



# Will Record

## PERSONAL INFORMATION – PLEASE PRINT

G Mr. G Mrs. G Miss G Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_

## EXECUTOR/BARRISTER/SOLICITOR

Executor/Barrister/Solicitor's Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## ABOUT YOUR BIRD(S)

Bird's Name \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_ G Male G Female G Unknown

Bird's Name \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_ G Male G Female G Unknown

Dietary and/or medical requirements, special toys, behavioral traits, what makes your bird happy, what upsets your bird?

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

Approximate annual cost of providing for your bird (diet, medical costs, toys, cages) \$ \_\_\_\_\_.

## Avian Veterinarian

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail form to: Greyhaven Exotic Bird Sanctuary**  
**Box # 441- 800, 15355 – 24<sup>th</sup> Avenue**  
**Surrey, BC V4A 2H9 Canada**

**Website: [www.greyhaven.bc.ca](http://www.greyhaven.bc.ca)**

**Email: [info@greyhaven.bc.ca](mailto:info@greyhaven.bc.ca)**

## Will Bequest

*Sample Wording: "I give to Greyhaven Exotic Bird Sanctuary the amount of \$\_\_ OR a \_\_% of the residue of my estate" OR "my entire estate".*

Greyhaven Exotic Bird Sanctuary strongly recommends that you consult with a Barrister/Solicitor to ensure your bequest is adhered to as stated in your will. It is imperative that your Barrister/Solicitor and Executor be made aware of this document. Your Barrister/Solicitor will ensure your will is appropriate in language and format.