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Legal & Notary Services*

* denotes a law corporation

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INSTRUCTIONS FOR LAST WILL & TESTAMENT

PLEASE NOTE: THIS IS NOT A WILL

IF RECIPROCAL WILLS WITH SAME EXECUTORS AND BENEFICIARIES ONLY 1 FORM NEED BE COMPLETED.

COSTS: SINGLE \$400.00 + TAXES / JOINT (SPOUSES) \$600.00+ TAXES**

TRUST Will: Ranges from **\$1500 to \$2000 + TAXES**, depending on complexity

*** Joint Retainer – nothing is confidential between you; we would stop acting for both of you in the event of a conflict*

It is recommended that you fully read this instruction sheet BEFORE completing

TODAY'S DATE: _____

DATE NEEDED BY: _____

Will Maker #1	Will Maker #2
FULL NAME including all alias: _____ _____	FULL NAME including all alias: _____ _____
Other names in which assets are held: _____	Other names in which assets are held: _____
Birth Date: _____	Birth Date: _____
Birth Place: _____	Birth Place (city, prov, country): _____

FULL ADDRESS: _____

Email draft for your review? YES / NO	Email draft for your review? YES / NO
Email: _____	Email: _____

PHONE: _____	PHONE: _____
CELL: _____	CELL: _____

MARITAL STATUS

Please provide copies of any separation agreements, court orders, marriage contracts or cohabitation agreements

WILL MAKER #1

<input type="checkbox"/> Single	<input type="checkbox"/> Common law	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Engaged, when is the wedding date? _____

If married or common law:

- How many years married or common-law? _____
- Is there a marriage contract or cohabitation agreement (ex: pre-nup)? **YES/NO** (if yes, provide copy)

Regarding any previous relationship: Separated Divorced Widowed

If divorced, separated or widowed:

- Name of former spouse:

- Date of divorce or separation:

- Any continuing support obligations or obligations on death? **YES / NO** -If yes, provide details on back

WILL MAKER #2

Relationship with WILL MAKER #1: Common Law Married

Regarding any previous relationship: Separated Divorced Widowed

If divorced, separated or widowed:

- Name of former spouse:

- Date of divorce or separation:

- Any continuing support obligations or obligations on death? **YES / NO** -If yes, provide details on back

CHILDREN:

USE BACK OF FORM IF MORE CHILDREN

NAMES AND AGES OF ALL CHILDREN OF THIS RELATIONSHIP (IF ANY):

NO CHILDREN (CIRCLE)

OR:

1. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

2. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

3. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

NAMES AND AGES OF ANY CHILDREN **FROM PREVIOUS RELATIONSHIP** (IF ANY)

WILL MAKER #1

1. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

2. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

ARE YOU RECEIVING OR PAYING CHILD SUPPORT: **YES / NO**

WILL MAKER #2(if different that Will Maker #1)

3. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

4. NAME: _____ AGE: _____

DO THEY HAVE CHILDREN? (Circle one): **YES NO**

If yes, ARE ANY UNDER THE AGE OF 19? (Circle one): **YES NO**

ARE YOU RECEIVING OR PAYING CHILD SUPPORT: **YES / NO**

EXECUTOR:

EXECUTOR INFO	FULL NAME(S)	Canadian Resident?
Primary – Spouse? YES/NO	If NO , Name/Relationship: <hr/>	YES or NO
Alternate(s)	Names(s): Relationships(s): <hr/> If more than one named, is one co-executor to continue to act alone if the other can no longer act? YES or NO	YES or NO
Alternate(s) Second Alternate or Co-Executor	Alternate #1 Name/Relationship: <hr/> Alternate #2 Name/Relationship: <hr/> If more than one is named, is one co-executor to continue to act alone if the other can no longer act? YES or NO	YES or NO YES or NO

DISPOSITION OF ASSETS:

Any SPECIFIC GIFTS? (i.e. jewelry/vehicles/family lake property, etc.)

On death of ___ first to die spouse or ___ last to die spouse?

Is estate to pay for delivery of these items? **YES** **NO**

Any CASH BEQUESTS? (i.e. to Relatives, Charities, Churches, etc.):

On death of ___ first to die spouse or ___ last to die spouse?

REST AND RESIDUE OF ESTATE (i.e. general distribution):

All to spouse? **YES** **NO** - **If NO:** then provide instructions as to general distribution: *(use back of page or separate page if not enough room)*

ALTERNATIVE DISTRIBUTION if spouse predeceases or does not survive 6 days (ex: equally between children – *use back of page or separate page if not enough room*)

MINORS INHERIT AT 19 YEARS OR WHEN YOUNGEST REACHES 19 YEARS:

If a Trust Will: WHAT AGE? _____ YEARS; Access to Income or Capital? **YES** **NO**

IF YOUR ALTERNATE DISTRIBUTION IS TO YOUR CHILDREN AND SHOULD ONE OF YOUR CHILDREN PREDECEASE YOU, THEN WHERE DOES THEIR SHARE GO?:

- ___ DIVIDED AMONG YOUR REMAINING CHILDREN
- ___ DIVIDED AMONG THAT DECEASED CHILD'S/CHILDREN IN EQUAL SHARES. **OR**
- ___ OTHER: _____

DISTRIBUTION IN THE EVENT OF A COMMON ACCIDENT SCENARIO (i.e. none of the above named individuals survived a common accident)? EX: (other relatives, charities) *use back of page or separate page if not enough room*

FIVE DAY RULE: (for internal office use only) _____

GUARDIAN INFORMATION (IF APPLICABLE):

GUARDIAN INFORMATION:

PRIMARY: _____

ALTERNATE: _____

OTHER INFORMATION:

FUNERAL ARRANGEMENTS: _____

Has it been Pre-arranged? **YES / NO** – if yes, with whom? _____

(Note: It is important to share your funeral wishes with your executor. While this clause may be included in your will in many cases the Will is not read until AFTER arrangements have been made.)

DO YOU HAVE A POWER OF ATTORNEY? YES _____ NO _____

IF YES, DO YOU HAVE AN ALTERNATE IN CASE THE PRIMARY POA CANNOT ACT?

DO YOU HAVE A REPRESENTATION AGREEMENT? YES _____ NO _____

DO YOU KNOW WHERE THE ORIGINALS ARE? _____

WILLS REGISTRATION:

It is recommended that you file a Wills Registration with the Vital Statistics Agency of BC. The Agency keeps a record of the date that you signed the will and the location of the original will.

Do you wish me to prepare wills registration for an additional cost of \$17.00 per person?

YES NO

WHAT ARE ASSETS COMPRISED OF:

<p>HOUSE:</p> <p>Address:</p> <p>_____</p>	<p>Is it held jointly? YES NO, if yes provide name of joint owner(s)</p> <p>_____</p>	<p>Value:</p> <p>\$ _____</p>
<p>INVESTMENT PROPERTIES</p> <p>Address(es):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Is it held jointly? YES NO, if yes provide name of joint owner(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>VEHICLES</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Is it held jointly? YES NO, if yes provide name of joint owner(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>RRSPS</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Named Beneficiaries? YES NO, if yes provide name(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(means does not form part of an estate and can avoid Probate fees)</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>LIFE INSURANCE</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Named Beneficiaries? YES NO, if yes provide name(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(means does not form part of an estate and can avoid Probate fees)</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>TFSA</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Named Beneficiaries? YES NO, if yes provide name(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(means does not form part of an estate and can avoid Probate fees)</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>INVESTMENTS</p>	<p>List:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>BANK ACCOUNTS</p>	<p>List:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Value(s):</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

CHATELS (Boats/RV's, etc.)	List: _____ _____ _____ _____	Value(s): \$ _____ \$ _____ \$ _____
APPROXIMATE TOTAL NET WORTH TODAY'S DATE:		\$ _____

(if you need more room write on back of page or separate page)

DO YOU HAVE A CORPORATION? _____

DO YOU HAVE ANY DEBTS? _____

HAVE YOU CO-SIGNED FOR ANY DEBTS?

HEALTH ISSUES: _____

DATE OF LAST WILL: _____

REASONS FOR CHANGES: _____

ANY ASSETS OUTSIDE OF CANADA: _____

I/WE THE UNDERSIGNED HEREBY ACKNOWLEDGE THAT I/WE HAVE FULLY DECLARED ALL NECESSARY INFORMATION ON THIS ABOVE DATE AS NOTED. ***sign below**

 WILL MAKER #1

 WILL MAKER #2 (IF APPLICABLE)