

Andrea Agnoloni, Notary Public  
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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
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_____	_____	_____
_____	_____	_____

**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) \_\_\_\_\_

\_\_\_\_\_