

**FOX WAKEFIELD**

Mailing address: P.O. Box 500, Lloydminster, SK S9V 0Y6  
Street address: 5016 – 48 Street, Lloydminster, AB T9V 0H8  
Phone: 780-875-9105

**Estate Planning Questionnaire**

Current Date: \_\_\_\_\_

**SECTION 1: FAMILY INFORMATION**

**Personal Information**

<b>Full Name:</b>		<b>Spouse Name:</b>	
Name(s) used [including previous surname(s)]:		Name(s) used [including previous surname(s)]:	
Full address:			
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Home phone:			
Email:		Email:	
Cell phone:		Cell Phone:	
Business phone:		Business phone:	
Occupation:		Occupation:	
Employer:		Employer:	
Employer address:		Employer address:	
Citizenship:		Citizenship:	
S.I.N. No.:		S.I.N. No.:	

Marital Status:     Single     Married     Common-law

Date of marriage:		Place of marriage:	
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Previous marriages:	<input type="checkbox"/> Yes <input type="checkbox"/> No death / divorce / separation	Previous marriages:	<input type="checkbox"/> Yes <input type="checkbox"/> No death / divorce / separation
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If Yes, name of previous spouse and date of death/divorce/separation:		If Yes, name of previous spouse and date of death/divorce/separation:	
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Obligations pursuant to previous marriages (e.g.: spousal & child maintenance, Orders in place?)	Yes // No	Obligations pursuant to previous marriages (e.g.: spousal & child maintenance, Orders in place?)	Yes // No
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If you are single, separated or divorced:

a) Are you planning on marrying in the near future?	Yes // No
	If Yes, to whom?

b) Are you now cohabiting with anyone?	Yes // No
	If Yes, with whom? & how long?

Number of Children (include stepchildren): \_\_\_\_\_

**Children**

Are all of your children from your present marriage:	Yes // No
If <u>No</u> , indicate with appropriate letter beside each child.	<b>P</b> - from previous marriage (husband/wife) <b>A</b> - adopted <b>O</b> - born outside of present marriage

<b>P / A / O</b>	Full name:					
	Address:					
	Date of birth:		Marital status:		Spouse's name:	
	Name & ages of their children:					

<b>P / A / O</b>	Full name:					
	Address:					
	Date of birth:		Marital status:		Spouse's name:	
	Name & ages of their children:					

<b>P / A / O</b>	Full name:					
	Address:					
	Date of birth:		Marital status:		Spouse's name:	
	Name & ages of their children:					

Are there any stepchildren or adopted children of either spouse?	Yes // No
Are you responsible for any other children (example: Are you the guardian for any other minor children)?	Yes // No
Are any of your grandchildren adopted or step grandchildren?	Yes // No
If <u>Yes</u> to any of the above questions, give details:	

Are any of the grandchildren mentally or physically disabled?	Yes // No
If <u>Yes</u> , please describe:	

Are you responsible for any dependant adults who are mentally or physically incapable of handling their own affairs:	Yes // No
If <u>Yes</u> , please explain:	

Have any of your children predeceased you?	Yes // No
If <u>Yes</u> , give the name and date of death of the deceased child and the name(s) of their children, if any:	

**SECTION 2: FINANCIAL INFORMATION**

The purpose of this section is to provide us with sufficient information to assist you in planning your estate and to ensure we include sufficient powers in your Will.

This will also be a record for your executor(s) of all of your assets to ensure that they can find everything.

If there is insufficient space to answer any of the following sections, please continue the list on a separate paper.

In left margin, please indicate ownership of assets using the following letters:	<b>J</b> = Joint Tenancy (ie: right of survivorship) <b>C</b> = Tenancy in Common <b>H</b> = owned by Husband <b>W</b> = owned by Wife <b>O</b> = Other (owned with some person other than a spouse – please describe)
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**Real Estate**

<b>J/C/H/W/O</b>	<b>Principal Residence:</b>		
	Municipal address:		
	Legal Description:		
	Name(s) on title:		
	If joint tenants, is it your intention that the property pass on death to the survivor?		Yes // No

<b>J/C/H/W/O</b>	<b>Mortgage(s):</b>		
	Are the mortgage(s) life insured?		Yes // No

<b>Other Real Estate:</b>			
<b>J/C/H/W/O</b>	1.	Municipal address:	
		Legal Description:	
		Name(s) on title:	
<b>J/C/H/W/O</b>	2.	Municipal address:	
		Legal Description:	
		Name(s) on title:	
	If joint tenants, is it your intention that the property pass on death to the survivor?		Yes // No
	Life insurance on mortgage(s)?		Yes // No

**Debt(s) Owed To You**

Does anybody owe money to you (ie: personal loans, promissory notes, mortgages, agreements for sale)?		Yes // No
If <u>Yes</u> , please describe:		

**Bank Accounts**

	Bank Name	Location
<b>J/C/H/W/O</b>		
<b>J/C/H/W/O</b>		
<b>J/C/H/W/O</b>		
<b>J/C/H/W/O</b>		
Approximate total current balance of all accounts:		\$
How are accounts held?		own name // joint
If account is <u>joint</u> , does it have "Right of Survivorship"?		Yes // No
If it has Right of Survivorship, is it your intention that the account(s) pass to the survivor by Right of Survivorship?		Yes // No

**Guaranteed Investment Certificates and Term Deposits**

	Bank Name	Location
J/C/H/W/O		
J/C/H/W/O		
J/C/H/W/O		
J/C/H/W/O		
Approximate total current balance of all accounts:		\$
How are accounts held?		own name // joint
If account is <u>joint</u> , does it have "Right of Survivorship"?		Yes // No
If it has Right of Survivorship, is it your intention that the account(s) pass to the survivor by Right of Survivorship?		Yes // No

**Life Insurance Policy(ies)**

In left margin, please indicate ownership of assets using the following letters:	<b>J</b> = Joint Tenancy (ie: right of survivorship) <b>C</b> = Tenancy in Common <b>H</b> = owned by Husband <b>W</b> = owned by Wife <b>O</b> = Other (owned with some person other than a spouse – please describe)
In left margin, please indicate type of policy:	<b>T</b> = Term <b>P</b> = Permanent If group insurance through employer, please indicate.

	Insurance Company	Policy No.	Face Value	Beneficiary
J/C/H/W/O T/P			\$	
J/C/H/W/O T/P			\$	
J/C/H/W/O T/P			\$	
J/C/H/W/O T/P			\$	

**Pension Plans**

	Company	Current Value of Benefit to Estate	Beneficiary	Type
J/C/H/W/O		\$		
J/C/H/W/O		\$		
J/C/H/W/O		\$		
J/C/H/W/O		\$		

Ask your employer what legislation governs your pension plan.

**Registered Retirement Savings Plans and Registered Retirement Income Funds**

	Financial Institution	Location	Current Value	Named Beneficiary
J/C/H/W/O			\$	
J/C/H/W/O			\$	
J/C/H/W/O			\$	
J/C/H/W/O			\$	

**Annuity Contracts**

	Name of Company	Type of Plan	Value	Mo. Payment	Beneficiary
J/C/H/W/O			\$	\$	
J/C/H/W/O			\$	\$	
J/C/H/W/O			\$	\$	
J/C/H/W/O			\$	\$	

**Private Corporation(s)**

Describe full name of company, shareholders, number and type of share(s) owned by each shareholder, nature of business, assets owned by corporation, acquisition cost and current value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is "Fox Wakefield" the registered office?	Yes // No
Are there any restrictions on transfer?	Yes // No
Is there a buy-sell or Unanimous Shareholders' Agreement?	Yes // No
If <u>Yes</u> , is it life insurance funded or otherwise funded?	

**Partnership / Unincorporated Business**

Please give description:

\_\_\_\_\_

\_\_\_\_\_

Are you or your business registered to collect the Goods and Services Tax?	Yes // No
If <u>Yes</u> , what is the GST registration number?	

**Shares in Public Corporations, Mutual Funds, Bonds and Debentures**

Do not list all shares if portfolio changes regularly.

J/C/H/W/O	
J/C/H/W/O	
J/C/H/W/O	
J/C/H/W/O	
Approximate current value of portfolio:	\$
Location of Share Certificates:	
<b>Segregated Funds</b> are investments with a life insurance company (including some mutual funds and GIC's), which allow you to designate a beneficiary of the fund.	
Do you own any segregated funds?	Yes // No
If <u>Yes</u> , who is the designated beneficiary?	

**Valuable Personal Property**

(IE: art / silverware / stamps / coins / jewellery / automobiles / mobile homes / boats / heirlooms, etc.)

Description	Location of Property	Acquisition Cost	Current Value
		\$	\$
		\$	\$

Any other assets **not** listed above:

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1.	Have you an interest in mines and minerals?	Yes // No
2.	Have you any interest in assets outside Alberta OR Saskatchewan?	Yes // No
3.	Have you any interest in assets outside Canada?	Yes // No
4.	Have you any interest in another estate or trust?	Yes // No
5.	Have you made any loans or advances to family members or others that are allowed to be collected or that you wish to be forgiven?	Yes // No
6.	Have you any interest in farmland?	Yes // No
7.	Do you own any property in "joint tenancy" with someone not described above?	Yes // No
8.	Are you the owner of a life insurance policy on the life of another person?	Yes // No
9.	Do you have a valuable club membership?	Yes // No

**Below, please describe any "Yes" answers (from above).**

#	Description:

**Environmental Issues**

**“Industrial Activity” means chemical, construction, dry-cleaning, electrical, electronic, laboratory, machinery, metal fabrication, photo development, printing and publishing, service stations, textiles and wood preservation, vehicle maintenance or transportation, and the activities.**

1.	Are you now or have you ever in the past been involved in a business (as an owner or operator) that carried on an “Industrial Activity”?	Yes // No
2.	Do you now own, or have you ever in the past owned, land on which an “industrial Activity” was carried on?	Yes // No
3.	Are you aware of any environmental contamination on land or buildings you now own or you owned in the past?	Yes // No

**SECTION 3: LIABILITIES**

Creditor	Amount	Due Date
	\$	
	\$	

Other obligations (ie: Guarantees, Agreements for Sale, Promissory Notes, Co-signed Notes, Joint & Several Debts, Canada Revenue Agency, etc.). Please describe:

	<hr/> <hr/>
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Are any of your debts life insured?	Yes // No
Do you have any credit cards which pay life insurance benefits?	Yes // No

If <u>Yes</u> , please describe:	<hr/> <hr/>
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**SECTION 4: PERSONAL ADVISORS**

**This section will assist your executor(s) in tracing assets, especially those assets which were acquired after the date of this Will. We may also contact your financial advisors to help us develop your estate plan.**

	Name	Company	Address	Phone#
Accountant:				
Stock Broker or Financial Advisor:				
Life Insurance Agent:				
Property Insurance Agent:				
Banker:				
General Physician:				
Specialist Physician:				
Other:				

**Safety Deposit**

Location	Box #	Registered Name(s)	Location of Key

**Funeral Arrangements**

Have you arranged your funeral?	Yes // No
If Yes, please provide details:	

**Please provide us with a copy of any of the following documents which pertain to your circumstances (and indicate which documents apply):**

✓	Document Name	✓	Document Name	✓	Document Name
	Prenuptial Agreement		Shareholder Agreements		Trust Deed in which you have an ongoing administrative or beneficial interest.
	Postnuptial Agreement		Buy-Sell Agreements		Will of a deceased person or a Trust Deed which names you as a beneficiary.
	Cohabitation Agreement		Partnership Agreements		
	Divorce Decree		Will		
	Separation Agreement		Codicil(s)		
	Minutes of Settlement		Enduring Power of Attorney		
	Court Order for Child or Spousal Support		Health Care Directive (or Living Will)		

**SECTION 5: INSTRUCTIONS FOR WILL**

Do you now have a Will?	Yes // No
Reason for new Will:	

**Executor(s)**

**If your spouse is the sole beneficiary of your estate, it may be preferable to name him/her as the primary executor. Generally one primary and one alternate executor will likely be sufficient; however, this depends on your circumstances. For tax reasons, it is not advisable to choose an executor who resides outside of Canada.**

1.	Full name	
	Address:	
	Relationship:	
2.	Full name	
	Address:	
	Relationship:	

**Alternate Executor(s)**

1.	Full name	
	Address:	
	Relationship:	
2.	Full name	
	Address:	
	Relationship:	



Have all of your executors been asked and are they willing to act as your executor?	Yes // No
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**Guardian(s) For Minor Children**

1.	Full name			
	Address:			
	Relationship:		Age:	
2.	Full name			
	Address:			
	Relationship:		Age:	

**Alternate Guardian(s)**

1.	Full name			
	Address:			
	Relationship:		Age:	
2.	Full name			
	Address:			
	Relationship:		Age:	

Have all of your Guardians been asked and are they willing to act?	Yes // No
Do they have enough room in the house to add your children?	Yes // No

**Other Beneficiaries**

1.	Full name			
	Address:			
	Relationship:		Age:	
2.	Full name			
	Address:			
	Relationship:		Age:	
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ISSUES TO THINK ABOUT WHEN PLANNING YOUR WILLS

The following choices as to distribution of your estate are for your convenience only. It is intended to get you thinking about the issues to be discussed with your lawyer.

1.	All to spouse:	Yes // No	Other:	
2.	If spouse predeceases me:			
	a)	equally to children?	c)	different percentages to particular children?
	c)	all to children but different percentages?	d)	gifts to charity?

3.	At what age are your children to receive their share of your estate?	
	all at:	_____ years
	_____ % at:	_____ years
	_____ % at:	_____ years
	other:	

The age of majority is 18 years of age in Alberta, 19 years in Saskatchewan. Unless specified otherwise, the Will shall be drafted so that your executor will hold each child's share "in trust" until the specified age with power to encroach on income and capital for the maintenance, education, benefit or advancement.

4.	If one child dies before you do, or before attaining the age at which he/she is entitled to his/hershare, who shall receive that share or the amount remaining?	
	children of the deceased child (my grandchildren)	
	my surviving children only	
	other	

5.	<b>Family demise:</b>	
	How is your estate to be divided if you and your spouse and all your children and grandchildren are killed in a common accident, or if any of your children and grandchildren survive you but die before they attain the age you have specified to receive their entire portion of your estate?	
	1/2 to my parents and 1/2 to my spouse's parents	
	1/2 to my brothers & sisters and 1/2 to my spouse's brothers & sisters, who are then alive, in equal shares	
	to my nephews & nieces and my spouse's nephews & nieces, in equal shares	
	Charities	- -
	Other:	- -

Please give this some thought. A family demise is a rare event and this is a good time to think about your benefitting your favourite charity.

<b>Specified gifts or legacies:</b> (list items or amounts)
(CAUTION: Do not list items unless they are definitely valuable or of great sentimental value or unless you are prepared to pay your lawyer to draft the Will and change it when an item is sold or replaced.)

<b>Please specify</b> where you wish your original Will to be stored for safekeeping:	
	in the Wills vault at Fox Wakefield (free of charge)
	in your safety deposit box
	other (please specify)

**Notes**

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**Executor's Powers**

The powers of your executor will be discussed with you to determine what is appropriate, given your particular estate.

**When you have completed this questionnaire, please forward a copy of it to [info@midwestlaw.ca](mailto:info@midwestlaw.ca).  
Our staff will be in contact with you shortly to provide an estimate of the cost of your estate planning,  
and to book a meeting to further provide advice and confirm your instructions.  
Thank you for the opportunity to assist you in your Estate Plan.**

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**Property Power of Attorney (Saskatchewan)**

1. **Who will manage my property if I become incapacitated?**

If you do not have an enduring power of attorney, only the Court has the power to appoint someone to manage your property if you become incapacitated. Someone in your family will have to apply to the Court for a Trusteeship Order.

This is a rather costly procedure. Legal fees will be charged for the initial Court application, and every Court appointed review period thereafter when the Trustee has to return to the Court and make a full accounting of the use of the money and property.

2. **What is a power of attorney?**

A power of attorney is a document which appoints a person to manage your property. An ordinary power of attorney is revoked if you become incapacitated. If you signed a power of attorney before June 1992, it is probably an ordinary power of attorney.

3. **What is an enduring power of attorney?**

An enduring power of attorney continues (endures) if you become mentally incapable. Court approval is **not** required.

Legislation now enables you to appoint an attorney to manage your financial affairs in the event of your incapacity. There are two types of enduring powers of attorney: an “**immediate**” power and a “**springing**” power.

4. **Immediate enduring power of attorney.**

An “immediate” enduring power of attorney gives your attorney the power to manage your estate as soon as it is signed and continues should you lose capacity. This type is usually more appropriate when you are leaving the country for a while and wish someone to manage your property while you are away. It can also be useful where you choose to have someone help you manage your money now.

5. **Springing enduring power of attorney.**

A “springing” enduring power of attorney has no effect until you lose capacity. With this type, you will name a person or persons (usually medical practitioners) to decide when you have become incapacitated. The power of attorney springs into effect when that person or persons decides that you are no longer capable of managing your property.

You should choose the type of enduring power of attorney that is most appropriate to your circumstances.

An enduring power of attorney is a very powerful document because it gives your attorney the power to do almost anything that you could do with your property. Great care should be taken in planning an enduring power of attorney. It is not a solution for everyone but it can be a very effective estate planning tool in the appropriate circumstances.

# Property Power of Attorney (Saskatchewan) Questionnaire

These are some of the questions and information that we will talk about in our meeting.

## Definitions

1. **“Donor”** means the person who signs the enduring power of attorney. You are the donor.
2. **“Attorney”** means a person who is empowered to act on behalf of the donor under an enduring power of attorney. This could be a spouse, a child, another person or a trust company. It does not mean the lawyer preparing your estate planning document.
3. **“Enduring Power of Attorney”** means a power of attorney which will take effect on the mental incapacity of the donor.

## Attorney(s)

### Primary Attorney(s)

1. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Alternate Attorney(s)

1. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTE:** It is important that you ask your proposed attorney(s) whether they are willing to act. Under legislation, the attorney has a duty to act and may be liable for damages to your estate if they fail to act.

**OPTION:** If more than one attorney appointed, will they be acting: JOINTLY or SOLELY (circle applicable option)

Have **all of your Attorney(s)** been asked and are they willing to act? YES // NO

**Come Into Effect**

**NOTE:** The following questions are intended to start you thinking of the issues we will be discussing:

1. When do you wish your enduring power of attorney to come into effect? *Please check the appropriate box(es).*
- a) Immediately upon signing the document and to continue even though I become mentally incapable after signing the enduring power of attorney.
  - b) If I become mentally incapable of making reasonable judgements about my property.
  - c) If I become physically unable and incapable of communicating my decisions and judgments in respect of matters relating to all or any part of my estate.
  - d) Upon written direction from me that this Power of Attorney shall come into effect. Under this option I may voluntarily invoke my power of attorney for any specified period of time that I might choose.

**Declaration**

It is our suggestion that you have at least two (2) medical practitioners examine you and make the determination about your capacity. If you have questions about this, we can discuss this matter at our meeting.

**Conditions or Restrictions**

3. Unless you state otherwise in your enduring power of attorney, your attorney will have very wide powers to deal with your property on your behalf. Your attorney will also be able to use your property to benefit your legal spouse and dependant children.
- a) Do you wish your Attorney to exercise their authority for the maintenance, education, benefit and advancement of your spouse and dependant children?  
 YES     NO     Not applicable – not married and no children.
  - b) If YES, how do you define dependant children?
    - minor children only
    - adult children who are physically or mentally incapable of earning a livelihood
    - adult children who are in full time attendance at school
    - other – please provide details: \_\_\_\_\_
  - c) Do you wish to impose further restrictions on your attorney? What do you **not** want them to do?  
 YES     NO  
If YES, please specify: \_\_\_\_\_  
Other comments: \_\_\_\_\_

**Expanded Powers**

4. Your attorney will be under a duty to manage your estate for your benefit alone (except spouse and dependant children, as indicated above). This would prevent your attorney from using your estate for his/her own benefit, including purchasing an asset from your estate, borrowing money, etc. It would also prevent your attorney from making seasonal gifts to close family members and charitable donations.

Would you like to expand these powers?

- YES       NO

If YES, please give details:

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**Compensation for Attorney(s)**

5. Your attorney could spend a lot of time and effort managing your property. Do you wish your attorney to be paid a fee?

- YES       NO       out-of-pocket expenses only

**Delegation of Power**

6. Do you want to give your attorney the power to delegate any of the powers given by this Power of Attorney to any one of your attorneys chosen or to any other person?

- YES       NO

**Obligation to Provide Accounting**

7. Your attorneys are obligated to keep a proper written accounting of your assets, liabilities, income and expenses and this is a standard clause which will be inserted in your Power of Attorney. Do you wish your attorneys to provide this mandatory accounting to anyone in particular?

- YES       NO

If YES, please specify names, addresses, etc.:

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**Personal Power of Attorney (Saskatchewan) / Health Care Directive (Saskatchewan)**

1. **What is a Personal Directive?**

A personal directive is a document which appoints a person to make personal decisions for you in the event you can no longer make your own decisions. You can specify the types of decisions and the way those decisions are to be made.

2. **What is a Living Will?**

A "Living Will" is the American term for a personal directive.

3. **What if I don't sign a Personal Directive?**

If you do not sign a personal directive and you become incapacitated, someone may have to apply to the Court to be appointed as your guardian.

This Court application is costly and is an intrusion upon the family's privacy. The Order has to be reviewed by the Court, as directed by the Court.

4. **What kind of directions can I include in a personal directive?**

a) **Appointing an Agent**

You can appoint an agent to make personal decisions on your behalf. Alternate agents could also be appointed. In the event of disagreement, you could provide that a majority of the agents will make the decisions.

b) **Come Into Effect**

You can specify that the directive will come into effect only when you lack capacity to make a decision about any personal matter. It is our strong advice that at least two (2) medical service providers are designated in your Personal Directive as the people making the decision about your capacity.

Even though your personal directive comes into effect, you might still have the power to make a health care decision. Legislation provides that a medical service provider (doctor, nurse, etc.) must assess a person's capacity to consent to health care each time that a procedure is required. For example, if you were in a coma as a result of an accident, your personal directive would come into effect and your agent could make health care decisions for you. If you recovered the next day, you could make those decisions on your own.

c) **Personal Decisions**

You can direct your agent to make personal decisions on your behalf that relate to any or all of the following personal matters:

- your health care
- where you will live
- with whom you will live and associate
- participation in social, educational and employment activities
- legal matters that do not concern your property



d) **Health Care Decisions**

Your agent must follow any clear instructions that you provide in your Personal Directive that are relevant to the personal decision to be made. For example, you might include the following guideline:

**I do not wish my life to be prolonged by artificial means when I am in a persistent comatose and/or vegetative state, and in the opinion of my physician have no known hope of regaining awareness and higher mental function, no matter what is done.**

You might want to make very specific directions about the types of treatment that may be given in the event of your incapacity. For example, you could specify that you do not wish cardio-pulmonary resuscitation or chemotherapy, but that you do wish to receive painkilling medications, even if those medications may shorten your life.

If your personal directive does not contain clear instructions that are relevant to the decision to be made, your agent must make the decision that your agent believes you would have made in the circumstances, based on your agent's knowledge of your wishes, beliefs and values.

e) **Formalities of Signing**

The formalities of signing a personal directive are very simple. A personal directive must be in writing, be dated and signed at the end in the presence of a witness. The witness may **not** be your spouse, your agent or your agent's spouse.

f) **Direction with Family and Doctors**

It is important to talk about your personal directive with your agents and your family. It is not possible to specify every type of medical decision in a personal directive and your agent will likely have to make the decisions based upon their knowledge of your wishes, beliefs and values. That is why an open discussion is critical.

Your family doctor should be consulted when planning your personal directive. Remember that your doctor is not the one who makes your health care decisions; that is the job of your agent. But your family doctor will know your thinking on medical issues and can give valuable advice to your agent.

Such decisions will probably be made in the hospital and your family doctor is often the last person to be advised. Consider putting your doctor's name and telephone number in the personal directive and direct that your family doctor be advised if you are hospitalized.

Keep your personal directive up to date. Your views about medical decisions can change over time. Your views might also change if you are faced with an emergency or serious illness.

g) **Consulting Your Medical Practitioner**

Your family doctor should be consulted when planning your personal directive. Remember that your doctor is not the one who makes your health care decisions; that is the job of your agent. But your family doctor will know your thinking on medical issues and can give valuable advice to you and your agent.

h) **What is the difference between a personal directive and an enduring power of attorney?**

An enduring power of attorney appoints a person, called the **attorney**, to manage your property if you become incapacitated. A personal directive appoints an **agent** to make personal decisions for you if you are incapable of making those decisions on your own. We recommend that these appointments be made in two (2) separate documents.

This long-awaited legislation allows you to provide instructions for your future personal decisions and appoint someone to make those decisions on your behalf if you are not able. It is another tool that allows you to plan for your incapacity.

# Personal Power of Attorney (Saskatchewan) / Health Care Directive (Saskatchewan)

These are some of the questions and information that we will talk about in our meeting.

## Definitions

1. **“Maker”** means the person who signs a personal directive.
2. **“Agent”** means the person appointed to make personal decisions and communicate those decisions on your behalf.

## Why should I make a Personal Directive?

1. People make a personal directive for these main reasons:
  - a) to gain control over their future health care
  - b) to relieve their loved ones from the burden of making difficult decisions for them
  - c) to appoint someone to act as their agent in making health care decisions

## Primary Agent(s)

1. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTE:** It is important that you have the approval of your proposed agent(s) to be given this responsibility.

Have **all of your Agent(s)** been asked and are they willing to act?  YES  NO

If more than one agent is named, do you want all agents to have the same authority?  YES  NO

If you want your agents to make decisions as a group, how do you want disagreements resolved?

follow \_\_\_\_\_ directions \_\_\_\_\_ of \_\_\_\_\_ specific \_\_\_\_\_ agent:

OR

follow directions of the majority of the agents

**Alternate Primary Agent(s) [in case primary agent(s) cannot act]**

1. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Come Into Effect**

This personal directive **shall** come into effect if and when:

- a) I become mentally incapable of making reasonable judgments and decisions in respect of matters relating to my personal care.
- b) I become physically unable or incapable of communicating my decisions and judgments in respect of matters relating to my personal care.

**Declaration**

It is our suggestion that you have at least two (2) medical practitioners examine you and make the determination about your capacity. If you have questions about this, we can discuss this matter at our meeting.

**Instructions About Personal Decisions**

I want my agent to be able to make decisions relating to:

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| a) my health care  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) my accommodation  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) with whom I may live and associate                                | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d) my participation in social, educational and employment activities | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e) legal matters that do not relate to my estate                     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

**Personal Beliefs or Values**

The second part of the Personal Directive allows you to express, in your own words, your wishes about health care decisions. It is not usually possible to foresee in advance all of the types of medical decisions which may have to be made for you.

Use this space to express any personal beliefs or values that you **think** make it easier for your agents or health care providers to understand and follow your wishes. List your suggestions for instructions to agents regarding treatment given in the event of persistent comatose and/or vegetative state.

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The direction for agents that we are most frequently asked to include in a Personal Directive is as follows:

I do not wish my life to be prolonged by artificial means when I am in a persistent comatose and/or vegetative state and, in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions, no matter what is done.

I wish to be kept comfortable and free from pain. This means that I may be given pain medication even though it may dull consciousness and indirectly shorten my life.

If, in the opinion of my Agent, this directive does not give clear instructions that are relevant to the health care decision to be made on my behalf, my Agent must make the decision based upon my Agent's knowledge of my wishes, beliefs and values.

- Check here if you wish these clauses to be inserted in your personal directive.
- Suggestions for instructions to agents regarding treatment given in the event of persistent comatose and/or vegetative state.

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Other issues that you may want to discuss at our meeting.

- tissue transplant
- compensation for agent
- delegation of power