

# Personal Estate Planning Guide

This Guide Belongs to: \_\_\_\_\_

**Beausoleil First Nation Lands & Resources Department**

[www.chimnissing.ca/lands.html](http://www.chimnissing.ca/lands.html)

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Beausoleil First Nation Lands & Resources Department

Estates Unit

Phone : (705) 247-2051

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[www.chimnissing.ca/lands.html](http://www.chimnissing.ca/lands.html)



# PERSONAL ESTATE PLANNING GUIDE

## *A Practical Resource*

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## **1<sup>st</sup> Edition**

**Disclaimer:** This Planning Guide is intended to be used as a supporting, best practice guide and is for information purposes only. It is not intended to provide legal advice. Seeking the advice of a qualified lawyer is always recommended in personal estate planning.

## PREFACE

### **BFNLR ESTATES UNIT:**

Soon after establishment, the BFNLR Estates Unit was created in response to our BFN members expressing a need for additional support in the area of estates. The Estates Unit has a mandate to support First Nation lands professionals by building capacity, providing training opportunities, and offering tools such as this guide, to help maneuver the often-complex paths of First Nation estates.

### **INTENDED USE OF THIS GUIDE:**

Estate Planning is a very important act that shows you care for the loved ones you are leaving behind. Once completed, the intended use of this guide is to support your estate executor or administer in carrying out your wishes upon your passing. It is a supplementary guide to be used in tandem with a legal Will. It is not meant to replace legal advice or to be used exclusively as your only mechanism for estate planning. It is best practice to ensure you have a current and legal Will that is accessible by your named executor(s).



A known contributor to the stress of processing an estate is locating key documents and important information. Our hope is that this planning guide relieves some of that stress as all of your information can be located in one convenient place. Keep in mind that there may be some very confidential information contained in this guide and it should be protected and stored with care.

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## ABOUT ME

Full Name:

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Alias:

Date of Birth: (mm/dd/yyyy)

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Address:

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Secondary Address:

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Email Address:

Phone Number:

---

Status Number:

Social Insurance Number:

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Birthplace:

Citizenship:

---

Occupation:

---

Marital Status:

Name of Spouse:

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Maiden Name:

Date of Marriage:

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Father's Full Name:

Mother's Full Name:

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Mother's Maiden Name:

Mother's Birthplace:

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**Do I have a Will?**

Yes

No

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Location of the Will:

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Last Updated:

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Lawyer Name:

Phone Number:

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## My Executor(s):

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MY CHOICES

Use this section to elaborate on your wishes upon your passing. Some of this information may be briefly noted in your Will, however, most times it is not.

Funeral Pre-arranged: Yes  No

Funeral Pre-paid: Yes  No

**Burial:** Yes:  No:

If yes, do you have a cemetery plot? Yes  No

Name of Cemetery: \_\_\_\_\_

Cemetery Section: \_\_\_\_\_ Cemetery Lot #: \_\_\_\_\_

**Cremation:** Yes  No

Name of Crematorium: \_\_\_\_\_

If yes, where do you wish the ashes to be placed?

Family Plot  Niche  Columbarium  Other

Specify Other: \_\_\_\_\_

**Entombment?** Yes  No

If yes, do you have a mausoleum crypt? Yes  No

---

**Place of Service:**

Funeral Home: Address: \_\_\_\_\_

Church: Address: \_\_\_\_\_

Community Centre: Address: \_\_\_\_\_

Other: Address: \_\_\_\_\_

Officiant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I prefer the funeral service: Public  Private

Viewing for family: Yes  No  Viewing for friends: Yes  No

Flower Preference: \_\_\_\_\_ Jewelry: \_\_\_\_\_

Clothing: \_\_\_\_\_ Glasses? Yes  No

---

Preferred Music: \_\_\_\_\_

Song(s): \_\_\_\_\_

Pictures: \_\_\_\_\_

Cultural protocols and practices are important to me?

Yes  No

If yes, what are they?

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**Person(s) to do my eulogy:**

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pallbearers:**

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## OBITUARY INFORMATION

Use this section to elaborate on things that may be contained in your obituary. Also, check the boxes indicating where you would like your obituary to be posted.

Newspaper:

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Social Networking Website:

---

Community Newsletter:

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I would like my name to be printed this way:

---

My spouse:

---

Children & their spouses:

---

---

Grandchildren & their spouses:

---

---

Great grand children:

---

---

Siblings & their spouses:

---

---

Parents:

---

Others to be included in obituary:

---

Pets:

---

My education:

---

Professional designations:

---

Religious affiliations: \_\_\_\_\_

Clubs/associations I belong to: \_\_\_\_\_

Achievements: \_\_\_\_\_

Charitable donations to: \_\_\_\_\_

Picture:    Yes     No     If yes, which one? \_\_\_\_\_

Nicknames: \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## THINGS THAT MATTER TO ME

This section can be used for a number of situations such as a tool for writing a eulogy or recognizing, and acknowledging special people, places, and important things in your life.

Special memories:

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People who made a difference:

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The things I am most proud of:

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Favourite pastimes:

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Places that were special to me:

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Favourite quotes:

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Favourite songs:

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Favourite books:

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Things that made me laugh:

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Things that made me cry:

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## FAMILY & FRIENDS TO NOTIFY

**Name:**

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Relationship:

Phone Number:

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## CONTACTS TO BE NOTIFIED

### Accountant

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Bank

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Cable/Satellite

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Phone:

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Clergy:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Dentist:

Company Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Doctor:

Practice Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Employer:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Eye Doctor:**

Company Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Gym/Health Club:**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Specialists:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Utilities:**

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Landlord:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Veterinarian Services:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Other:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Other:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## MY ESTATE SETTLEMENT PREPARATION

Upon passing, a series of processes must take place to administer the estate. This next section includes information that will be used to assist in those processes such as: closing bank accounts, notifying insurers, completion of tax returns, etc. A listing of estate assets has not been included in this guide as that information should be included in your Will.

### Documents that will most likely be needed:

#### Social Insurance Numbers of:

Deceased Yes  No  Located in: \_\_\_\_\_  
Surviving Spouse Yes  No  Located in: \_\_\_\_\_  
Dependent Children Yes  No  Located in: \_\_\_\_\_

#### Birth or Baptismal Certificates of:

Deceased Yes  No  Located in: \_\_\_\_\_  
Surviving Spouse Yes  No  Located in: \_\_\_\_\_  
\*Dependent Children Yes  No  Located in: \_\_\_\_\_

(Only required if there are surviving dependent children under the age of 18 or between 18-25 and still in school)

#### Marriage Certificate or Statutory Declaration of Common Law Union:

Yes  No  Located in: \_\_\_\_\_

#### Prenuptial Agreement:

Yes  No  Located in: \_\_\_\_\_

#### Divorce Certificate:

Yes  No  Located in: \_\_\_\_\_

#### Funeral Home Statement of Prepaid Account for Funeral Expenses:

Yes  No  Located in: \_\_\_\_\_

#### All Pertinent Tax Slips (T5, T4, previous returns, etc.)

Yes  No  Located in: \_\_\_\_\_

#### Vehicle Ownership & Insurance Slips:

Yes  No  Located in: \_\_\_\_\_

#### Identification:

Passport Yes  No  Located in: \_\_\_\_\_  
Health Card Yes  No  Located in: \_\_\_\_\_  
Status Card Yes  No  Located in: \_\_\_\_\_  
Driver's License Yes  No  Located in: \_\_\_\_\_

Organ Donor Cards      Yes       No       Located in: \_\_\_\_\_  
Other                      Yes       No       Located in: \_\_\_\_\_

**My Financial Information:**

**Bank Account Info:**

**Account Type:**      Chequing       Savings       Other

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a joint account?    Yes     No     If yes who is it joint with? \_\_\_\_\_

**Account Type:**      Chequing       Savings       Other

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a joint account?    Yes     No     If yes who is it joint with? \_\_\_\_\_

**Account Type:**      Chequing       Savings       Other

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a joint account?    Yes     No     If yes who is it joint with? \_\_\_\_\_

**Safe Deposit Boxes:**

Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Loans/Lines of Credit/Mortgages:**

**Loan Type:** Loan  Line of Credit  Mortgage  Other  \_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Loan Type:** Loan  Line of Credit  Mortgage  Other  \_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Loan Type:** Loan  Line of Credit  Mortgage  Other  \_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Investments:**

Example investments: RRSP, TFSA, RESP, Stocks, Bonds, etc.

**Investment Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Investment Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Investment Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Investment Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Insurance:**

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_



**Pensions:**

Example Pensions: CPP, OAS, WSIB Benefits, OMERS, Teacher’s Pension, occupational pensions, etc.

**Pension Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pension Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pension Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pension Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Credit Cards:**

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards,  
etc.)

Located in: \_\_\_\_\_

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards,  
etc.)

Located in: \_\_\_\_\_

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards,  
etc.)

Located in: \_\_\_\_\_

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards,  
etc.)

Located in: \_\_\_\_\_

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards,  
etc.)

Located in: \_\_\_\_\_

**Additional Financial Information:**

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## IMPORTANT CONTACT INFORMATION

First Nation Band Office:

Phone Number:

Lands Manager:

Is there someone who assists with Estates in my community? Yes  No

If yes, Name:

Phone Number:

Does my community have any Estate related policies? Yes  No

If yes, where can I obtain a copy:

Band Manager:

Phone Number:

Public Works Coordinator:

Phone Number:

Membership Clerk:

Phone Number:

First Nation Health Centre:

Phone Number:

Cemetery:

Phone Number:

Ontario Works Office:

Phone Number:

### Additional Contact Information:

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## HELPFUL LINKS

To access some of these helpful links, take a picture of the QR codes with your smart phone and the link to the appropriate site will appear for you to click on.



### **Beausoleil First Nation Lands & Resources Dept.**

Phone : (705) 247-2051 | Fax : (705) 247-2239

<http://www.chimnissing.ca/lands.html>



### **Beausoleil First Nation Social Services & Ontario Works Dept.**

Phone : (705) 247-1180 | Fax : (705) 247-1179

<http://www.chimnissing.ca/>



### **Ontario Aboriginal Lands Association (OALA) Estates Unit**

<https://oala-on.ca/about-oala/estates-unit/>



### **Indigenous Services Canada – Estate Services for First Nations**

<https://www.sac-isc.gc.ca/eng/1100100032357/1581866877231>



### **National Aboriginal Lands Managers Association (NALMA)**

<https://nalma.ca/>



### **Canadian Mental Health Association – Understanding & Coping with Loss and Grief**

<https://ontario.cmha.ca/documents/understanding-and-coping-with-loss-and-grief/>



### **Ontario Works Directives – Funeral and Burials**

[https://www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/ow/7\\_2\\_OW\\_Directives.aspx](https://www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/ow/7_2_OW_Directives.aspx)



### **Legal Aid Ontario – Find a Legal Clinic**

<http://www.legalaid.on.ca/legal-clinics/>



### **Government of Canada**

<https://www.canada.ca/en.html>









# INSTRUCTIONS FOR WILL KIT

*This is the  
Last Will and Testament*

of me, 1 of the  
2 of 3 in the Province of  
(City, Municipality, Town, District)  
4, made the 5 day of 6.  
(Date)

1. I REVOKE all former Wills, Codicils, and Testamentary Dispositions previously made by me.

2. I APPOINT 7 of the  
8 of 9 in the Province of  
(City, Municipality, Town, District)  
10, to be the Execut11 of this my last Will and Testament.  
(or/trix)

BUT IF my said Execut12 should refuse to act, predecease me, or die within a period  
(or/trix)  
of 13 days following my death, THEN I APPOINT 14  
15 of 16  
(City, Municipality, Town, District)  
in the Province of 17 to be the Execut18 of this my last Will  
(or/trix)  
and Testament.

3. I DIRECT all my just debts, funeral and testamentary expenses, all succession duties, inheritance and death taxes, and all expenses necessarily incidental thereto, to be paid and satisfied by my Execut19 as soon as conveniently may be after my death.  
(or/trix)

SELF-COUNSEL PRESS—CON-WILL (Page 1 of 10)

1. Fill in your first and last name.
2. Choose one of city, municipality, town, or district.
3. State city, municipality, town, or district in which you reside.
4. State province in which you reside.
5. State the day of the month on which you are making your will.
6. State the month and the year in which you are making your will.
7. Fill in the first and last name of your chosen executor/trix.
8. Choose one of city, municipality, town, or district.
9. State city, municipality, town, or district in which your executor/trix resides.
10. State province in which your executor/trix resides.
11. Choose one of executor or executrix.
12. Choose one of executor or executrix.
13. State number of days (usually 30) within which executor/trix's death will trigger designation of alternate executor/trix.
14. Fill in the first and last name of your chosen alternate executor/trix.
15. Choose one of city, municipality, town, or district.
16. State city, municipality, town, or district in which your alternate executor/trix resides.
17. State province in which your alternate executor/trix resides.
18. Choose one of executor or executrix.
19. Choose one of executor or executrix.

4. Any beneficiary who dies within a period of **20** days following my death will be deemed not to have survived me, and their gift will then become part of the residue of my estate.

a) I DISTRIBUTE my assets as follows:

**20a**

b) I DISTRIBUTE any residue of my estate as follows:

**20b**

5. I give my Execut **21** the following POWERS:  
(omit)

**22**

6. I APPOINT **23** of **24** of **25** in the Province of **26** as Guardian(s) of my minor children, BUT IF **27** should refuse to act, predecease me, or die within a period of **28** days following my death, THEN I APPOINT **29** of **30** of **31** in the Province of **32** as Guardian(s) of my minor children.

SELF-COUNSEL PRESS—CDWILL Page04/05

20. State number of days (usually 30) following your death a beneficiary must live to be deemed to have survived you.

- a. Set out the distribution of your assets.
- b. Set out the distribution of the residue of your estate.

21. Choose one of executor or executrix.

22. Set out the powers given to your executor/trix.

23. Fill in the first and last name of your chosen guardian(s).

24. Choose one of city, municipality, town, or district.

25. State city, municipality, town, or district in which your guardian(s) reside(s).

26. State province in which your guardian(s) reside(s).

27. Fill in the first and last name of your chosen guardian(s).

28. State number of days within which guardian's death will trigger designation of alternate guardian.

29. Fill in the first and last name of your chosen alternate guardian(s).

30. Choose one of city, municipality, town, or district.

31. State city, municipality, town, or district in which your alternate guardian(s) reside(s).

32. State province in which your alternate guardian(s) reside(s)

I request that my Guardians:

**33**

IN WITNESS whereof I have set my hand the day and year first above written.

**34**

(Signature)

This page was signed and the preceding pages were initialed by the Testat **35** and published and declared as and for **36** last Will and Testament in the presence of us both present together at the same time who at **37** request and in **38** presence and in the presence of each other have hereunto subscribed our names as witnesses:

Name **39**  
(Signature)

Address **40**

Occupation **41**

Name **42**  
(Signature)

Address **43**

Occupation **44**

SELF-COUNSEL PRESS—CDW-WILL Page04/25

- 33.** Set out your requests of your guardian(s).
- 34.** Sign your name in the presence of witnesses.
- 35.** Choose one of testator or testatrix.
- 36.** Choose one of his or her.
- 37.** Choose one of his or her.
- 38.** Choose one of his or her.
- 39.** Witness must sign in the presence of testator and other witness.
- 40.** Address of witness.
- 41.** Occupation of witness.
- 42.** Witness must sign in the presence of testator and other witness.
- 43.** Address of witness.
- 44.** Occupation of witness.

DATED **45** \_\_\_\_\_ 20\_\_

**Will**

—OF—

**46** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**45.** Fill in the day, month, and year of when the will was completed.

**46.** Fill in your first and last name.

# This is the Last Will and Testament

\_\_\_\_\_ of me, \_\_\_\_\_, of the  
\_\_\_\_\_ of \_\_\_\_\_ in the Province of  
*(City, Municipality, Town, District)*  
\_\_\_\_\_, made the \_\_\_\_\_ day of \_\_\_\_\_.  
*(Date)*

1. I REVOKE all former Wills, Codicils, and Testamentary Dispositions previously made by me.

2. I APPOINT \_\_\_\_\_ of the  
\_\_\_\_\_ of \_\_\_\_\_ in the Province of  
*(City, Municipality, Town, District)*  
\_\_\_\_\_, to be the Execut \_\_\_\_\_ of this my last Will and Testament.  
*(or/rix)*

BUT IF my said Execut \_\_\_\_\_ should refuse to act, predecease me, or die within a period  
*(or/rix)*  
of \_\_\_\_\_ days following my death, THEN I APPOINT  
\_\_\_\_\_ of the \_\_\_\_\_ of  
*(City, Municipality, Town, District)*  
in the Province of \_\_\_\_\_ to be the Execut \_\_\_\_\_ of this my last Will  
*(or/rix)*  
and Testament.

3. I DIRECT all my just debts, funeral and testamentary expenses, all succession duties, inheritance and death taxes, and all expenses necessarily incidental thereto, to be paid and satisfied by my Execut \_\_\_\_\_ as soon as conveniently may be after my death.

*(or/rix)*

4. Any beneficiary who dies within a period of \_\_\_\_\_ days following my death will be deemed not to have survived me, and their gift will then become part of the residue of my estate.

a) I DISTRIBUTE my assets as follows:

b) I DISTRIBUTE any residue of my estate as follows:

5. I give my Execut\_\_\_\_\_ the following POWERS:  
(or/rix)

6

APPOINT

of the \_\_\_\_\_ of \_\_\_\_\_ in the Province of  
(City, Municipality, Town, District)

\_\_\_\_\_ as Guardian(s) of my minor children, BUT IF

\_\_\_\_\_ should refuse to act, predecease me, or die within a period of \_\_\_\_\_ days following my death, THEN I APPOINT \_\_\_\_\_ of

the \_\_\_\_\_ of \_\_\_\_\_ in the Province of  
(City, Municipality, Town, District)

\_\_\_\_\_ as Guardian(s) of my minor children.

I request that my Guardians:

IN WITNESS whereof I have set my hand the day and year first above written.

\_\_\_\_\_  
(Signature)

This page was signed and the preceding pages were initialled  
by the Testat\_\_\_\_\_ and published and declared as and for  
(or/rix)  
\_\_\_\_\_ last Will and Testament in the presence of us both  
(his/her)  
present together at the same time who at  
(his/her)  
request and in\_\_\_\_\_ presence and in the presence of  
(his/her)  
each other have hereunto subscribed our names as witnesses:

Name

(Signature)

Address

Occupation

Name

(Signature)

Address

Occupation

DATED  
20\_\_

**Will**

~~—OF—~~

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*A family is like a circle.  
The connection never ends,  
and even if at times it breaks,  
in time it always mends.*

*A family is like the stars.  
Somehow, they're always there.  
Families are those who help,  
who support and always care.*

*- Nicole M O'Neal*

*Floral Design by: Neebinnaukzhik Southall*

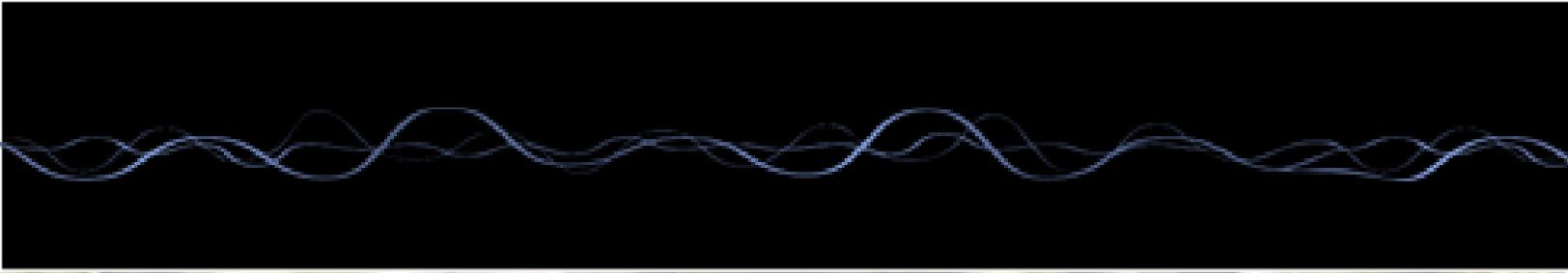




*“Naanaa Gdaawendang”*

*“Thinking Ahead Carefully”*





[www.chimnissing.ca/lands.html](http://www.chimnissing.ca/lands.html)

