards, mortgages, support payments, tax arrears, loans, lines of credit, judgments, etc.

| Creditor | Type of Liability | Amount Owing | Monthly Payment |
|----------|-------------------|--------------|-----------------|
|          |                   | \$           | \$              |
|          |                   | \$           | \$              |
|          |                   | \$           | \$              |
|          |                   | \$           | \$              |
|          |                   | \$           | \$              |
|          |                   | \$           | \$              |

## Digital Assets

We recommend compiling a list of your digital assets (logins and passwords) for computers, email accounts, digital files (music, pictures, etc.), online banking, social media and e-commerce websites and keeping this list with your documents. In addition, we can store any information you provide and make th available to your Attorney and Personal Representative upon request.

Notes:

# WILLS WORKSHEET

## Personal Representative

In a Will, you appoint a **Personal Representative** to administer your Estate (used to be *Executor*). We suggest you consider appointing a sole person as your Personal Representative because persons appointed jointly as your Personal Representative will have to agree on all decisions and this can cause frustration, stress and delay in the administration of your Estate.

|                  |            |           |
|------------------|------------|-----------|
| Primary          | Full Name: | Relation: |
|                  | Address:   | Phone:    |
| First Alternate  | Full Name: | Relation: |
|                  | Address:   | Phone:    |
| Second Alternate | Full Name: | Relation: |
|                  | Address:   | Phone:    |

## Guardian

If you name joint Guardians for your minor children and one Guardian dies, the surviving Guardian will become the sole Guardian of your children. For example, if you name your sister and her spouse as joint Guardians and your sister subsequently dies, your sister's spouse will be the sole Guardian of your minor children.

Would you like to appoint Guardian(s) for minor children in your Will?

|           |   |   |
|-----------|---|---|
| N/A       | The same person(s) appointed your Personal Representative | Specific Persons ( <i>please list</i> ) |
| Guardian  | Full Name:  | Relation:                               |
|           | Address:  | Phone:                                  |
| Alternate | Full Name:  | Relation:                               |
|           | Address:  | Phone:                                  |

## Personal Property

|   |     |
|---|-----|
| Do you want to include a list with your Will outlining how you would like your household goods distributed? | Yes |
|   | No  |

*While this list is not legally binding, it gives your Personal Representative and beneficiaries guidance.*



### Specific Gifts

Do you want to make a gift of a specific amount or item? Yes  
(Note, we suggest you consider gifting firearms to someone who is licensed to possess them.) No  
If Yes, please provide us with the item(s), the recipient(s) and their relationship below or in a separate document.

### Residue of Estate

Would you like to distribute the residue of your Estate equally among your children? Yes  
No  
If No, who do you want to give your Estate to:

|            |           |   |
|------------|-----------|---|
| Full Name: | Relation: | % |
| Full Name: | Relation: | % |
| Full Name: | Relation: | % |
| Full Name: | Relation: | % |
| Full Name: | Relation: | % |
| Full Name: | Relation: | % |

### Disposition of a Deceased Beneficiary's Share

How do you want to distribute a gift to a beneficiary who dies before they receive their share?

The remaining beneficiaries

Equally among the children of a deceased beneficiary and then to the remaining beneficiaries

### Power of Encroachment

A Power of Encroachment gives your Personal Representative the power to advance part of a beneficiary's share before they reach the age for distribution. You can give your Personal Representative **one or both** of the following powers.

For the beneficiary's maintenance, education, benefit and advancement in life

To relieve the care-givers of your minor children for the additional financial burdens that come from caring for them

### Age for Distribution

What age would you like the beneficiaries of your Estate to receive their shares:

Their entire share at 18

One half at 23 and the rest at 27

Their entire share at 21

One third at 21 and the rest at 25

Their entire share at 25

One tenth at 21, one third at 24 and the rest at 27

Other:

### Ultimate Disposition Clause

In the unlikely event that all the beneficiaries of your Estate predecease you, who would you like to receive your Estate?

Equally among your siblings who are then alive

Equally among your nieces and nephews who are then alive

Specific relatives, friends, churches and/or charities (please list):

### Compensation

Personal Representatives are entitled to be reimbursed for reasonable costs, disbursements, other charges and out-of-pocket expenses. Did you also want to pay your Personal Representative a fee for administering your Estate?

No compensation

An hourly fee of \$

% of your gross Estate (*typical range is 2% to 4%*)

A flat fee of \$

### Will Storage

Where do you plan to store your Wills:

Notes:

## ENDURING POWERS OF ATTORNEY WORKSHEET

| Attorney  |                   |
|---|-------------------|
| <p>In an Enduring Power of Attorney, you appoint an <b>Attorney</b> to manage your financial matters while you are alive. We suggest you consider appointing a sole person as your Attorney because persons appointed jointly will have to agree on all decisions and this can cause frustration, stress and delay.</p> |                   |
| <p>Do you want to appoint the same person(s) you appointed as your Personal Representative?</p>   | <p>Yes<br/>No</p> |
| <p><i>If you do not want to appoint the same person(s) as your Personal Representative, please provide the following:</i></p>   |                   |
| <p>Primary    Full Name:</p>  | <p>Relation:</p>  |
| <p>                  Address:</p>   | <p>Phone:</p>     |
| <p>First Alternate    Full Name:</p>  | <p>Relation:</p>  |
| <p>                  Address:</p>   | <p>Phone:</p>     |
| <p>Second Alternate    Full Name:</p>   | <p>Relation:</p>  |
| <p>                  Address:</p>   | <p>Phone:</p>     |

| Enduring Power of Attorney Trigger   |   |
|--|---|
| <p>How would you like your Enduring Power of Attorney to come into effect?</p>             |   |
| <p><i>Note: Your Attorney is the person you appoint (above), not Turning Point Law</i></p> |   |
| <p>Immediate</p>   | <p>The Enduring Power of Attorney comes into effect immediately and continues to be in effect if you subsequently become incapacitated and are unable to manage your finances. <i>This is for people who want their Attorney to assist them to manage their finances while they have capacity and take over the management of their finances if they lose capacity.</i></p> |
| <p>Springing</p>   | <p>The Enduring Power of Attorney comes into effect when your Attorney and treating physician agree that you are incapacitated and unable to manage your finances. <i>This allows your Attorney to take over management of your finances if your Attorney and a doctor agree that you have lost capacity (but not while you have capacity).</i></p>                         |
| <p>Springing</p>   | <p>The Enduring Power of Attorney comes into effect when 2 physicians agree that you are incapacitated and unable to manage your finances. <i>This allows your Attorney to take over management of your finances if two doctors agree that you have lost capacity (but not while you have capacity).</i></p>  |

## Accounting

You can give an interested party the right to access information about how your Attorney is managing your finances. Who would you like to be able to request a list of your assets, debts and transactions that have occurred from your Attorney?

Nobody

All children

Specific persons (*please list*):

## Compensation

Attorneys are entitled to be reimbursed for reasonable costs, disbursements, other charges and out-of-pocket expenses. Did you also want to pay your Attorney a fee for administering your Estate?

No Compensation

2.5% of the money received and payments made by the Attorney on your behalf

An hourly fee of \$

Notes:

# PERSONAL DIRECTIVES WORKSHEET

## Agent

In a Personal Directive, you appoint an **Agent** to make decisions relating to your non-financial matters when you are incapacitated (e.g., healthcare). We suggest you consider appointing a sole person as your Agent because persons appointed jointly will have to agree on all decisions and this can cause frustration, stress and delay.

Do you want to appoint the same person(s) you appointed as your Personal Representative?

Yes  
No

*If you do not want to appoint the same person(s) as your Personal Representative, please provide the following:*

Primary Full Name: Relation:

Address: Phone:

First Alternate Full Name: Relation:

Address: Phone:

Second Alternate Full Name: Relation:

Address: Phone:

## Minor Children

If you are incapacitated, do you want to appoint someone to care for your minor children?

N/A

Your Agent

Specific Persons *(please list)*:

## Access to Personal Information

If you are incapacitated, do you want your Agent to disclose your healthcare information to any other persons?

No

All children

Specific persons *(please list)*:

## Long Term Care Decisions

Our Personal Directive directs your Agent to make decisions based on their knowledge of your wishes, beliefs and values. In order to give your Agent some direction, please check the statements below that reflect your wishes:

|   |           |
|---|-----------|
| I want to be consulted to the extent that it is feasible and in my best interests.  | Yes<br>No |
| I want care that enables me to remain as independent as possible, gives me comfort and support, facilitates my interaction with others, and relieves my pain and distress.  | Yes<br>No |
| I want regular personal contact with my family and friends who support me.  | Yes<br>No |
| I want to stay at home for as long as practical.  | Yes<br>No |
| I want my Agent to be able to modify and update my Goals of Care Designation Order.   | Yes<br>No |
| If I must receive institutional care, I prefer:<br><b>A</b> Reasonable care within my resources, provided that I am comfortable.<br><b>B</b> The best possible care, it is acceptable to deplete my resources so I have no Estate when I die. | A<br>B    |

## End of Life Decisions

|  |            |
|--|------------|
| I want my Agent to be able to donate my organs, tissues and byproducts for transplantation.  | Yes<br>No  |
| If I am in severe pain or distress, I want my Agent to be able to consent to the administration of drugs to relieve my pain and distress, even if it will hasten my death.   | Yes<br>No  |
| If I have a grievous and irremediable medical condition, I will consent to medical assistance in dying ("MAID"). Accordingly, I want treatments that will ensure I have sufficient capacity to consent to MAID.  | Yes<br>No  |
| If I reach a stage where I am not expected to regain the mental capacity to make my own decisions:<br><br><b>A I do not want my life prolonged at all costs.</b> I do not want treatments that are intended primarily to prolong my life without improving the chances for cure or reversal of my condition. Further, I want my Agent to be able to consent to reductions in the intensity of medical intervention and I want to receive comfort care, including surgery and drugs, to relieve pain and reduce distress.<br><br><b>B I want to live as long as possible.</b> I want all available treatments to extend my life for as long as possible, including surgery, medications, CPR, ventilators, dialysis and tube feeding. | A<br><br>B |

## Living Will

|  |   |
|--|---|
| I want my Agent to be able to refuse, withhold or withdraw treatment to permit my life to come to its end if |   |
| a) My death is imminent if treatment is not commenced or continued,  | Yes   |
| b) There is no reasonable medical expectation of recovery and  | No  |
| c) I have lost the ability to interact with others and have no reasonable chance of regaining that ability.  |   |
| If Yes, how do you want your Agent to make the decision (after consultation with the treating physician):    |   |
| Agent alone  | after consulting with the person(s) below (who are available) |
| after consulting with children (who are available)   | with the consent of the person(s) below (who are available)   |
| Full Name:   | Relation:   |
| Full Name:   | Relation:   |