

Fides Law Practice

INSTRUCTION FORM FOR WILLS

Filled forms should be submitted to our office or by email: fideslawpractice@yahoo.com

Date:.....

1. Testator’s Full Name:

2. Address and such former addresses as may be necessary for identification purpose

(1) in Will:.....

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3. Domicile:.....

4. Proposed Executors

(a) Full Name:.....

Address:.....

(b) Full Name:.....

Address:.....

(c) Full Name:.....

Address:.....

(d) Full Name:.....

Address:.....

5. (2) Charging Clauses: YES/NO

(a) Burial/Cremation

(b) And other special instructions regarding disposal of the body

6. (a) Particulars of interest in land owned

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Where are the deeds?.....

(b) Specific Devise(s) (if any)

(i) Full Name:.....

Address:.....

Occupation:.....

(ii) Full Name:.....

Address:.....

Occupation:.....

(iii) Full Name:.....

Address:.....

Occupation:.....

(iv) Full Name:.....

Address:.....

Occupation:.....

(v) Full Name:.....

Address:.....

Occupation:.....

(c) Is land Mortgaged YES/NO

7. Pecuniary Legatees:

(a) Full Name:.....

Address:.....

Occupation:.....

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(b) Full Name:.....

Address:.....

Occupation:.....

(c) Full Name:.....

Address:.....

Occupation:.....

(d) Full Name:.....

Address:.....

Occupation:.....

(e) Full Name:.....

Address:.....

Occupation:.....

8. Other Specific Requests:

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9. General or Demonstrative Legacies.....

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10. Instructions Regarding Residue:

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11. Substitutional Gifts:

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12. Particulars of dependant of immediate family e.g. wife, unmarried daughter, infant

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13. If any defendant not a beneficiary, reason for this

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14. Draft Will to be sent for approval? YES/NO

15. Engrossed Will to be signed at Legal Practitioner’s Office Testator’s Home

16. Proposals for Custody of Will and made-up copies:-

Will deposited at/sent to

Copy deposited at/sent to.....

17. Costs: Cash/Cheque/Bill to be delivered and settled later

18. Amount paid:.....

No. of Receipt given:.....

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DATED THIS.....DAY OF.....20...

SIGN:.....

NAME:.....

ADDRESS:.....

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