

INSTRUCTIONS FOR LAST WILL & TESTAMENT

PLEASE NOTE: THIS IS NOT A WILL

To :

J. AMBERGODDY NOTARY PUBLIC
1518 George Street White Rock, B.C. V4B4A5
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IF RECIPROCAL WILLS WITH SAME EXECUTORS AND BENEFICIARIES ONLY ONE 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 (completed by lawyer Devinder Sidhu)

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: _____ _____	Full Name: _____ _____
Other names in which assets are held: _____	Other names in which assets are held: _____
Birth Date: _____	Birth Date: _____
Birth Place (city, prov, country): _____	Birth Place (city, prov, country): _____

FULL ADDRESS: _____

Okay to email draft for your review? **YES / NO**: Email: _____.

PHONE NO: HOME: _____ CELL: _____

MARITAL STATUS:

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

<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 (provide copy) / NO

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,

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provide details on back

CHILDREN:

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

NO CHILDREN (CIRCLE)

OR:

1. NAME: _____ AGE: _____

a. DO THEY HAVE CHILDREN: ?
YES NO (circle one)

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

2. NAME: _____ AGE: _____

a. DO THEY HAVE CHILDREN: ?
YES NO (circle one)

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

3. NAME: _____ AGE: _____

a. DO THEY HAVE CHILDREN: ?
YES NO (circle one)

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

USE BACK OF FORM IF MORE CHILDREN

NAMES AND AGES OF ANY CHILDREN **FROM PREVIOUS MARRIAGE** (IF ANY – and state which spouse’s children):

1. NAME: _____ AGE: _____

a. DO THEY HAVE CHILDREN: ?
YES NO (circle one)

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

2. NAME: _____ AGE: _____

b. DO THEY HAVE CHILDREN: ?
YES NO (circle one)

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

3. NAME: _____ AGE: _____

c. DO THEY HAVE CHILDREN: ?
YES NO (circle one)

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

USE BACK OF FORM IF MORE CHILDREN

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AREYOU RECEIVING OR PAYING CHILD SUPPORT: YES / NO

EXECUTOR:

EXECUTOR INFO	FULL NAME(S)	Canadian Resident?
Primary – Spouse? YES/NO		YES or NO
Alternate(s)	Names(s): Relationships(s): <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
Alternate Alternate(s)	Names(s): Relationships(s): <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

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DISPOSITION OF ASSETS:

Any SPECIFIC GIFTS? (ex: 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 CASHBEQUESTS? (ex: to relatives, charities, churches, etc):

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

REST AND RESIDUE OF ESTATE (ie general distribution):

All to spouse? YES NO - **If NO**: then provide instructions as to general distribution:

ALTERNATIVE DISTRIBUTION if spouse predeceases or does not survive 6 days (ex: equally between children)

MINORSINHERITAT19YEARSORWHEN YOUNGESTREACHES19YEARS:

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

IFACHILDPREDECEASES,WOULDTHATSHAREGO TO:

- ___ DIVIDED AMONG YOURREMAININGCHILDREN
- ___ DIVIDED AMONG THATDECEASED CHILD'SCHILDRENINEQUAL SHARES. **OR**
- ___ OTHER:_____

DISTRIBUTION IN THE EVENT OF A COMMON ACCIDENT SCENARIO (ie none of the above named individuals survived a common accident)? EX: (other relatives, charities)

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

GUARDIAN INFORMATION (IF APPLICABLE):

GUARDIAN INFORMATION:

PRIMARY: _____

ALTERNATE: _____

OTHER INFORMATION:

FUNERAL ARRANGEMENTS: _____

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 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:

HOUSE – held jointly?	Value: \$ _____
INVESTMENT PROPERTIES – held jointly?	Value: \$ _____
VEHICLES– held jointly?	Value: \$ _____
RRSPS -Named beneficiary?	Value: \$ _____
LIFE INSURANCE-Named Beneficiary?	Value: \$ _____
(means it does not form part of an estate and can avoid Probate fees)	
TFSA -Named Beneficiary?	Value: \$ _____
(means it does not form part of an estate and can avoid Probate fees)	
INVESTMENTS	Value: \$ _____
BANK ACCTS	Value: \$ _____
CHATELS (Boats/RV's etc.)	Value: \$ _____

APPROXIMATE TOTAL NET WORTH TODAY'S DATE: _____

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 DIVULGED ALL NECESSARY INFORMATION TO J. AMBER GODDYN, NOTARY PUBLIC THIS ABOVE IS NOTED. ***sign below**

Willmaker #1

Willmaker #2 (if applicable)