



WILLS INFORMATION

Please fill out the following as completely as you can. Bring this form with you to your information gathering appointment with the Notary. If there is something you are unsure of leave it blank and you may discuss this at your meeting with the Notary.

WILLS ARE BEING DRAFTED FOR:

SINGLE _____

COUPLE _____

FULL LEGAL NAME: _____

A.K.A. (are there other variations of the name that may appear on documents?)

Birth Date: _____ Occupation: _____

Place of Birth: _____

Address: _____

Telephone Number: _____ Email: _____

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

FULL LEGAL NAME OF SPOUSE: _____

A.K.A. (are there other variations of the name that may appear on documents?)

Birth Date: _____ Occupation: _____

Place of Birth: _____

Address: _____

Telephone Number: _____ Email: _____



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

FULL LEGAL NAMES OF CHILDREN FROM THIS MARRIAGE:

AGES:

NAMES OF CHILDREN FROM PREVIOUS MARRIAGES (cross out if not applicable)

Husband

Wife

PREDECEASED CHILDREN:

FULL LEGAL NAME OF EXECUTOR: (this is the individual or individuals that will take care of the matters of the estate which include payment of debts and distribution of your assets to the beneficiaries)

PRIMARY: _____

Relationship: _____

Address of Primary Executor: _____



ALTERNATE: _____

Relationship: _____

Address of Alternate Executor: _____

GUARDIAN INFORMATION -For individuals with Minor Children under the age of 19: (these are the individuals who will care for your child when you and their other parent have deceased).

FULL LEGAL NAME OF PRIMARY GUARDIAN(s) (after both parents have deceased):

Relationship: _____

FULL LEGAL NAME OF ALTERNATE GUARDIAN (s):

Relationship: _____

GENERAL INFORMATION REGARDING ESTATE:

REAL ESTATE THAT IS OWNED: (Principal Residence, Recreational, Investment-please indicate who it is owned by and percentage of share owned if owned with others).

DO YOU OWN A COMPANY? _____

IS IT INCORPORATED? _____

DO YOU OWN A SAFETY DEPOSIT BOX? _____

IF SO WHERE IS IT LOCATED? _____



DIVISION OF THE ESTATE

To each other:	YES	NO
Alternate- equally to children	YES	NO
Gift over to grandchildren	YES	NO

ALTERNATE DISTRIBUTION SCHEME TO THAT LISTED ABOVE? Please describe: **Please note that the Notary will advise you of any laws that may pertain to the manner in which you wish to distribute your estate at your meeting.**

DISASTER CLAUSE? (In the event of a disaster where all immediate family members pass away, some families would like to include alternate beneficiaries-please list individuals and percentages of the estate that they shall inherit if this were to happen).

Full Legal Name:	Relationship:	Percentage of the Estate:
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Thank you for taking the time to fill out this form. Further information will be discussed and collected from you at your meeting with the Notary.