

WILL INSTRUCTIONS CHECKLIST

SINGLE: \_\_\_\_\_ COUPLE: \_\_\_\_\_ POA REQUIRED: \_\_\_\_\_

Date Instructions Received: \_\_\_\_\_

Who was in attendance? \_\_\_\_\_

Appointment to Sign: \_\_\_\_\_

Full Name: \_\_\_\_\_

AKA: \_\_\_\_\_

BirthDate: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (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:

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Names of children from previous marriages:

Husband

Wife

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Predeceased Children:

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Name of Executor:

Relationship:

Alternate Executor:

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GENERAL DISTRIBUTION OF ESTATE: (advised of "Wish list" & effect vs. gift)  
Specific 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 if spouse and children predecease you or no spouse/children

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\_\_\_\_\_ % to His family as follows:

\_\_\_\_\_ % to Her family as follows:

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GUARDIAN INFORMATION:

Primary Guardian:

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Alternate Guardian:

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Relationships:

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FUNERAL ARRANGEMENTS:

HIS:

HERS:

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GENERAL INFORMATION REGARDING ESTATE:

Do you own a company?

Yes No

Is it incorporated: Yes

No