

WILLS INSTRUCTIONS

A. PERSONAL AND FAMILY PARTICULARS

1. Full Name: _____

Address _____

Occupation _____

Telephone: Home: (604) _____ Office: (604) _____

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: (604) _____ Office: (604) _____

E-mail: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____

3. Children: (Please note with a * any child of a former marriage of either spouse)

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 Name</u>	<u>His Name</u>	<u>Both Names</u>
1. Cash and Term Deposits	\$ _____	\$ _____	\$ _____
2. Life Insurance			

Name of Insurance Company – Owner of Policy Beneficiary Amount

	<u>Her Name</u>	<u>His Name</u>	<u>Both Names</u>
3. Stocks and Bonds	\$ _____	\$ _____	\$ _____
4. Pension Plans/Annuities			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
5. RRSPs	\$ _____	\$ _____	\$ _____

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

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

8. 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? _____

9. Miscellaneous

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

(b) Other substantial assets: _____

10. 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	\$ _____