

WILL INSTRUCTIONS CHECKLIST

SINGLE _____

COUPLE _____

POA REQUIRED _____

Date Instructions Received: _____

Who was in Attendance: _____

Appointment to Sign: _____

Full Name: _____

AKA: _____

Birth Date: _____ Occupation: _____

Place of Birth: _____

Name of Spouse: _____

Birth Date: _____ Occupation: _____

Place of Birth: _____

Address: _____

Telephone Number: (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:

Relationship:

GENERAL DISTRIBUTION OF ESTATE: (advised of "Wish List" & effect vs. gift) Special 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 of spouse and children predeceased you or no spouse/children

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

GUARDIAN INFORMATION:

Primary Guardian: _____

Alternate Guardian: _____

Relationships: _____

FUNERAL ARRANGMENTS:

His:

Hers:

GENERAL INFORMATION REGARDING ESTATE:

Do you own a company? Yes No

Is it incorporated: Yes No

Real Estate? Principal Residence, Recreational, Investment

LIABILITIES:

Mortgages:

Other:

Approximate Net Worth:

Do you have a Safety Deposit Box:

Wills Notice Information:

GENERAL REMARKS

Powers of Attorney:

Representation Agreement:
