

WOZNIAK & WALKER BASIC PLANNING INSTRUCTIONS

For each testator, please complete the information below, and email this form to dn@wozniakwalker.ca
Or, call us and provide the answers by phone: **250 374-6226**

Last Will and Testament	Details
Full Name (testator)	i.e. George Frederick Smith
Address/PH#	Your mailing address
Birthdate/place	Your birthdate and place of birth
Employment	Occupation status (i.e. retired, etc)
Family Information	i.e. married, divorced, single, commonlaw, 4 kids
Previous Wills	i.e. if an old Will exists, when it was made approximately (i.e. 2010)
Children	(list, with names, and ages)
Location of Will	The location you will be keeping your Will (i.e. SDB at RB; at home, etc)
Executor (name, relation)	Full name of the person who will manage estate (i.e. my spouse, Mary)
Alt Executor	Full name of the alternate person who will manage estate
Specific bequests	Specific items you'd like to give to others on your death; (not required)
Residue instructions	A description of the general distribution of your estate i.e. (all to my spouse, but if spouse is deceased, divided as follows between my children) Call to describe this if it is complex or you have questions.
Wishes re cremation/burial	i.e. Buried/cremated/none/other?
Other comments	
Power of Attorney	Details
Primary POA	Full name
Primary POA address	Address, with postal code
Alternate POA	Full name
Alternate POA address	Address, with postal code
Representation Agmt	Details
Primary RA	Full name
Primary RA address	Address, with postal code
Primary RA ph#, birthdate	
Alternate RA	Full name
Alternate RA address	
Alternate RA ph#, birthdate	