

WILL PREPARATION APPLICATION FORM

(Please complete ALL information in CAPITAL letters)

1. PERSONAL INFORMATION					
1. FULL NAME OF PERSON REQUESTING SERVICE CALLED TESTATOR/TESTATRIX (as stated and spelt on his/her birth certificate)					
MR. MRS. MS. LAST NAME:					
FIRST NAME:	MIDDLE	NAME(S):			
2. DATE OF BIRTH (mm/dd/yyyy):	3. MARIT	AL STATUS: Single	Married Divorced		
4. PERMANENT ADDRESS: STREET/AVENUE:					
5. CITY/TOWN:	6. PARISH	I/STATE:			
7. ZIP/POSTAL CODE:	8. COUN	TRY:			
9. TELEPHONE NOs.: Home:	Mobile:	Work:	Ext.:		
10. LOCAL CONTACT ADDRESS: STREET/AVENUE:					
11. CITY/TOWN:	12. PARIS	H/STATE:			
13. ZIP/POSTAL CODE:	14. COU	NTRY:			
15. LOCAL CONTACT TELEPHONE NOs.: Home:	Mobile:	Work:	Ext.:		
16. FULL NAME OF SPOUSE (as applicble; as stated and spelt on his/h	er birth certificate)				
☐ MR. ☐ MRS. ☐ MS. LAST NAME:					
FIRST NAME:	MIDDLE	NAME(S):			
17. DATE OF BIRTH (mm/dd/yyyy):					
18. PERMANENT ADDRESS: STREET/AVENUE:					
19. CITY/TOWN:	20. PARIS	H/STATE:			
21. ZIP/POSTAL CODE:	22. COUN	NTRY:			
23. TELEPHONE NOs.: Home:	Mobile:	Work:	Ext.:		
24. "ARE YOU A PARTY TO A UNION OTHER THAN A MARRIAGE"? (Union Other Than Marriage means a relationship between a man and a woman who have been continually living together in a household for a period of five (5) years or more as an economic and family unit) Yes No					
25. FULL NAME OF YOUR COMMON LAW PARTNER (as stated after	d spelt on his/her birth certificate)				
☐ MR. ☐ MRS. ☐ MS. LAST NAME:					
FIRST NAME:	MIDDLE	NAME(S):			
26. DATE OF BIRTH (mm/dd/yyyy):					
27. TELEPHONE NOs.: Home:	Mobile:	Work:	Ext.:		

28. CHILDREN OF MARRIAGE OR UNION OTHER	THAN MARRIAGE? Yes	s	
	les		(mm (dd (mm i)
FULL NAMES OF CHILDREN:		DATES OF BIRTH OF CHILDREN	(mm/dd/yyyy)
(1)			·······
(2)			
(3)			·······
(4)			
(5)			
ADDRESS(ES) OF CHILDREN IF DIFFERENT FROM	YOUR OWN:		
(1)			
(2)			
(3)			
(4)			
(5)			
,			
2. DECLARATION OF ASSETS			
Assets can be any of the following:			
Real property - land only or land with a build	ling upon it	Furniture	
Chattel house Chapte (Bonds)		Vehicle(s) Material Frances	
Stocks/BondsCash in savings account(s)		Mutual FundsProceeds of insurance policy	
Cash on deposit with a financial institution		Proceeds of Registered Retirement Plan or life savings v has fit of a numicar in the guarant from a death.	which continue for the
 Cash in hand Dividends		benefit of a survivor in the event of your death Benefits under a pension plan which continue after you	
		benefits affact a perision plan which continue after you	ır death
Shares lewellery		Gold coins	ur death
Shares Jewellery			ur death
	VALUE OF ASSET		CHARGED AS
Jewellery	VALUE OF ASSET	Gold coins	CHARGED AS SECURITY FOR A LOAN
Jewellery	VALUE OF ASSET	Gold coins	CHARGED AS SECURITY FOR A LOAN Yes No
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1. DO YOU OWN A REGISTERED RETIREMENT PLAN?	Yes No
2. NAME OF RETIREMENT PLAN'S BENEFICIARY:	
3. DO YOU HAVE A PENSION PLAN?	Yes No
4. NAME OF YOUR PENSION PLAN'S BENEFICIARY:	
3. INSTRUCTIONS AS TO DISPOSAL OF YOUR	ASSETS AND SPECIAL FUNERAL REQUIREMENTS (to be discussed with the General Counsel or his/her approved nominee)
	(Record Instructions in the space provided below)
MEMBER'S INSTRUCTIONS:	

4. DECLARATION OF DEBTS (debts owed by Testator/Testatrix)						
NATURE OF DEBT	AMOUNT OUTSTANDING	CREDITOR/LENDER	CONTACT PERSON AT CREDITOR/LENDER			
MORTGAGE						
HIRE PURCHASE						
PERSONAL LOANS						
CREDIT UNION(S)						
OTHER						
OTHER						
OTHER						
OTHER						
OTHER						
Is there an existing Engagem	nent to be married, pending [Divorce or Dissolution of a Union other than Marriage?	Yes No			
Signed this						
1. FEES PAID: Yes	No					
2. DISPOSITION OF WILL:						
Depository of Will at Supreme	e Court: Yes No					
To be retained by Member:						
FOR OFFICIAL USE ON	IV					
TOR OTTICIAL OSL ONLI						
NAME OF STAFF MEMBER VE	RIFYING APPLICATION FORM ((please print):				

SIGNATURE OF STAFF MEMBER VERIFYING APPLICATION FORM:

DATE (mm/dd/yyyy): •••••