**LAST WILL AND TESTAMENT**

This is the last will and testament of me, (your full name), of the City of (name of the city you live in), in the Province of Saskatchewan, made this (calendar day) day of (month), (year), in the City of (name of the city you’re signing your will), in the Province of Saskatchewan.

1. I revoke all of my previous Wills.
2. I direct that after my death, (describe your funeral, burial, or cremation wishes).
3. I direct that all of my debts that I am legally responsible for will be paid after my death. [**optional –** I specifically direct that any mortgage against \_\_\_\_\_\_\_\_\_\_\_(describe the property) I own be paid from my estate.]
4. I appoint (full name of your executor) of the City of (city where your executor lives), in the Province of (province where your executor lives), to be the Executor of this Will. In the event that (full name of your executor) cannot act as an executor, I appoint (full name of your alternate executor), of the City of (city where your alternate executor lives), in the Province of (province where your alternate executor lives).
5. **[*optional -* *use this section if you have important documents that your executor will need to access after your death*]** (describe the document or documents) can be located at (specific location of the document or documents). I give permission to (full name of your executor) of the City of (city where your executor lives), in the Province of (name of the province where your executor lives) to access and use these documents for purposes relating to the administration of my estate.
6. **[*optional - use this section if you wish to gift all of your property to your spouse*]** I direct that all of my property and assets go to my spouse, (full name of your spouse), of the City of (city your spouse lives in), in the Province of (province where your spouse lives). If my spouse dies within 30 days after my death, then I direct that all of my property go to (full name of the beneficiary who would receive all of your property) of the City of (city where the beneficiary lives), in the Province of (province where the beneficiary lives).
7. **[*optional -* *use this section if you would like all of your property to be divided equally to two or more people*]** I leave all of my property in equal shares to:
8. (full name of person receiving a share of your property), of the City of (city where the person lives), in the Province of (province where the person lives).
9. ***[repeat until you have listed all of the people who you wish to split your property]***
10. ***If any of the people listed here do not survive me by at least 30 days, I direct that all of my property be divided equally between the surviving beneficiaries. OR If any of the people listed here do not survive me by at least 30 days, and a beneficiary has a child or children or spouse, that the gift to the surviving spouse or child***
11. ***[optional – use this section of you would like different people to receive different gifts]*** I direct that (describe the property that you are gifting) goes to (full name of person receiving gift) of the City of (city where the person lives), in the Province of (province where the person lives).
12. **[if applicable]** I direct that any property not specifically gifted in paragraph 8 shall be part of my estate, and divided according to paragraph 7.
13. **[*optional - use this section if you have children and/or dependents who need to be cared for*]** I direct that (full name of your child or dependent), date of birth (month/date/year), of the City of (city your child or dependent lives in), in the Province of (province your child or dependent lives in) whose legal guardians are me and (full name of other legal guardian(s)), be cared for by (full name of your chosen caregiver), of the City of (city the caregiver lives in), in the Province of (province where the caregiver lives) in the event that both I and (full name of other legal guardian(s)) die before (full name of your child or dependent) reaches the age of 18 years old [change wording if you have a guardianship order appointing you to be the legal guardian for your dependent adult child].
14. **[*optional -* *use this section if you wish to make a donation to charity*]** I direct that $(amount of money you wish to donate) be donated to (name of the charity), registration number (registration number of the charity).

Signed by (your full name) as (his/her) Last Will and Testament, (calendar day) day of (month), (year).

Signed by (your full name) in the presence of:

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

Signature of First Witness

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

Signature of Second Witness

)

)

)

) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

) Signature of (your full name)

)

)

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

Full name of First Witness:

(Home address)

(City), (Province)

(Postal code)

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

Address of First Witness:

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

Full name of Second Witness:

(Home address)

(City), (Province)

(Postal code)

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

Address of Second Witness

**Form 16-19A**

(Subrule 16-19(1))

**AFFIDAVIT OF EXECUTION OF WILL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name and residence)*

make oath and say/affirm that:

**1** I know/knew \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (*or* late of) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

*(name of testator) (residence of testator)*

**2** On or about the \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2 \_\_\_\_\_\_\_\_\_\_ ,

I was present and saw the document annexed to this affidavit and marked as Exhibit “A” signed

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of testator)*

(*if testator executed the will by making his or her mark, add:* by making h\_\_\_\_\_ mark), as the same now appears, as and for h last will and testament.

**3** The document was signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of testator)*

in the presence of me and of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(name and residence of other attesting witness)*

who were both present at the same time, at which time we, in the presence of

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

*(name of testator)*

and in the presence of each other, attested and subscribed the document as witnesses.

(*If the testator was blind, or executed the will by making his or her mark, add:*

**4** Before the execution of the will by the testator, the will was read over to the testator by me (*or* by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my presence, *as the case may be*) and the testator had knowledge of its contents and appeared perfectly to understand the same.)

|  |  |  |
| --- | --- | --- |
| SWORN (OR AFFIRMED) BEFORE ME |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*signature*) |
| at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Saskatchewan, |
| this \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_ , |
| 2\_\_\_\_\_\_\_\_\_\_\_\_ . |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Commissioner for Oaths |
| for Saskatchewan |

**Form 16-19A**

(Subrule 16-19(1))

**AFFIDAVIT OF EXECUTION OF WILL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name and residence)*

make oath and say/affirm that:

**1** I know/knew \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (*or* late of) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

*(name of testator) (residence of testator)*

**2** On or about the \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2 \_\_\_\_\_\_\_\_\_\_ ,

I was present and saw the document annexed to this affidavit and marked as Exhibit “A” signed

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of testator)*

(*if testator executed the will by making his or her mark, add:* by making h\_\_\_\_\_ mark), as the same now appears, as and for h last will and testament.

**3** The document was signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of testator)*

in the presence of me and of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(name and residence of other attesting witness)*

who were both present at the same time, at which time we, in the presence of

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

*(name of testator)*

and in the presence of each other, attested and subscribed the document as witnesses.

(*If the testator was blind, or executed the will by making his or her mark, add:*

**4** Before the execution of the will by the testator, the will was read over to the testator by me (*or* by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my presence, *as the case may be*) and the testator had knowledge of its contents and appeared perfectly to understand the same.)

|  |  |  |
| --- | --- | --- |
| SWORN (OR AFFIRMED) BEFORE ME |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*signature*) |
| at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Saskatchewan, |
| this \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_ , |
| 2\_\_\_\_\_\_\_\_\_\_\_\_ . |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Commissioner for Oaths |
| for Saskatchewan |