



Dawn Lagerbom
Notary Public

102 - 223 Mountain Highway, North Vancouver, B.C. V7J 3V3
Tel: (604) 980-3526 Fax: (604) 980-3580

WILLS INSTRUCTIONS

In order to complete your Will efficiently and carefully, please complete these instructions in their entirety.

Full legal name: _____

Current home address: _____

Telephone nos.: _____ (h) _____ (w)

Occupation: _____

Date of birth: _____

Place of birth: _____

(city, province, country)

Marital Status: Single Married* Common-Law Divorced#
 Widowed^

* Date of marriage: _____ *Marriage Contract? Yes / No
(day/month/year)

* Full name(s) of spouse(s) _____

#Date of Divorce: _____ ^Date of death: _____
(day/month/year) (day/month/year)

Your Children

Name(s)

Address

Date and Place of Birth

1. _____

Your Children, cont'd

Name(s)

Address

Date and Place of Birth

Continue on the reverse if space is insufficient

2. _____

3. _____

4. _____

5. _____

Are any of your children disabled? Yes / No

Guardian(s) Please name for minor children / or mentally incompetent dependents.

Name(s)

Address

Occupation

1. _____

2. _____

3. _____

4. _____

Execut/or/rix(s)

Please name one, then at least one alternate(s)

Name(s)

Address

Occupation

1. _____

2. _____

3. _____

Testamentary Wishes – Distribution

Personal effects, ie: Furniture, vehicles, specific bequests, cash, etc. Include make, model and serial numbers if available. Please describe in extreme detail. Continue on the reverse if space is insufficient.

Are any of your intended Beneficiaries disabled? Yes / No

Testamentary Wishes – Distribution, cont’d

Intended Beneficiaries

Full Legal Name	Address	Relationship	Date and Place of Birth
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1. _____

Bequest: _____

2. _____

Bequest: _____

3. _____

Bequest: _____

4. _____

Bequest: _____

5. _____

Bequest: _____

6. _____

Bequest: _____

Testamentary Wishes – Distribution, cont’d

Intended Beneficiaries- cont’d

Full Legal Name	Address	Relationship	Date and Place of Birth
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7. _____

Bequest: _____

8. _____

Bequest: _____

9. _____

Bequest: _____

10. _____

Bequest: _____

Residue – everything left after debts, taxes and bequests. Continue on the reverse if space is insufficient.

Burial Wishes (Memorial Society of BC membership (604) 527-1012.)

Other Wishes – Charitable etc.

Simultaneous Death Wishes – should you and all of your beneficiaries die at once.

Location of Original Copy Will - Preferably to be placed in a Safety Deposit box at your bank.

Name of Bank

Branch

Branch Address

If you have any questions or queries, please don't hesitate to contact us at **(604) 980-3526** or at **info@northshorennotary.ca**. We look forward to seeing you.

Signature