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WILL INSTRUCTIONS

Before your first appointment please complete as much of this information as you can as a guideline.

To-day's Date _____

COMPLETE LEGAL NAME(1) _____
(2) _____

Home Address _____
_____ Postal Code _____

Telephone (1) _____ (2) _____

Occupation (1) _____ (2) _____

Date of Birth (1) _____ (2) _____

Place of Birth (1) _____
(2) _____

Marital Status _____ Date of Marriage (If Contemplated) _____

Date of Separation _____ Separation Agreement _____

Date of Divorce _____

FULL LEGAL NAMES OF CHILDREN BORN TO YOU OR LEGALLY ADOPTED BY YOU

| Name | Address | Age Now |
|-------|---------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OTHER INTENDED BENEFICIARIES: (i.e. Charities, Church, or specific gifts)

PLEASE TURN OVER

EXECUTOR(S): Spouse _____

| Name | Address | Relationship |
|------|---------|--------------|
|------|---------|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ALTERNATE:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

GUARDIANS:

1st Choice: _____

Alternate: _____

TESTAMENTARY WISHES: Distribution of Residue of Estate, i.e. personal effects, household items, life insurance, R.R.S.P.

BURIAL WISHES: Cremation: Yes ___ No ___ Ashes Scattered _____ or _____

SIMULTANEOUS DEATH of both: (If you die without leaving issue (children /grandchildren).

LOCATION OF THE ORIGINAL "WILL" TO BE KEPT:

DO YOU WISH TO REGISTER "WILL" INFORMATION WITH DIVISION OF VITAL STATISTICS

(Provincial Fee \$25.00) _____

POWER OF ATTORNEY TO: (if required) _____
