



WILLS ESTATES TRUSTS  
PROFESSIONAL RESPONSIBILITY

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## TURNING POINT LAW CLIENT PROFILE

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**Please click on our website address below to visit the Turning Point Law Website:**

<http://www.turningpointlaw.ca>

## BASIC INFORMATION

The purpose of this part is to gather the basic personal information we require to draft your Documents.

Basic Information	
Your full legal name	Other names you are known by
Your SIN	Your citizenship
Your date of birth	Your place of birth
Spouse's full legal name	Spouse's other names
Spouse's SIN	Spouse's citizenship
Spouse's date of birth	Spouse's place of birth
Current address	
Home phone	Cell phone
Email	Fax phone
How would you like us to communicate with you <i>Please note: If you use a work email your employer may have access to all our email communications and your documents</i>	
<input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax	
How did you hear about Turning Point Law?	

Spousal Relationship
What relationship are you in <input type="checkbox"/> married <input type="checkbox"/> soon to be married <input type="checkbox"/> common law <input type="checkbox"/> adult interdependent relationship
When did you start living together:
If you are <b>married</b> , when and where were you married:
If you are <b>planning to get married</b> , when and where:
If you are in a <b>common law relationship</b> or an <b>adult interdependent partnership</b> , are you still married to a former Spouse <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
Do you have an adult interdependent relationship agreement, domestic agreement or prenuptial agreement <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>

## Children

Do you or your Spouse have any children  yes  no  
 If yes, please provide the following information (including the appropriate letter in the "Relation" column)  
 C - from your current relationship                      SM - from a prior marriage of your Spouse  
 PM - from a prior marriage                                SR - from a prior relationship of your Spouse  
 PR - from a prior relationship                            A - Adopted

	Child's Full Name	Address and Phone Number	Relation	Date of Birth	Married? (Y/N)
1					
2					
3					
4					
5					
6					

## Other Children

Are you Guardian or Custodian of any other children  yes  no  
 If yes, please describe the circumstances (including custody and access arrangements) on a separate piece of paper

## Special Needs Children

Are you responsible for any mentally or physically disabled children under 18  yes  no  
 If yes, please describe the child's name, age, disability and your future expectations for this child on a separate piece of paper

## Dependant Adults

Are you responsible for any mentally or physically disabled adults over 18  yes  no  
 If yes, please describe their name, age, disability, living arrangements and your future expectations for them on a separate piece of paper

## Grandchildren

Do you have any grandchildren  yes  no  
 If yes, please provide the following information

	Full name	Age	Grandchild's Parents
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Have any of your children passed away, leaving children (your grandchildren)  yes  no  
 If yes, please provide the following information

Deceased Parent's Full Name	Date of Death

## Prior Relationships

Have you had a prior relationship

- no  
 common law  
 adult interdependent relationship  
 married

If you have had a prior relationship please answer the following

What is the name of your former spouse:

When did your prior relationship begin and end:

How did the relationship end  death  divorce  separation  termination of AIP agreement

Do you have ongoing financial obligations for spousal or child support  yes  no  
If yes, please describe

Are there any limits on your ability to deal with your Estate (e.g., separation agreement, minutes of settlement, domestic agreement)  yes  no  
If yes, please describe

## Prior Relationships (Spouse)

Has your Spouse had a prior relationship

- no  
 common law  
 adult interdependent relationship  
 married

If your Spouse has had a prior relationship please answer the following

What is the name of your Spouse's former spouse:

When did your Spouse's prior relationship begin and end:

How did the relationship end  death  divorce  separation  termination of AIP agreement

Does your Spouse have ongoing financial obligations for spousal or child support  yes  no  
If yes, please describe

Are there any limits on your Spouse's ability to deal with their Estate (e.g., separation agreement, minutes of settlement, domestic agreement)  yes  no  
If yes, please describe

# PROPERTY AND FINANCIAL INVENTORY

The purpose of this part is to record information about your assets. This will allow us to consider your entire Estate when drafting your Documents. It will also assist your Attorney or Personal Representative to locate your assets. If there is not enough room to describe your assets, please put the particulars on an additional sheet of paper.

Financial Planner	
<b>If you and your Spouse have a financial advisor who has your financial information organized in a database (or if you have the information in a database) you can provide us with a printout or authorize us to discuss your personal finances directly with your financial advisor.</b>	
Do you have a financial advisor <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>	
If you have a financial advisor please provide us with the following contact information.	
Name:	Company:
Address:	
Phone Number:	Email Address:
Once we have the contact information for your financial advisor there are two ways we can consult with them. You can contact your financial advisor and give them permission to talk to us, or you can fill in this page, date and sign it, and then either drop it off at our office, fax it to us or scan it in and email it to us. We will then contact your financial advisor directly.	
<input type="checkbox"/> I do not want you to contact my financial advisor	
<input type="checkbox"/> I will contact my financial advisor and authorize them to discuss my financial information with you	
<input type="checkbox"/> I would like you to contact my financial advisor	
I/we, _____, hereby authorize and direct the above financial advisor to disclose all my and my Spouse's personal financial information to <b>Turning Point Law</b> (170, 150 Chippewa Road Sherwood Park, AB T8A 6A2) and I/we authorize Turning Point Law to discuss my and my Spouse's financial information with the above financial advisor and this shall be good and sufficient authority to do so.	
_____	_____
date	signature
_____	_____
date	signature

**Employment**

What is your Current Employment Status  Employed  Not Employed  Retired  
If Employed please provide the following information:

Employer	Position	Annual Income
----------	----------	---------------

**Employment (Spouse)**

What is your Current Employment Status  Employed  Not Employed  Retired  
If Employed please provide the following information:

Employer	Position	Annual Income
----------	----------	---------------

**Real Property (Principal Residence)**

Street Address:  
Legal Description:  
Name(s) on Title:  
Ownership  Sole  Joint  Tenants in Common  
Market Value: Amount Owing on Mortgage: Is Your Mortgage Life insured  yes  no

**Other Real Property**

Street Address:  
Legal Description:  
Name(s) on Title:  
Ownership  Sole  Joint  Tenants in Common  
Market Value: Amount Owing on Mortgage: Is Your Mortgage Life insured  yes  no

**Other Real Property**

Street Address:  
Legal Description:  
Name(s) on Title:  
Ownership  Sole  Joint  Tenants in Common  
Market Value: Amount Owing on Mortgage: Is Your Mortgage Life insured  yes  no

**Title to Property**

Would you like Turning Point Law to confirm title to your properties? (there is a \$25.00 charge per title)  yes  no

### Bank Accounts

Financial Institution / Branch	Name(s) on Account	Joint? (y/n)	Type of Account	Average Balance
Approximate average balance of all accounts (in other words, how much do you normally keep in reserve)				

### RRSPs, RRIFs and RESPs

Financial Institution / Branch	Owner	Designated Beneficiary	Type	Amount

### Life Insurance

Insurance Company	Insured	Designated Beneficiary	Type	Amount

### Verification of Beneficiaries

It is important that you verify the designations of beneficiary listed with your financial institutions and insurance providers. *Please note, events such as divorce, death, conversion of a RRSP to a RRIF, and change of group insurance carrier are all Turning Points that require you to review your designated beneficiary. We can discuss this further when we meet.*

### Investments

Do you own any publicly traded stocks, mutual funds, trust units or other investments

Issuer	Owner(s)	Type	Purchase Price	Current value
Totals:				

### Guaranteed Investment Certificates, Term Deposits and Bonds

Financial Institution / Branch	Owner(s)	Maturity Date	Amount

### Pension Plans

Company	Owner	Designated Beneficiary	Amount

### Valuable Personal Property

Please provide us with a list of any family heirlooms or personal property of exceptional value that would like to inform us about on a separate page (i.e., art, silverware, coins, jewelry, rare or antique automobiles, mobile homes, boats, furs, etc.).

## Other Types of Property and Expectations

Do you have an interest in any of the following:

- |   |  |
|---|--|
| Small business corporation  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Farm land, farm business or farm corporation  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Mines or minerals (including oil and gas interests and/or surface leases)           | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Intellectual Property (copyrights, trade marks, patents, etc.)                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Website or domain name  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Annuity contracts   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does anyone owe you money (e.g., personal loans, promissory notes, mortgages, etc.) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are you named as a beneficiary in life insurance on another person                  | <input type="checkbox"/> yes <input type="checkbox"/> 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)<br>If yes, please provide | <input type="checkbox"/> yes <input type="checkbox"/> no |
| The corporation's name:   |  |
| The type of business the corporation carries on:  |  |
| The names of the directors:   |  |
| The names of shareholders along with the number and class of shares they hold:                        |  |
| Are there any restrictions on the shares that limit your Estate's ability to deal with the shares     | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is there a Unanimous Shareholders Agreement   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does the company have any retained earnings?  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are there any shareholders loans  | <input type="checkbox"/> yes <input type="checkbox"/> no |

## Any Other Assets

- |   |  |
|---|--|
| Do you own any assets not listed above (including timeshares, etc)<br>If yes, please describe | <input type="checkbox"/> yes <input type="checkbox"/> no |
|---|--|



## INSTRUCTIONS FOR YOUR WILLS

The purpose of this part is to assist you and your Spouse to make the decisions necessary for your Will and to assist us to obtain the information we require to draft your Wills. It will also serve as a permanent record of your decisions.

<b>Appointment of Personal Representative</b>				
Your Personal Representative will administer your Estate after you pass away. If you appoint joint Personal Representatives (two people acting jointly as your Personal Representative) they will have to agree on all decisions and this can lead to unneeded frustration and stress. We therefore recommend that, if possible, you appoint one person as your Principal Personal Representative and one person as your Alternate Personal Representative.				
In Mirror Wills, the surviving spouse is usually appointed the deceased spouse's Personal Representative. Who would you like to appoint your and your spouse's principal and alternate Personal Representatives?				
Principal	Full Name (Spouse)	Address	Phone Number	Relationship
First Alternate	Full Name	Address	Phone Number	Relationship
Second Alternate	Full Name	Address	Phone Number	Relationship
Does your Spouse want to appoint the same Personal Representative(s) as you? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> If no, please provide their name, address, phone number and relationship on a separate sheet of paper.				

<b>Appointment of Guardians for Minor Children</b>				
In Alberta, you can, in your Will, give the powers, responsibilities and entitlements of guardianship that you have when you pass away to whomever you want for your minor children. People normally name an individual person as sole Guardian or two people as joint Guardians.				
<i>Please note: If you name two people as joint Guardians of your children and one of them dies, the remaining Guardian will likely become your children's sole Guardian. For example, if you name your sister and her spouse as joint Guardians and your sister subsequently dies, the husband of your sister will then become the sole Guardian of your children.</i>				
Do you want to appoint the same person(s) you appointed as your Personal Representatives <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> If you would like different person(s) appointed please answer the following				
Guardian	Full Name(s)	Address	Phone Number	Relationship
Alternate	Full Name(s)	Address	Phone Number	Relationship
Does your Spouse want to appoint the same Guardian(s) as you? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> If no, please provide their name, address, phone number and relationship on a separate sheet of paper.				

<b>Willingness to Act</b>
We recommend that you ask your Personal Representative(s), Guardian(s), Attorney(s), and Agent(s) to act prior to appointing them in your documents.

### Gift to Surviving Spouse

Do you and your Spouse want to give your entire Estate to your Spouse?  yes  no

If no please provide a description of the item(s) you are giving, the recipient's name and their relationship to you on a separate sheet of paper and which of you is giving the gift.

### Specific Gifts

After the second of you and your Spouse dies, do you and your Spouse want to provide gifts of personal property and/or cash amounts?  yes  no

If yes please provide a description of the item(s) you are giving, the recipient's name and their relationship to you on a separate sheet of paper.

Would you like to include a list of your desired distribution of your personal property with your Will? (You fill in the list by hand after you have executed your Will. While the list is not legally binding, it gives your Personal Representative guidance on your desired distribution of your personal property)  yes  no

### Residue of Estate

Would you like the residue of your Estate (what is left in the Estate after all of your Estate's expenses and taxes have been paid and specific gifts have been delivered) divided among your children equally?  yes  no

If you are not dividing your Estate equally between your children, please provide the following

	Full Name of Child/Person/Charity	Relationship	Percentage
1			
2			
3			
4			

### Disposition of a Deceased Beneficiary's Share

How do you want to distribute the gift of a beneficiary who dies before receiving your gift. The deceased beneficiary's share can go to the deceased beneficiary's children and grandchildren (these options are common when leaving gifts to children or relatives), or to the other beneficiaries who are still alive (this is common when leaving gifts to friends).

A deceased beneficiary's share should go to

- The remaining beneficiaries
- The children of the deceased beneficiary, and if the deceased beneficiary has no children then alive, to the remaining beneficiaries (excludes the grandchildren of the deceased beneficiary)
- The lineal descendents of the deceased beneficiary (i.e., to the children of the deceased beneficiary, then to the grandchildren of the deceased beneficiary if the deceased beneficiary's child has also predeceased, and so on) and if the deceased beneficiary has no lineal descendents, to the remaining beneficiaries

### Pets

Do you have any pets you would like to make provisions for  yes  no  
If yes, who are giving your pets to?

### Power of Encroachment

A Power of Encroachment gives your Personal Representative the power to use the income and/or capital of a beneficiary's share that is being held in trust for the beneficiary's benefit before they receive the full share. You can give your Personal Representative **one or both** of the following powers, plus any additional specific powers you would like.

- For the beneficiary's maintenance, education, benefit and advancement in life
- To relieve the beneficiary's care-givers of additional financial burdens that come from caring for him or her

### Age for Distribution

If there is any chance that any of your gifts may pass to a person who will not be mature enough to handle the gift, you should establish an age for distribution (please pick **one** of the following):

- Their entire share at age 18
- Their entire share at age 21
- Their entire share at age 25
- Other (please specify)
- One half at age 23 and the rest at age 27
- One third at age 21 and the rest at age 25
- One tenth at age 21, one third at age 25 and the rest at age 30

### Ultimate Disposition Clause

We suggest you provide for the unlikely possibility that, despite all your planning, part of your Estate will be left with no one alive to receive it. If all of the above gifts fail, how would you like the residue of your Estate distributed

A deceased beneficiary's share should go to (all these gifts are to individuals who are alive at the time of the distribution)

- Half to your siblings equally and half to your Spouse's siblings equally who are then alive
- Equally among your siblings and your Spouse's siblings who are then alive
- Equally among your nieces and nephews and your Spouse's nieces and nephews who are then alive
- Specific relatives, friends, churches and/or charities (please list below)

	Full Name of Child/Person/Charity	Relationship	Percentage
1			
2			
3			
4			

### Compensation

The person appointed your Personal Representative is entitled to claim compensation for the time and effort involved in administering your Estate. The range for compensation is typically 2% of the overall Estate for a straightforward Estate to 5% of the overall Estate for a complex Estate (i.e., an Estate is numerous difficult to find beneficiaries, an Estate that ends up in litigation, and an Estate with business or farm succession issues).

What did you want to provide as compensation for your Personal Representative (please select one of the following)?

- no compensation or \_\_\_\_\_ % of the overall Estate or \$ \_\_\_\_\_ total compensation or \$ \_\_\_\_\_ per hour.

# INSTRUCTIONS FOR YOUR ENDURING POWERS OF ATTORNEY

The purpose of this part is to assist you to make the necessary decisions for your Enduring Powers of Attorney and to assist us to obtain the information we need to draft them. It will also serve as a permanent record of your decisions.

<b>Appointment of Attorney</b>				
An <b>Enduring Power of Attorney</b> is a signed document in which you give a person ( <b>your "Attorney"</b> ) the power to assist you in making decisions relating to financial matters while you are still alive. If you appoint joint Attorneys they will have to agree on all decisions and this can lead to unneeded frustration and stress. We therefore recommend that, if possible, you appoint one person as your Principal Attorney and single persons as your Alternate Attorney.				
Did you want the same person(s) appointed your Attorney as appointed your Personal Representative <input type="checkbox"/> yes <input type="checkbox"/> no If you and your Spouse would like different person(s) appointed your alternate Attorney(s), please provide the following:				
Principal	Full Name (spouse)	Address	Phone number	Relationship
First Alternate	Full Name	Address	Phone number	Relationship
Second Alternate	Full Name	Address	Phone number	Relationship
Does your Spouse want to appoint the same Attorney(s) as you? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please provide us with their names, addresses, phone numbers and relationship to you				

<b>Enduring Power of Attorney Trigger</b>
Your Enduring Powers of Attorney can take effect when you and your Spouse sign it and continue to be in effect after you become incapacitated (" <b>Immediate Enduring Power of Attorney</b> "), or your Enduring Powers of Attorney can come into effect when you lose the capacity to make decisions relating to financial matters (" <b>Springing Enduring Power of Attorney</b> ").
If you and your Spouse want an "Immediate" Enduring Power of Attorney, please check Immediate below. If you and your Spouse want a "Springing" Enduring Power of Attorney, you will need to indicate who you would like to decide that you and your Spouse are incapacitated and that your Enduring Powers of Attorney are in effect.
<input type="checkbox"/> Immediate <input type="checkbox"/> Your Attorney (after consulting with a doctor or psychologist) <input type="checkbox"/> Both your Attorney and treating physician agree <input type="checkbox"/> Two physicians

<b>Accounting</b>
We have found that giving an interested party the right to access information about how your Attorney is using and spending your assets can relieve tension in your family, especially when your Spouse is not your Attorney. Who would you like to be able to request a list of your assets, debts and transactions that have occurred from your Attorney?
<input type="checkbox"/> Nobody <input type="checkbox"/> Any of my Children and/or alternate Attorney(s) unless my Spouse is acting as my Attorney <input type="checkbox"/> Any of my Children and/or alternate Attorney(s) regardless of who is acting as my Attorney <input type="checkbox"/> The persons listed below unless my Spouse is acting as my Attorney <input type="checkbox"/> The persons listed below regardless of who is acting as my Attorney

## INSTRUCTIONS FOR YOUR PERSONAL DIRECTIVES

The purpose of this part is to assist you to make the necessary decisions for your Personal Directives and to assist us to obtain the information we need to draft them. It will also serve as a permanent record of your decisions.

<b>Appointment of Agent</b>				
<p>A <b>Personal Directive</b> is a signed document in which you give a person (<b>your "Agent"</b>) the power to make decisions relating to your personal matters while you are alive but incapacitated. It only takes effect when you lack the capacity to make these decisions on your own (i.e., after a stroke, accident or the onset of senility). If you appoint joint Agents they will have to agree on all decisions and this can lead to unneeded frustration and stress. We therefore recommend that, if possible, you appoint one person as your Principal Agent and single persons as your Alternate Agents.</p>				
<p>Did you want the same person(s) appointed your Agent as appointed your Personal Representative <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>                      If you would like different person(s) appointed your Agent(s), please provide the following:</p>				
Principal	Full Name <b>(Spouse)</b>	Address	Phone number	Relationship
First Alternate	Full Name	Address	Phone number	Relationship
Second Alternate	Full Name	Address	Phone number	Relationship

<b>How and When Will Your Personal Directive Come Into Effect?</b>
<p>Who decides that you or your Spouse are incapacitated and that your Personal Directives are in effect:</p> <p><input type="checkbox"/> Your Agent (after consulting with a doctor or psychologist)</p> <p><input type="checkbox"/> Both your Agent and treating physician</p> <p><input type="checkbox"/> Two physicians</p>

<b>Children</b>
<p>If you and your Spouse are incapacitated, do you want your Agent to provide for the care and education of your minor children? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p>
<p>If you are incapacitated, do you want all your adult children to have access to your Personal Information? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>  <i>(this means that your adult children would be entitled to your healthcare information even if your Spouse is acting as your Agent)</i></p>

<b>Organ Donation</b>
<p>Do you want to donate your organs and tissues after you die? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p> <p>Does your Spouse want to donate their organs and tissues after they die? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span></p>

## Health Care Decisions

**Please check the statements that reflect your wishes with respect to medical care**

I want to be consulted on any Personal Decisions my Agent makes to the extent that it is feasible and in my best interests.  yes  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  no

I want regular personal contact with my family and friends who support me.  yes  no

I want to stay at home for as long as practical. If I am unable to stay in my home, I want my Agent to be able to decide whether I should be cared for in a nursing home, a palliative care hospice, a hospital, or other care facility.  yes  no

In case of severe pain or distress, my Agent may administer medications to relieve pain and distress even if they will hasten my death.  yes  no

If I am expected to regain the mental capacity to make my own decisions, I want all treatments that can reasonably be expected to enable me to recover.  yes  no

If I reach a stage where I am not expected to regain the mental capacity to make my own decisions then  
*(please choose either choice A or choice B):*

**A. I do not desire to have my life prolonged.**  choice A

If I reach a stage where I am not expected to regain the capacity to make my own decisions, I do not want to have my life prolonged because everything meaningful in life will have already passed. I therefore do not want treatments that are intended primarily to prolong my life without improving the chances for cure or reversal of my condition. I want my Agent to be able to consent to reductions in the intensity of medical intervention. Further, I want to receive comfort care, including surgery and drugs, to relieve pain and reduce distress.

**B. I desire to have my life prolonged as long as possible.**  choice B

Even if I am not expected to regain the capacity to make my own decisions, I want all available treatments, including surgery, medications, CPR, ventilators, dialysis and tube feeding, and the use of extraordinary or heroic measures, to extend my life for as long as possible.

I want my Agent to refuse, withhold or withdraw treatment to permit my life to come to its end if  yes  no

- a) My death is imminent if treatment is not commenced or continued,
- b) There is no reasonable medical expectation of recovery and
- c) I have lost the ability to interact with others and have no reasonable chance of regaining that ability.

If yes, when my Agent is deciding to refuse, withhold or withdraw medical treatment, I want my Agent to make the decision (please pick one of the following):

- after consulting with my treating physician
- after consulting with my treating physician and consulting with the person(s) listed below (if feasible)
- after consulting with my treating physician and if a majority of the persons listed below agree (if feasible)
- after consulting with my treating physician and if all the person(s) listed below agree (if feasible)

	Full Name	Address	Phone number	Relationship
1				
2				

## Health Care Decisions (Spouse)

**Please check the statements that reflect your Spouse's wishes with respect to medical care**

I want to be consulted on any Personal Decisions my Agent makes to the extent that it is feasible and in my best interests.  yes  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  no

I want regular personal contact with my family and friends who support me.  yes  no

I want to stay at home for as long as practical. If I am unable to stay in my home, I want my Agent to be able to decide whether I should be cared for in a nursing home, a palliative care hospice, a hospital, or other care facility.  yes  no

In case of severe pain or distress, my Agent may administer medications to relieve pain and distress even if they will hasten my death.  yes  no

If I am expected to regain the mental capacity to make my own decisions, I want all treatments that can reasonably be expected to enable me to recover.  yes  no

If I reach a stage where I am not expected to regain the mental capacity to make my own decisions then  
(please choose either choice A or choice B):

**A. I do not desire to have my life prolonged.**  choice A

If I reach a stage where I am not expected to regain the capacity to make my own decisions, I do not want to have my life prolonged because everything meaningful in life will have already passed. I therefore do not want treatments that are intended primarily to prolong my life without improving the chances for cure or reversal of my condition. I want my Agent to be able to consent to reductions in the intensity of medical intervention. Further, I want to receive comfort care, including surgery and drugs, to relieve pain and reduce distress.

**B. I desire to have my life prolonged as long as possible.**  choice B

Even if I am not expected to regain the capacity to make my own decisions, I want all available treatments, including surgery, medications, CPR, ventilators, dialysis and tube feeding, and the use of extraordinary or heroic measures, to extend my life for as long as possible.

I want my Agent to refuse, withhold or withdraw treatment to permit my life to come to its end if  yes  no

- a) My death is imminent if treatment is not commenced or continued,
- b) There is no reasonable medical expectation of recovery and
- c) I have lost the ability to interact with others and have no reasonable chance of regaining that ability.

If yes, when my Agent is deciding to refuse, withhold or withdraw medical treatment, I want my Agent to make the decision (please pick one of the following):

- after consulting with my treating physician
- after consulting with my treating physician and consulting with the person(s) listed below (if feasible)
- after consulting with my treating physician and if a majority of the persons listed below agree (if feasible)
- after consulting with my treating physician and if all the person(s) listed below agree (if feasible)

	Full Name	Address	Phone number	Relationship
1				
2				

## RECORD OF ADVISORS AND LOCATION OF DOCUMENTS

This section is optional, but filling it in will assist your Attorney and Personal Representative to locate your property. It may also assist your Agent to locate treating physicians.

<b>Advisors</b>	
Name of Advisor/Company	Address and phone
Wills and Estates Law Firm <b>Turning Point Law</b>	170, 150 Chippewa Road Sherwood Park, AB (780) 410-0544
Accountant	
Life Insurance Agent	
Property Insurance Agent	
Banker	
Doctor	
Specialist	
Pastor/Minister/Priest/Rabbi	
Other	
Other	
Other	

<b>Location of Important Documents</b>	
Will	
Enduring Power of Attorney	
Personal Directive	
Insurance Policies/ Annuity Contracts	
RRSP/RRIF Documentation	
Share Certificates/GICs/TDs	
Tax Returns	
Bank Records	
Marriage Contract/ Cohabitation Agreement	
Minutes of Settlement/ Separation Agreement	
Divorce Decree/Judgment	
Shareholder Agreement/ Buy-Sell Agreement	
Partnership Agreement	
Other	

<b>Safety Deposit Boxes</b>
Location of Box