This is My Last Will and Testament

(Full	Name),				
		Social Insurance Nu			
Status	s Number and Band Name: _				
/ly ma	ailing address is				
/ly Ho	ome Address is				
loan	col all my formor wills and	I codicils before this date:			
Can					
1.	I appoint	of	, in the province of		
		to be the executor\executor(s) and	trustee(s) of this my will, but if		
	she\he should refuse to act, die before me, or die withing a period of <u>30 days</u> following my deatl				
	than Lannaint	of	, in the province		
2.	of I direct that all my just debt	, as the executor\executor(s s, funeral and testamentary expension death; after being confirmed my Exe) and trustee(s) of this my will ses be paid by my executor(s) as		
	of I direct that all my just debt soon as possible after my c	, as the executor\executor(s s, funeral and testamentary expens death; after being confirmed my Exe) and trustee(s) of this my will ses be paid by my executor(s) as ecutor\Executrix		
	of I direct that all my just debt soon as possible after my of I appoint	, as the executor\executor(s s, funeral and testamentary expensi death; after being confirmed my Exe) and trustee(s) of this my will ses be paid by my executor(s) as ecutor\Executrix , in the		
	of I direct that all my just debt soon as possible after my of I appoint province of	, as the executor\executor(s s, funeral and testamentary expension death; after being confirmed my Exe of , as Guardian(s) of my minor child\) and trustee(s) of this my will ses be paid by my executor(s) as ecutor\Executrix , in the ren, but if he\she\they should <i>refus</i>		
	of	, as the executor\executor(s s, funeral and testamentary expensi death; after being confirmed my Exe of , as Guardian(s) of my minor child\ die within <u>30 days</u> following my dea) and trustee(s) of this my will ses be paid by my executor(s) as ecutor\Executrix , in the ren, but if he\she\they should <i>refus</i> oth, then I appoint		
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	of	, as the executor\executor(s s, funeral and testamentary expense death; after being confirmed my Exe of , as Guardian(s) of my minor child\ die within <u>30 days</u> following my dea of as Guardian(s) of my Date of Birth) and trustee(s) of this my will ses be paid by my executor(s) as ecutor\Executrix , in the ren, but if he\she\they should <i>refus</i> ofth, then I appoint , in the y minor child\ren.		
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INITIALS

This is My Last Will and Testament

4. I request that my Guardians:	
5. I want my remains to be dealt with by	
· · · · · · · · · · · · · · · · · · ·	
7. I make the following specific gifts:	
Name(s)	Gift(s)
I give the residue of my estate as follows:	

INITIALS

	t Will and Testament
I sign my name to My Last Will on	day of, <u>20</u>
at in t	he province of
Signature	
This page was signed, and the preceding page	ges were initialed by
as his\her Last Will in the presence of us, bo	oth present together. We have signed our names as
witnesses to this Last Will at the request of _	in
his/har pressnas and in the pressnas of each	
histner presence and in the presence of each	other on this Date
Name	
Name	Name
	Name Address