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WE REQUIRE FULL LEGAL NAMES AND ADDRESSES FOR THE TESTATOR, EACH EXECUTOR, THE GUARDIAN(S) AND ANY BENEFICIARY REFERRED TO BY NAME.

COMPLETE A SEPARATE FORM FOR EACH PERSON REQUIRING A WILL. A SIMPLE WILL BETWEEN HUSBAND AND WIFE WILL COST APPROXIMATELY \$300.00 PLUS TAXES AND DISBURSEMENTS. THE COST OF THE WILL INCREASES IF ANY CHANGES ARE REQUESTED AFTER G. LITWIN RECEIVES THESE INSTRUCTIONS OR IF THE WILL IS MORE COMPLEX. ALL INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL.

A. TESTATOR – PERSONAL AND FAMILY PARTICULARS:

1. FULL NAME _____

ADDRESS _____

OCCUPATION _____ EMPLOYER _____

TELEPHONE (HOME) _____ (BUSINESS) _____

SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

CITIZENSHIP _____ DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

2. SPOUSE'S FULL NAME _____

ADDRESS _____

OCCUPATION _____ EMPLOYER _____

TELEPHONE (HOME) _____ (BUSINESS) _____

SOCIAL INSURANCE NUMBER _____ CITIZENSHIP _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

E- MAIL Address: _____

3. CHILDREN'S FULL NAMES _____ AGE _____

_____ AGE _____

_____ AGE _____

_____ AGE _____

_____ AGE _____

_____ AGE _____

NOTE: PLEASE NOTE BELOW IF ANY OF YOUR CHILDEN ARE ADOPTED, ARE UNDER ANY DISABILITY, OR ARE YOUR CHILDREN BUT NOT THE CHILDREN OF YOUR SPOUSE.

4. IF YOU ARE MARRIED, IS THIS YOUR FIRST MARRIAGE? _____
IF THIS IS NOT YOUR FIRST MARRIAGE, NOTE:

(A) ANY CHILDREN OF PRIOR MARRIAGE _____

(B) IS YOUR FORMER SPOUSE STILL ALIVE, AND IF SO, HAS HE/SHE REMARRIED? _____

(C) IS THERE ANY EXISTING SEPARATION AGREEMENT WITH RESPECT TO YOUR PRIOR MARRIAGE? _____

5. DO YOU HAVE A MARRIAGE CONTRACT? _____

6. DO YOU HAVE MARRIAGE AND BIRTH CERTIFICATES? _____

B. SUMMARY OF TESTATOR'S ASSETS – (PLEASE NOTE, IF NOT HELD IN BRITISH COLUMBIA)

1. CASH:

BRANCH _____ ACCOUNT TYPE _____
JOINTLY WITH _____ SOLE _____

BRANCH _____ ACCOUNT TYPE _____
JOINTLY WITH _____ SOLE _____

BRANCH _____ ACCOUNT TYPE _____
JOINTLY WITH _____ SOLE _____
SAFETY DEPOSIT BOX AT _____ NUMBER _____

2. LIFE INSURANCE

(A) ON YOUR LIFE:

ACCOUNT _____ OWNER _____

BENEFICIARY _____

NAME OF INSURER AND AGENT _____

(B) ON YOUR LIFE:

ACCOUNT _____ OWNER _____

BENEFICIARY _____

NAME OF INSURER AND AGENT _____

3. LIQUID ASSETS – DESCRIPTION/POLICY NO. AMOUNT BENEFICIARY
SECURITIES (STOCK, BONDS, ETC.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

PENSION PLANS

_____ \$ _____

_____ \$ _____

ANNUITIES

_____ \$ _____

_____ \$ _____

R.R.S.P.'S

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TERM DEPOSITS

_____ \$ _____

_____ \$ _____

OTHER BENEFITS

_____ \$ _____

_____ \$ _____

4. NON-LIQUID ASSETS

(A) PRINCIPAL RESIDENCE – ADDRESS _____

DO YOU OWN YOUR RESIDENCE ALONE? _____

TENANTS IN COMMON WITH? _____

JOINT TENANTS WITH? _____

MARKET VALUE \$ _____

LESS MORTGAGE(S) \$ _____

\$ _____

EQUITY \$ _____

DO YOU HAVE MORTGAGE INSURANCE? _____

- JOINT TENANTS HOLD THEIR INTEREST SUBJECT TO SURVIVORSHIP WHILE TENANTS-IN-COMMON DO NOT.

(B) PROVIDE SIMILAR PARTICULARS AS ABOVE FOR AND DESCRIPTION OF ANY ADDITIONAL INTERESTS IN REAL PROPERTY, INCLUDING ANY MORTGAGES OR AGREEMENTS FOR SALE YOU MAY HAVE AN INTEREST IN.

(C) DESCRIBE ANY INTERESTS YOU MAY HAVE IN PROPRIETORSHIP, PARTNERSHIPS OR PRIVATE COMPANIES. (IF YOU DO OWN YOUR OWN BUSINESS, GIVE DETAILS OF THE TYPE, LOCATION AND NET VALUE).

5. SUMMARY OF TESTATOR'S DEBTS
CREDITOR

AMOUNT

CREDITOR	AMOUNT
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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C. WILL PARTICULARS

1. EXECUTOR(S)

NAME

ADDRESS

RELATIONSHIP TO YOU

NAME

ADDRESS

RELATIONSHIP TO YOU

2. ALTERNATE EXECUTOR(S)

NAME

ADDRESS

RELATIONSHIP TO YOU

NAME

ADDRESS

RELATIONSHIP TO YOU

PLEASE NOTE: AN EXECUTOR SHOULD BE SOMEONE WHO IS ABLE TO TAKE AUTHORITY, UNDERSTAND YOUR PERSONAL NEEDS AND, OR IF POSSIBLE, RESIDES CLOSE ENOUGH TO SPEND AT LEAST TWO DAYS AT YOUR PLACE OF RESIDENCE GOING THROUGH YOUR PERSONAL EFFECTS AND CONSULTING WITH YOUR SOLICITOR OR NOTARY PUBLIC REGARDING THE PROBATE OF YOUR WILL (FAMILY MEMBERS MAY BE EXECUTORS AS WELL AS BENEFICIARIES OF YOUR WILL.)

3. GUARDIAN(S)
 NAME _____
 ADDRESS _____
 RELATIONSHIP TO YOU _____

NAME _____
 ADDRESS _____
 RELATIONSHIP TO YOU _____

4. ALTERNATE GUARDIAN(S)
 NAME _____
 ADDRESS _____
 RELATIONSHIP TO YOU _____

NAME _____
 ADDRESS _____
 RELATIONSHIP TO YOU _____

5. LIST ANY SPECIFIC WISHES REGARDING DISTRIBUTION OF HOUSEHOLD GOODS, PERSONAL EFFECTS, JEWELLERY, ETC.

DESCRIPTION OF ITEM	BENEFICIARY	ADDRESS	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. SPECIFIC CASH LEGACIES TO RELATIVES, QUANTITIES, ETC.

DESCRIPTION OF ITEM	BENEFICIARY	ADDRESS	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. RESIDUE OF ESTATE TO:

(A) SPOUSE (ABSOLUTELY) _____ OR (FOR LIFE) _____

(B) CHILDREN (EQUALLY) _____ ** (PER STIRPES) _____ YES _____ NO

UPON YOUNGEST CHILD ATTAINING AGE 19 _____ OR AGE _____

UPON EACH CHILD ATTAINING AGE 19 _____ OR AGE _____

YOUR SPOUSE AND NATURAL CHILDREN HAVE THE RIGHT TO MAKE AN APPLICATION TO THE COURT TO VARY THE WILL UNDER THE WILLS VARIATION ACT IN THE EVENT THAT YOUR WILL DOES NOT PROVIDE FOR A FAIR DISTRIBUTION UNDER THE CIRCUMSTANCES.

**PER STIRPES MEANS THE CHILDREN OF A DECEASED CHILD WILL TAKE THE DECEASED CHILD'S SHARE EQUALLY. IF NO, RESIDUE IS DIVIDED EQUALLY AMONG CHILDREN THEN ALIVE.

AS LISTED UNDER (A) AND (B) ABOVE _____ YES

FAILING (A) OR (B) THEN TO:

(C) PERSONS OTHER THAN SPOUSE OR CHILDREN _____

8. WHAT IS BEING DRAWN UP?

WILL _____ POWER OF ATTORNEY _____ REP AGREEMENT - SEC. 7 _____ SEC.9 _____

CODICIL _____ LIFE ESTATE _____

9. WILLS NOTICE: _____ Yes _____ No

WHERE ARE THE LEGAL DOCUMENTS BEING KEPT?

D. DISPOSITION OF TESTATOR'S REMAINS

BURIAL _____ YES _____ NO FUNERAL SERVICE _____ YES _____ NO

CREMATION _____ YES _____ NO WILL ADVISE EXECUTOR _____ YES _____ NO

REMAINS TO BE INTERRED AT _____

TRUSTEE DISCRETION _____ YES _____ NO

HUMAN TISSUE REQUEST _____

INVESTMENT DISCRETION TO TRUSTEE

(A) ABSOLUTE DISCRETION _____ YES _____ NO

NAME OF TRUSTEE

LIST OF FAMILY ADVISORS

POWER OF ATTORNEY _____

DOCTOR _____

NOTARY PUBLIC/LAWYER _____

MINISTER _____

BANKER _____

INSURANCE UNDERWRITER _____

EMPLOYER CONTACTS _____

ACCOUNTANT _____

BROKER _____

COMMENTS

1. TESTATOR/TESTATRIX'S TESTAMENTARY CAPACITY:

2. IF WILL BETWEEN SPOUSES, IS THERE ANY PROVISION OR AGREEMENT THAT THEY BE RECIPROCALLY BOUND BY IRREVOCABLE WILLS?

3. OTHER INSTRUCTION:
