

WILL INSTRUCTIONS CHECKLIST

SINGLE: _____ COUPLE: _____ POA REQUIRED: _____

Date Instructions Received: _____

Who was in attendance? _____

Appointment to Sign: _____

Full Name: _____

AKA: _____

BirthDate: _____ Occupation: _____

Place of Birth: _____

Name of Spouse: _____

Occupation: _____ Date of Marriage: _____

Birth Date: _____ Place of Birth: _____

Address: _____

Telephone No. (Home) _____ (Work) _____

Marital Particulars: (Previous Marriages or Common Law Relationships, Separation Agreements

Advice Given: (Wills Variation, Estate Administration, Disinheriting Spouse or Child, Gift
Declarations, Joint Tenancies, etc.)

Names of Children from this marriage:

Ages:

Names of children from previous marriages:

Husband

Wife

Predeceased Children:

Name of Executor:

Relationship:

Alternate Executor:

GENERAL DISTRIBUTION OF ESTATE: (advised of "Wish list" & effect vs. gift)
Specific bequests of chattels/cash bequests to charities, relatives, friends

DIVISION OF ESTATE

To each other:

Yes

No

Alternate - equally to children Yes No

When youngest of group attains 19 Yes No

Gift over to children of children Yes No

Alternate distribution if spouse and children predecease you or no spouse/children

_____ % to His family as follows: _____ % to Her family as follows:

GUARDIAN INFORMATION:

Primary Guardian:

Alternate Guardian:

Relationships:

FUNERAL ARRANGEMENTS:

HIS:

HERS:

GENERAL INFORMATION REGARDING ESTATE:

Do you own a company? Yes No Is it incorporated: Yes No