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**PLEASE INDICATE THE DOCUMENTS YOU WISH FOR US TO PREPARE BY PUTTING AN "X" ON THE APPLICABLE LINE.**

- \_\_\_ Single, Wills Only  
(\$150\* + disbursements<sup>#</sup> + GST)
- \_\_\_ Couples, Wills Only  
(\$250\* + disbursements<sup>#</sup> + GST)
- \_\_\_ Single, Package (Will, Power of Attorney, Personal Directive)  
(\$275\* + disbursements<sup>#</sup> + GST)
- \_\_\_ Couples, Package (Will, Power of Attorney, Personal Directive)  
(\$375\* + disbursements<sup>#</sup> + GST)

\* Fees may be higher if you have additional requirements or work that goes above and beyond the typical instructions from a client. We will communicate any fee changes with you prior to drafting your documents.

<sup>#</sup> Disbursements are generally limited to printing and photocopying costs for most of our estate files. This ranges from \$5.00 for a single will to \$20.00 for a couple's package.

**To ensure that your requests are properly communicated, please complete the following form as clearly as possible. Please contact our office should you require additional information or clarification. After completing the form, you may:**

- E-mail the form to [kwong@highfieldlaw.com](mailto:kwong@highfieldlaw.com),
- Fax the form to 780-423-3187,
- Drop off the form in person, or
- Mail the form to our office.

**\*\*THIS FORM IS FILLABLE. SIMPLY CLICK A LINE TO TYPE IN IT.\*\***



## WILLS continued – BENEFICIARIES

With your beneficiaries, everyone listed in each section will be given **equal shares** of your estate. If you wish to have different portions, please SPECIFY the percentage for each person. (For example: “Bob Smith – 25%, Jane Smith – 25%, Jill Smith – 50%”.)

**NOTE REGARDING CHILDREN:** Please note that by default, we do not name young (minor) children in the will specifically, in order to allow for some flexibility for additional children you may have after you create and execute your will. You may feel free to list the specific names, but if you do, **please clarify whether or not you want the beneficiaries to include additional “future” children or grandchildren in this will.** IF CLARIFICATION IS NOT PROVIDED AND WE ARE REQUIRED TO AMEND THE WILL DRAFTS TO INCLUDE (OR EXCLUDE) ADDITIONAL CHILDREN OR GRANDCHILDREN, ADDITIONAL FEES MAY APPLY.

**1<sup>ST</sup> CHOICE(s):** Legal name(s) and relation to you:

**NOTE:** If you are completing a couple’s package and wish to choose the other spouse as your first choice, you may simply say **“EACH OTHER”** in the lines below.

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**2<sup>ND</sup> (backup) CHOICE(s):** Legal name(s) and relation to you:

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**3<sup>RD</sup> (backup backup) CHOICE(s):** Legal name(s) and relation to you:

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### **ASSETS, IF APPLICABLE**

If assets will not be equally split between the listed beneficiaries, or if you wish to give certain items to certain people, please list the items or assets that will be going to specific beneficiaries below. **Please note that should there be an extensive list, our office reserves the right to charge extra fees.**

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## WILLS continued – CHILDREN

If you have children under the age of 18, please name a guardian for them should you (the parent(s)) pass away.

**Who will be the GUARDIAN(s) (the one(s) taking care of your children)?**

**NOTE:** *As your children are not “property”, they are not treated as such in the will. However, a judge will give strong consideration to a parent’s choice in the will and generally will follow your wishes unless there is an extreme or unusual circumstance that forces the judge to overrule it.*

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**Who will be the TRUSTEE (the one holding the children’s assets in trust)?**

**NOTES:**

- *You can choose the guardian listed above to be the trustee as well.*
- *Your guardian has access to your children’s funds/assets for costs related to raising your children.*
- *Due to complications with staged releases (such as giving half of the inheritance at age 21 and the other half at age 28), we reserve the right to charge additional fees should you wish to proceed this way. This also is not recommended as it limits your children’s unfettered access to their inheritance.*

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**At what AGE will the trust fund/assets be given over to the children)?**

**NOTE:** *This is for the assets in trust. Guardianship ceases at 18 years. Typical trust ages are between 21 and 25. You are free to lower or raise the age should you wish.*

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**ADDITIONAL NOTES**

**Should you wish to include any other relevant information, please list it below.**

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# **POWER OF ATTORNEY (POA)**

If you are obtaining the full package, the first few lines below will be carried over from the wills section. **If you are not obtaining a will, please complete all sections.**

**YOUR LEGAL NAME:**

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**SPOUSE’S LEGAL NAME (If you are completing this for you and your spouse):**

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**ADDRESS:**

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**PHONE NUMBER(S):**

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**EMAIL ADDRESS(ES):**

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The POA is for authority over financial matters (bank accounts, real estate transactions) while you are still alive but unable to make decisions. **If you require a Power of Attorney only for a specific property, please specify it at the end of the next page.**

**PLEASE LIST YOUR ATTORNEY CHOICES BELOW.**

**NOTES:**

- *If you are completing a couple’s package and wish to choose your spouse as your first choice, please write “**EACH OTHER**” on the first line below.*
- *If you wish to have two or more people working jointly, please ensure that all names are listed on the same line; please also write “**JOINTLY**” after their names.*

➤ **1<sup>ST</sup> CHOICE:** Legal name(s):

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Mailing Address(es) if different from the one listed at the top of this page:

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➤ **2<sup>ND</sup> (BACKUP) CHOICE, if any:** Legal name(s):

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Mailing Address(es) if different from the one listed at the top of this page:

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➤ **3<sup>RD</sup> (BACKUP BACKUP) CHOICE, if any:** Legal name(s):

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Mailing Address(es) if different from the one listed at the top of this page:

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## POA continued – OPTIONS

**Powers of Attorney (POA) can start and end at different points:**

- It can come into effect immediately (even if you are in **good health** with no issues) or upon medically verified loss of mental capacity, which is a **Springing** Power of Attorney (**most clients choose this**). Immediate effect is used for extended absences from home or if you have health/mobility issues; however, you then lose control/authority over financial matters until the POA is revoked.
- If the Power of Attorney comes into effect immediately, you may choose to end it upon verified loss of mental capacity or have it end upon death. You may also revoke it at any time as long as you are mentally capable of doing so.
- **There is no “ON/OFF” switch for the Power of Attorney.** If you intend to use it only when you are away from your home city, and if you will make frequent trips back and forth, the legally correct way to handle this is to make a new Power of Attorney for every trip, to be revoked by you upon your return.

When do you want the Power of Attorney to come into effect (mark with “X”)?

- Immediately
- Upon loss of mental capacity (SPRINGING POWER OF ATTORNEY)

**Only if immediate effect was chosen**, when do you want the Power of Attorney to end?

- Upon loss of mental capacity
- Upon death

**Should you wish to include any other relevant information, please list it below. If you require a POA for a real estate transaction, please list the property address and, if possible, the property’s legal description below.**

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***NOTE:*** It was previously recommended to have multiple signed originals of the Power of Attorney due to Land Titles (Alberta Government) requirements. However, this was changed in mid-2017; the Land Titles Office will accept notarized copies for General Powers of Attorney – that is, POAs that are not for specific properties. **Originals are still required for POAs that are for specific properties. If you will require a comprehensive POA that still refers to specific properties, please notify our office before completing this form.**

# **PERSONAL DIRECTIVE (PD)**

If you are obtaining the full package, your name(s) and address(es) will be carried over from the wills section. **If you are not obtaining a will, please complete all sections.**

**YOUR LEGAL NAME:**

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**SPOUSE’S LEGAL NAME (If you are completing this for you and your spouse):**

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**ADDRESS:**

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**PHONE NUMBER(S):**

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**EMAIL ADDRESS(ES):**

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The Personal Directive is for authority over health matters, including personal care, while you are alive but unable to make your own decisions. This would include choosing or declining experimental, optional, and/or expensive treatments; this would also allow your Agent to enforce any DNR (“Do Not Resuscitate”) wishes you may have.

**PLEASE LIST YOUR AGENT CHOICES BELOW.**

**NOTES:**

- *If you are completing a couple’s package and wish to choose your spouse as your first choice, please write “**EACH OTHER**” on the first line below.*
- *If you wish to have two or more people working jointly, please ensure that all names are listed on the same line; please also write “**JOINTLY**” after their names.*

**1<sup>ST</sup> CHOICE:** Legal name(s):

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**2<sup>ND</sup> (BACKUP) CHOICE, if any:** Legal name(s):

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**3<sup>RD</sup> (BACKUP BACKUP) CHOICE, if any:** Legal name(s):

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**Should you wish to include any other relevant information, such as a DNR clause, please list it below.**

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**YOU HAVE REACHED THE END OF THE FORM.**

**If you are ready to proceed, please:**

- **E-mail the form to [kwong@highfieldlaw.com](mailto:kwong@highfieldlaw.com),**
- **Fax the form to 780-423-3187,**
- **Drop off the form in person, or**
- **Mail the form to our office.**

**Thank you!**