

WILL - CHECKLIST -

YOUR FULL LEGAL NAME: _____

AKA _____

Home address: _____

Telephone: (h) _____

(w) _____

Occupation: _____

Place of Birth: _____

DATE OF BIRTH: _____

MARITAL

STATUS:

Date of Marriage: _____

Do you have a marriage contract: _____

Name of husband / spouse: _____

Occupation: _____

Previous marriages or common law relationships, Separation Agreements, ...:

NAMES OF CHILDREN FROM THIS MARRIAGE:

Name	Address	Current age (No. of grandchildren?)
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NAMES OF CHILDREN FROM PREVIOUS MARRIAGE(S):

Name	Address	Current age (No. of grandchildren?)
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INFORMATION ON BENEFICIARIES, OTHER THAN SPOUSE AND/OR CHILDREN:

Name	Address	Current age	Relationship to you
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PREDECEASED CHILDREN:

Name	Address	Current age	Relationship to you
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EXECUTORS:

Name

Address

Relationship to you

Then an alternate:

Then a second alternate:

NAME THE GUARDIANS OF YOUR MINOR CHILDREN OR MENTALLY CHALLENGED ADULTS**REQUIRING CARE:**

(It is preferable to name only one guardian rather than a husband/wife combination in case of separation / divorce of that couple)

Name

Address

Relationship to you

First Choice:

Alternate:

ASSETS - LIABILITIES

Do you own a company:

Do you own Real Estate: _____

Do you own property outside of BC: _____

Do you have insurance policies: _____

Do you own RRSP's, Mutual Funds, Investment portfolio's, ...: _____

Does anybody owe you money: _____

Do you have a mortgage: _____

Any other debts: _____

TESTAMENTARY WISHES - DISTRIBUTION

WHO SHOULD RECEIVE YOUR ESTATE IF ONLY YOU DIE?

E.g. all to spouse OR detail specific gifts to individuals or institutions (Use back of sheet if space insufficient)

WHO SHOULD RECEIVE YOUR ESTATE IF BOTH YOU AND YOUR SPOUSE DIE?

E.g. all to children / grandchildren (Use back of sheet if space insufficient)

WHO SHOULD RECEIVE YOUR ESTATE IF ALL OF THE ABOVE DIE?

If you die without leaving children, grandchildren or above-named beneficiaries surviving you OR if you and your named beneficiaries should all die together. (Use back of sheet if space insufficient)

DO YOU INTEND TO DONATE YOUR ORGANS AT YOUR DEATH? WHAT ARE YOUR BURIAL OR CREMATION WISHES?

(Use back of sheet if space insufficient)

WHERE WILL YOU KEEP YOUR ORIGINAL WILL?

(If you wish to register its location with the Division of Vital Statistics)

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