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## **PERSONAL PLANNING GUIDE**

Thank you for your interest in engaging Schnell Hardy Jones LLP to assist you with your personal estate planning documents. Your personal planning documents include a Will, Enduring Power of Attorney, Personal Directive, and may include a Supported Decision-Making Authorization. These additional documents deal with appointing someone to care for you or your estate on your incapacity. A Will only takes effect on death.

Please complete this Guide as best as possible to assist us in understanding your needs. The information collected in this Guide is the foundation of your documents. The usefulness of any advice that we provide is dependent upon the completeness and accuracy of the information provided. We have found that if we can narrow your concerns and questions from the beginning, your documents will be better customized to suit your personal needs. **We will not begin drafting your personal planning documents until we have received your completed Guide, or otherwise received full instructions from you.**

We ask that you return this Guide to us in advance of our initial appointment for review by your lawyer, with as much information completed as possible. During our appointment, we will discuss your estate plan in greater detail and strategies that we can implement in order to ensure your intentions are confirmed in your estate planning documents, and minimize the negative tax implications to the greatest extent possible. We may need to involve your financial professionals at this stage, if necessary, to confirm that we are optimizing income tax elections, rollovers, and similar features.

We appreciate that some of our clients have factors in their lives that complicate their personal planning needs. We will be able to identify those factors (such as second marriages, trusts, property outside Alberta) by the completeness of the Guide, and help identify potential solutions to address these concerns. Further discussion during our pre-drafting meeting will enable us to provide you with options and ideas to address these matters.

Should your personal planning documents need to be rushed, please contact us as soon as possible. Documents prepared on a rush basis will be a factor when calculating our fees.

Once you have provided instructions to us, we can begin the drafting process. It is always your choice which documents you want to complete but we do encourage our clients to put into place a complete personal planning package.

Thank you and we look forward to being of service to you.

**PERSONAL PLANNING GUIDE:****DATE:** \_\_\_\_\_**PERSONAL INFORMATION – INDIVIDUAL #1**

Full Legal Name		Other Names Known By	
Home Address	City/Town	Province	Postal Code
Home Phone Number	Cell Phone Number	E-mail Address	
Date of Birth	Citizenship/Residency	Occupation	
Work Address		Work Phone Number	

**PERSONAL INFORMATION – INDIVIDUAL #2**

Full Legal Name		Other Names Known By	
Home Address	City/Town	Province	Postal Code
Home Phone Number	Cell Phone Number	E-mail Address	
Date of Birth	Citizenship/Residency	Occupation	
Work Address		Work Phone Number	

**MARITAL STATUS**

Single (never married)       Widowed  
 Getting Married      Date and Place of Service: \_\_\_\_\_  
 Separated     Divorced      Date of Separation/Divorce: \_\_\_\_\_  
 Common Law Partner       Married      Date of Cohab./Marriage: \_\_\_\_\_

**NOTE: If you have a separation agreement, a cohabitation agreement, a pre-nuptial agreement, any other similar type of agreement or court order please provide us with a copy.**

**SPECIAL CONSIDERATIONS**

Are any of your intended appointees or beneficiaries' non-residents of Canada?       Yes  No  
 Do you have any intended appointees or beneficiaries who are recipients of AISH, have a developmental disability, or have any other circumstances that might require special considerations?       Yes  No  
     If yes, does that person have an RDSP?       Yes  No  
 If there is a Represented Adult involved, do they have a Trusteeship Order currently?       Yes  No

**CHILDREN**

Please list all children, regardless of whether or not they are intended beneficiaries.

Full Name	City	Age
Full Name	City	Age
Full Name	City	Age
Full Name	City	Age

Are any of the listed children NOT the biological or adopted children of both parties?  Yes  No

If yes, please list child(ren) and identify who is the biological / adopted parent:

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Have any children predeceased you?  Yes  No

If yes, did that child leave children or grandchildren?  Yes  No

**GRANDCHILDREN**

Do you have grandchildren at this time?  Yes  No

If yes, are any of your grandchildren minors (under the age of majority)  Yes  No

Do any of your grandchildren or great-grandchildren reside with you  Yes  No

**FUNERAL / BURIAL WISHES**

	<b>INDIVIDUAL #1</b>	<b>INDIVIDUAL #2</b>
Disposition of remains:	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial
Do you have a prepaid plot?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____
Do you have prepaid funeral arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____
Donation of organs?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donation of body (NOTE: donation of body requires pre-registration with program)*	<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, registration # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, registration # _____

**\*NOTE: You cannot donate your body to medical research if you donate your organs.**



**OTHER CONCERNS**

Are there any other concerns you wish to address in your estate planning? (i.e. Pets, Trusts for Represented Adults, concerns about addictions of beneficiary(ies), estranged family members, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSETS AND DEBTS**

The purpose of this section is to provide us with sufficient information to assist you in planning your estate and to ensure sufficient powers are included in your Will to dispose and deal with the asset. It also informs your executor(s) of all of your assets to make sure they do not miss any.

**ASSETS**

**OWNERSHIP** (check  that applies)  
**Individual #1 solely**      **Jointly**      **Individual #2 solely**

**Principal Residence**

Address: \_\_\_\_\_            

Legal Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Mortgage amount: \$ \_\_\_\_\_

**Recreational/Farmland Property #1**

Address: \_\_\_\_\_            

Legal Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Mortgage amount: \$ \_\_\_\_\_

**Recreational/Farmland Property #2**

Address: \_\_\_\_\_            

Legal Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Mortgage amount: \$ \_\_\_\_\_

**Bank Accounts and Investments** (name of financial institution and approx. current value)

**Beneficiary Designated Assets** (put N/A as required)

RRSP / RIF: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

RRSP / RIF: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

TFSA: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

TFSA: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

LIRA: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

LIRA: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

Pension: \_\_\_\_\_            

Beneficiary?     Yes    No      If yes, name(s) \_\_\_\_\_

	<b>Individual #1 solely</b>	<b>Jointly</b>	<b>Individual #2 solely</b>
Pension: _____ Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, name(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.: _____ Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, name(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Ins.: _____ Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, name(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RDSP: _____ Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, name(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESP: _____ Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, name(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Non-Registered Investments** (i.e. Mutual Funds, GICs, Term deposits, chequing & savings accounts, etc)  
*(put N/A as required)*

Mutual Funds: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GICs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GICs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GICs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term Deposit: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term Deposit: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Account: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Account: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Account: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Account: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Account: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Account: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Deposit Box: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have an interest in a business or company?** (i.e. your own business or investment in privately held corp.)

Yes    No      **If yes:**    Sole proprietorship     Partner in Partnership     Shareholder in corporation

Name of business: \_\_\_\_\_

You operate       Investment in private company only

If a corporation, number and class of shares: \_\_\_\_\_

Directors of corporation: \_\_\_\_\_

Is there a Unanimous Shareholder's Agreement?    Yes    No

**DEBTS** (other than mortgages)

**LIABILITY** (check  that applies)  
**Individual #1 solely**      **Jointly**      **Individual #2 solely**

Line of Credit: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line of Credit: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line of Credit: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Loan: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Loan: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Loan: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Loan: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Loan: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Guarantee: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Guarantee: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Guarantee: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BENEFICIARIES**

Your beneficiaries are the person(s) and/or organizations who you want to benefit from the net value of your estate (after all debts and expenses of the estate have been paid).

There are two types of gifts: Specific and Residue.

Specific gifts are particular items or dollar amounts that you want to go to those named individuals. Many specific gifts without significant monetary value can be dealt with through a memorandum of your wishes. This document is not legally binding, but usually the Persona Representative tries to comply with your wishes. This document does not need to be prepared at the same time as the will, and allows great flexibility to make changes as needed.

The residue of your estate is whatever remains after everything else has been paid out and distributed to specific beneficiaries. This clause needs to ensure that everything remaining in the estate has been distributed, and is usually divided between more than one beneficiary in percentages.

**Any specific gifts to be included in the Will?** *(If yes, provide description and name of beneficiary(ies))*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Residuary Beneficiary(ies)**

Does residue go to surviving spouse/partner?       Yes    No

If no, name(s) of beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

