

# Request for a Search of Will for lawyers Register of Testamentary Dispositions

Information concerning the deceased (Write	in blo	ck lette	ers)						F	ield	ls n	nark	ed wi	th an	aster	isk (	*) are	e req	uired
1 – Surname (Last Name) at birth*	2 -	2 - Given name (first name used)*										Se	х*						
														Male		] Fei	male		
3 - Social insurance number (SIN)*	4 -	I - Date of birth*					5 - Occupation be					fore re	etireme	ent (Do	not	write	"retir	ed")*	
□ No SIN	D	ay	Mon	th		Year				•					•				,
a D L CL III 7 To Marital status	/202 2																		
6 - Date of death* 7 - Marital status ( Day Month Year	(one ci	noice c	oniy)																
married / cc	ommon			d	livorce	d/		١,	7		wid	owe	1		Ιп		single		
law spouse	9			S	epara	ted			_		wiu	OWE	_	ion da		-	iiigie		
8 - Surname and given name at birth of last spouse													Da		Mor	nth		Ye	ar
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9 - Surname and given name at birth of previous spouse													Un Da	ion da v	te Mor	nth		Ye	ar
														, 				L	
10 - Last residing address*																			
11 - Previous addresses since 1961, indicate the years (use a	separa	ate she	et if ne	cess	ary)														
Last known notarial Will																			
12 - Last known Will Name of notary																			
Day Month Year																			
13 - Additional information, if necessary																			
Type of service requested* (view details on back	k)																		
Regular – \$ 23 taxes included																			
☐ Regular with results by fax – \$ 29,89 taxes included					Dr	ovide	fav n	umbe	or f	۰. F	Fa	x nu	mber						
Regular with results by lax - \$ 25,05 taxes included				-		s servi		ullibe	51 IC	JI		ı	1		ı		. 1	1	1
☐ Urgent – \$ 57,49 taxes included										L		I							
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☐ Urgent with results by fax –\$ 64,39 taxes included				=		ovide s serv		umbe	er fo	or	га	x IIU I	ıııneı	Ι.					
Information concerning the applicant (Write in	n hlock	letter	s)																
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Street number and name*						Apt. o	suite	)			re	iepn	one ni	ınıber	(uayı	ime)			
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City*	Prov	vince*				Post	al Co	de*			16	lepn	one (c	eli ilui	libel (	ווט וכ	iei)		
Pay with your credit card by indicating your credit card order to Chambre de														l mon	ey ord	der o	r bar	nk m	oney
Payment*	55 HUG					onal C				n ac				-			Se	curity	/ code
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### Instructions

In order for us to process your request, please read and follow the instructions below. If any of the mandatory information is missing, we will not be able to complete the search and therefore we will have to send back your request. The Register of Testamentary Dispositions contain more than 7.5 million deeds; we must therefore obtain complete and precise information to identify, if applicable, the last testamentary act of the deceased person. We thank you in advance for your cooperation.

- 1 Surname (Last Name) at birth: Indicate the family name at birth. Don't enter the spouse's name.
- 2 Given name (first name used): Enter the person's first name; any other first names on the birth certificate are not necessary.
- 3 Social Insurance Number (SIN): If the deceased person has one, you must enter it. If the person had no SIN, you must specify all occupations in box 5 and all addresses since 1961 in box 11. In some cases, we will not be able to emit a search certificate. We will then contact the applicant.
- 4 Date of birth: If date is unknown indicate the year.
- 5 Occupation: Enter the occupation before retirement. Please be as specific as possible. Ex.: construction day labourer, bookkeeper, accounting clerk. If the person has never worked, indicate *none*.
- 6 Date of death: Indicate the date of death mentioned in the Copy of an Act of Death or Death Certificate given by the Directeur de l'état civil.
- 7 Marital status: Check the box corresponding to the marital status; check only one box.
- 8 Surname and given name of spouse: Indicate the name and first name of spouse, be it by marriage, common law or civil union.
- 9 Surname and given name of previous spouse: Indicate, if applicable, the surname and given name of all previous spouses.
- 10 Last residing address: Enter the street name number and city. If the deceased person was hospitalized at time of death, enter that person's address prior to hospitalisation.
- 11 Previous addresses since 1961: If there is no known will, indicate all addresses since 1961, with dates. Ex.: Trois-Rivières from 1968-1972. If there is a last known will indicate all addresses since the will until the date of death.
- 12- Last known will: Indicate the name of the notary and the date of the last will. If you do not have the exact date, indicate the year. Do not indicate the prenuptial marriage contract made prior to 2002, January 1st. For more than one contract please use the additional information space.

## Type of service requested

- > Regular \$ 23 taxes included: The search certificate will be mailed in two (2) weeks following the reception of your request if the death goes back more than two (2) weeks. However it will be mailed in three (3) weeks for more recent cases.
- > Regular with results by fax \$29.89 taxes included: You may receive the results by fax in addition to the paper certificate sent by mail. You must provide a fax number for this service.
- Urgent \$ 57.49 taxes included: To choose this service, the date of death (box 6) must be greater than thirty (30) days prior to the date of the search request. The search certificate will be mailed within the 5 business days of receipt of the request.
- Urgent with results by fax -\$ 64.39 taxes included: View details for urgent service above and provide a fax number for this service.

## **IMPORTANT:**

- La Chambre des notaires cannot be responsible for errors on a will search certificate when this is due to erroneous or missing information given on the request form. Please make sure that all the information indicated on the form is accurate. The Register of Testamentary Dispositions of the Chambre des Notaires du Québec was established on January 1st, 1961. Therefore, it is impossible to trace any acts made prior to these dates.
- In order to keep this process confidential, we will give information only to the applicant of the search.

### Requirements Checklist

If possible, include a photocopy of the Copy of an Act of Death or Deat Certificate issued by the Directeur de l'état civil.
By mail: Indicate your credit card number, its expiration date and the security code figures at the back of the card or enclose a postal money order or bank money order payable to the Chambre des notaires du Québec. If you send your request by fax, make sure to provide us with your credit card number for payment. Personal checks are not accepted.
In person: Payment can be made by credit card, money order, debit or cash. Personal checks are not accepted.
Address your search request to:
Registers of Testamentary Dispositions and Mandates of the Chambre des notaires du Québec 2045, Stanley Street, Suite 101

Or by fax at 514-879-6938

For more information:

Montreal QC H3A 2V4

Telephone: 514 879-2906 or 1 800 340-4496

Fax: 514 879-6938