



(d) to give the residue of my estate to:

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

**GIFTS TO MINORS**

4. **IF ANY PERSON** should become entitled to any share of my estate before attaining the age of \_\_\_\_ years, the share of such person and any income derived therefrom shall be held and kept invested by my Trustee and the income and capital, or so much thereof as my Trustee in his/her uncontrolled discretion considers necessary or advisable, shall be used for the benefit, care maintenance, health and welfare, education (including university or other higher education) or general advancement in life of such person until he/she attains the age of \_\_\_\_ years, at which time such share, or the amount remaining, shall be paid or transferred to him/her absolutely.

**PAYMENT TO GUARDIANS OF MINORS**

5. **I AUTHORIZE** my Trustee to make any payment for any person under the age of majority or otherwise under disability to a parent or guardian of such person, or any other individual or legal entity as my Trustee shall consider advisable, whose receipt shall be a sufficient discharge to my Trustee.

**GUARDIANSHIP**

6. **IN THE EVENT** that my spouse predeceases me, **I APPOINT** \_\_\_\_\_ to be the guardian of the persons and estates of any children of mine who have not yet attained the age of majority.

**FUNERAL ARRANGEMENTS**

7. **I WISH FOR** the following funeral and burial arrangements:

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

**IN TESTIMONY WHEREOF** I have hereunto set my hand at the \_\_\_\_\_ Indian Reserve # \_\_\_\_\_, in the Province of Manitoba, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SIGNED, PUBLISHED AND DECLARED** )  
by the above-named \_\_\_\_\_, )  
as and for his/her Last Will and Testament, in the )  
presence of us, both present at the same )  
time who, at his/her request, in his/her presence )  
and in the presence of each other, have )  
hereunto subscribed our names as witnesses. )  
)

\_\_\_\_\_  
(SIGNATURE HERE)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
Print Name  
Address: \_\_\_\_\_

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

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
Print Name  
Address: \_\_\_\_\_

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

Initials \_\_\_\_\_