

WILLS INSTRUCTIONS

A. PERSONAL AND FAMILY PARTICULARS

1. Full Name: _____

Address _____

Occupation _____

Telephone: Home: _____ Office: _____

E-mail: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____

Marital Status (including plans to marry) _____

Have you or your spouse been married before? _____

2. Spouse's Full Name: _____

Address _____

Occupation _____

Telephone: Home: _____ Office: _____

E-mail: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____

- 3. Children: (Please note with a * any child of a former marriage of either spouse)
Please note with ** any child having a disability or handicap.

Full Names

Date of Birth

B. WILL PARTICULARS

- 1. Full name, address, occupation and relationship, if any, to you of possible executor(s) and alternate executors.

- 2. Full name, address, and relationship, if any, to you of guardian(s) for infant children (alternate guardians?)

- 3. Do you have any specific articles you wish to gift to any particular person(s)? (provide full name and address or relationship to you of any such beneficiary)

- 4. Do you have any cash gifts you wish to make to any relative or charity(ies) or _ ? (provide full name, address and relationship to you of any such beneficiary)

5. (a) Do you wish to leave the residue of your estate to your spouse if he /she survives you? _____
- (b) If your spouse fails to survive you do you wish to leave your estate to your children? _____
- (c) If your children are minors:
- (i) at what age do you wish them to receive their share of your estate?

- (ii) if any child fails to survive to that age, do you wish his/her children, if any, to receive that share of your estate: _____
- (d) Other than to spouse or children? _____

- (e) If no spouse or child survives you, who do you wish to receive the residue of your estate? _____

- (f) If instructions are other than as contemplated by 5(a) to (e) above, outline your instructions below _____

6. Do you wish to limit the investment discretion of your trustees?

D. SUMMARY OF ASSETS – please note if not in British Columbia

	<u>Her</u>	<u>His</u>	<u>Both</u>
	<u>Name</u>	<u>Name</u>	<u>Names</u>
1. Cash and Term Deposits	\$ _____	\$ _____	\$ _____
2. Tax Free Savings Accounts	\$ _____	\$ _____	\$ _____
Beneficiaries	_____	_____	_____

3. Life Insurance

Name of Insurance Company – Owner of Policy **Beneficiary** **Amount**

	<u>Her</u>	<u>His</u>	<u>Both</u>
	<u>Name</u>	<u>Name</u>	<u>Names</u>
4. Stocks and Bonds	\$ _____	\$ _____	\$ _____
5. Pension Plans/Annuities			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
6. RRSPs/ RRIFs	\$ _____	\$ _____	\$ _____
Beneficiaries	_____	_____	_____
7. Registered Education Savings Plan	\$ _____	\$ _____	\$ _____
Beneficiaries	_____	_____	_____

8.	Real Estate	#1	#2
	Address:	_____	_____
	Registered Owner:	_____	_____
	Estimated Values:	_____	_____
	Mortgage Balance: (estimated)	_____	_____
	Life Insured:	YES / NO	YES / NO
	Approx. Equity:	_____	_____

9. Describe any interests you may have in any proprietorships, partnerships or private companies.

10. Personal Effects

Approximate value of household goods, furniture, jewellery, boats, and automobiles:

Are any of these articles owned jointly with someone else? YES / NO

and if so, with whom? _____

11. Miscellaneous

(a) Interests in any existing estates or trusts: _____

(b) Other substantial assets: _____

12. Do you have any real or personal property outside British Columbia. If so, please specify.

E. SUMMARY OF DEBTS: (other than mortgages previously noted)

<u>Creditors</u>	<u>Life Insured?</u>	<u>Amount</u>
_____	YES / NO	\$ _____
_____	YES / NO	\$ _____
_____	YES / NO	\$ _____
_____	YES / NO	\$ _____