



**ENDURING POWER OF ATTORNEY - QUESTIONNAIRE**

**Purpose:** Manage financial matters when mentally or physically incapable.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**Date completed:** \_\_\_\_\_

1. Who is to be appointed Attorney or Attorneys (indicate the city/town they live in)?

1. \_\_\_\_\_

2. \_\_\_\_\_

(a) Alternative Attorneys (name two and indicate the city/town they live in)?

1. \_\_\_\_\_

2. \_\_\_\_\_

(b) If multiple Attorneys are decisions to be on a:

Majority \_\_\_\_ Unanimous \_\_\_\_ Basis

2. Who decides that you are physically or mentally incapable of making reasonable judgment

(indicate the city/town they live in)?

1. \_\_\_\_\_

2. \_\_\_\_\_

(a) Alternatively (name two and indicate the city/town they live in)?

1. \_\_\_\_\_

2. \_\_\_\_\_

(b) Do you want one or more Physicians to determine if you lack capacity?

Yes \_\_\_\_ No \_\_\_\_ Number: \_\_\_\_

3. Your Attorney(s) will have authority to:

- (a) Sign my name to, cash or otherwise negotiate any and all cheques that I have an interest in; **Yes** \_\_\_\_ **No** \_\_\_\_
  
- (b) Withdraw funds from any accounts that I have with financial institutions at any time that my Attorney sees fit; **Yes** \_\_\_\_ **No** \_\_\_\_
  
- (c) To pay any and all debts and expenses on my behalf as they become due; **Yes** \_\_\_\_ **No** \_\_\_\_
  
- (d) Employ any person or persons at such salary or wages as my Attorney shall see fit to provide me with the care that my Attorney deems necessary and appropriate under all the circumstances; **Yes** \_\_\_\_ **No** \_\_\_\_
  
- (e) To purchase real property for me or to sell, manage and maintain any and all real property that I own including the power to mortgage the property, to determine who if anyone can occupy or reside on the said property and the rent to be paid by such persons, to repair, improve or alter the premises and generally to manage the property as my Attorney sees fit and to sign all documents on my behalf to complete such transactions; **Yes** \_\_\_\_ **No** \_\_\_\_
  
- (f) I confirm that my Attorney may exercise her authority for the maintenance, education, benefit and advancement of my spouse and dependent children, which may include my Attorney; **Yes** \_\_\_\_ **No** \_\_\_\_

- (g) My property is also to be used for the benefit of my children even if they are over the age of 18 if they are attending a post-secondary educational institution and they require the said funds for the payment of tuition, books and/or their living expenses provided the said expenses are reasonable. My Attorney shall not advance funds to my children that are over the age of 18 years for these purposes if to do so would jeopardize the future care of myself or my spouse;

**Yes** \_\_\_\_ **No** \_\_\_\_

- (h) Operate and manage any and all businesses including any corporations which I own, have an interest in or hold shares in including the right to exercise any share voting rights on my behalf. In the event that my Attorney feels that it is in the best interests of me that my interest in the business, interest in the partnership, or in the shares or assets of the corporation be sold then my Attorney shall be entitled to sell the said business, partnership interest, shares or assets of the corporation at a price that she feels is appropriate having regard to all the circumstances;

**Yes** \_\_\_\_ **No** \_\_\_\_

- (i) To sell, give away or otherwise dispose of any personal property that I own, but no longer have any need or use for. To the fullest extent possible I would ask that my Attorney transfer or dispose of my personal property in accordance with the provisions of my Will. Alternatively my Attorney shall be entitled to use my personal property until it is transferred to my beneficiaries in accordance with the terms of my Will;

**Yes** \_\_\_\_ **No** \_\_\_\_

(j) Provided that to do so does not in any way jeopardize my future care, to make gifts to my spouse, children, grandchildren, great grandchildren, and other family members on special occasions, including birthdays and seasonal holidays, including cash gifts, in such amounts as my Attorney may decide in his absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my income requirements; and **Yes** \_\_\_\_ **No** \_\_\_\_

(k) To continue to make gifts to charitable organizations in amounts similar to the donations made by me while I was capable of managing my own Estate. **Yes** \_\_\_\_ **No** \_\_\_\_

(l) To delegate any of the powers given by this Power of Attorney including being entitled to hire a trust company or other agent to assist them. **Yes** \_\_\_\_ **No** \_\_\_\_

Additional – Details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Your Attorney will have the following conditions or restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is your Attorney is entitled to Remuneration: Yes \_\_\_\_ No \_\_\_\_

If your answer is no, go to question 6.

(a) In accordance with the Trustee Act: Yes \_\_\_\_ No \_\_\_\_

(b) Out of Pocket expenses: Yes \_\_\_\_ No \_\_\_\_

(c) \$ \_\_\_\_\_ per \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

(d) Other - Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any questions while completing this questionnaire call Lee Olesen at (780) 460-0052.

This form can be returned by:

- Faxing it to (780) 419-7171
- mailing it to: **Olesen Law Office**  
**17 Kirkwood Dr.,**  
**St. Albert, Alberta T8N 6J3**

Or call 460-3080 for other arrangements.

For office purposes:

Date received \_\_\_\_\_ File Number \_\_\_\_\_