

1
WILL CHECKLIST

NAME

PLACE OF RESIDENCE

AGE

OCCUPATION

(First Name, Middle Name(s), Last Name)

SELF:

SPOUSE:

CHILDREN:

STEPCHILDREN:

PARENTS:

EXECUTORS:

MARRIAGE CONTRACT: YES NO

PREVIOUS MARRIAGE: YES NO

SEPARATION AGREEMENT: YES NO

DIVORCED: YES NO

OTHER CHILDREN: _____ DEPENDANTS: _____

QUESTIONS TO CONSIDER IN YOUR WILL

1. If one spouse dies, do you want to leave everything to the surviving spouse?
 2. If both of you and your spouse should die together do you want to leave everything to your children?

HOW:

- (a) One share to each child as they reach the age of 18, 21, 25, 30 years?
 - (b) Each child to receive a half share as the child reaches the age of _____ and the remainder of the share to be paid when the youngest child reaches the age of _____
 - (c) Do you want the share held until the last of your children reach the age of majority?
 - (d) Do you wish to have special treatment for any one of your children?

3. If any of your children were to die before you, or if your children were to die with you before they received their share of your estate, how do you wish their share to be distributed?

- (a) To your child's children?
 - (b) To your child's spouse?

- (c) To your remaining children?
 - (d) To your parents?
 - (e) To your brothers and/or sisters? If your brothers and/or sisters have pre-deceased you do you wish the share to be distributed to their spouse or to their children?
4. Any special gifts or charitable bequests?
5. Do you have any specific funeral wishes?

ASSETS

6.	ITEM	LOCATION	TODAY'S VALUE
	House		
	Cottage		
	Cars		
	Boats		
	Trailers		

RRSP

Savings

Investments

Shares

Insurance Policies

Other

Have you previously designated a beneficiary of an insurance policy, an investment, shares, an RSP, a RIF an employee pension plan or other employee benefit(s)?

DEBTS

Mortgages:

Business Loans:

Car Loans:

Other:
