

ESTATE ADMINISTRATION QUESTIONNAIRE

INFORMATION RELATING TO THE DECEASED

DATE: _____, **2014.**

GENERAL	
FULL NAME OF DECEASED	
ANY OTHER NAME BY WHICH THE DECEASED WAS KNOWN	
ADDRESS OF LAST RESIDENCE IN FULL (INCLUDE POSTAL CODE)	
HABITUAL PROVINCE/STATE OF RESIDENCE	
DATE OF DEATH	
PLACE OF DEATH	
DATE OF BIRTH	
PLACE OF BIRTH	
CITIZENSHIP	
DID THE DECEASED HAVE A U.S. GREEN CARD?	YES _____ NO _____
DID THE DECEASED SPEND EXTENDED PERIODS OF TIME IN THE U.S.?	YES _____ NO _____

MARRIAGES AND/OR RELATIONSHIPS			
MARITAL STATUS		DID THE DECEASED MARRY SUBSEQUENT TO DATE OF WILL?	YES ____ NO ____
NAME OF SURVIVING SPOUSE:			
COMPLETE ADDRESS	PHONE NUMBER	DATE OF MARRIAGE	PLACE OF MARRIAGE
NAME OF PREVIOUS SPOUSE			
DATE OF PREVIOUS MARRIAGE	REASON FOR TERMINATION (Divorce, Death)	DATE OF DEATH OR DIVORCE	
NAME OF ADULT INTERDEPENDENT PARTNER			
COMPLETE ADDRESS	PHONE NUMBER		
(A) THE ADULT INTERDEPENDENT PARTNER LIVED WITH THE DECEASED IN A RELATIONSHIP OF INTERDEPENDENCE			
(i) FOR A CONTINUOUS PERIOD OF NOT LESS THAN THREE YEARS COMMENCING _____ AND ENDING _____			
(ii) OF SOME PERMANENCE OF WHICH THERE IS A CHILD:			

BORN _____
ADOPTED _____
(B) THE ADULT INTERDEPENDENT PARTNER ENTERED INTO AN ADULT INTERDEPENDENT PARTNER AGREEMENT WITH THE DECEASED DATED _____
THE ADULT INTERDEPENDENT PARTNER IS _____ IS NOT _____ RELATED TO THE DECEASED BY BLOOD OR ADOPTION

IMMEDIATE FAMILY		
SURVIVING CHILDREN (INCLUDING ALL OF THOSE BORN WITHIN OR OUTSIDE MARRIAGE)		
FULL NAME	COMPLETE ADDRESS	BIRTH DATE
FULL NAME	COMPLETE ADDRESS	BIRTHDATE
FULL NAME	COMPLETE ADDRESS	BIRTHDATE
FULL NAME	COMPLETE ADDRESS	BIRTHDATE
FULL NAME	COMPLETE ADDRESS	BIRTHDATE
ARE THE SPOUSE AND/OR CHILDREN PHYSICALLY OR MENTALLY HANDICAPPED?		YES _____ NO _____
IF YES, WHO, AND IN WHAT WAY?		
PREDECEASED CHILDREN	YES _____ NO _____	IF YES:
FULL NAME	DATE OF DEATH & BIRTH DATE	FORMER ADDRESS
FULL NAME	DATE OF DEATH & BIRTH DATE	FORMER ADDRESS
FULL NAME	DATE OF DEATH & BIRTH DATE	FORMER ADDRESS
DID PREDECEASED CHILDREN HAVE ANY CHILDREN OF THEIR OWN?		YES _____ NO _____
FULL NAME	BIRTHDATE	COMPLETE ADDRESS

FULL NAME	BIRTHDATE	COMPLETE ADDRESS
FULL NAME	BIRTHDATE	COMPLETE ADDRESS

WILL / CODICIL		
THE DECEASED DIED LEAVING:	WILL _____ CODICIL _____	WITHOUT A WILL _____
LOCATION OF WILL/CODICIL SINCE ITS/THEIR EXECUTION		
DATE OF WILL:		
DATE OF CODICIL:		
WITNESSES TO WILL		
FULL NAME	COMPLETE ADDRESS	OCCUPATION
FULL NAME	COMPLETE ADDRESS	OCCUPATION
WITNESSES TO CODICIL		
FULL NAME	COMPLETE ADDRESS	OCCUPATION
FULL NAME	COMPLETE ADDRESS	OCCUPATION
ARE EITHER OR BOTH OF THE WITNESSES TO THE WILL (OR CODICIL) A BENEFICIARY OR SPOUSE OR AN ADULT INTERDEPENDENT PARTNER OF A BENEFICIARY UNDER THE WILL (OR CODICIL):		
YES _____ NO _____		
IF YES, PLEASE NAME WITNESS AND ADVISE IF WITNESS IS A BENEFICIARY OR THE SPOUSE OR AN ADULT INTERDEPENDENT PARTNER OF A BENEFICIARY. IF THE WITNESS IS THE SPOUSE OR ADULT INTERDEPENDENT PARTNER OF A BENEFICIARY, PLEASE NAME THE BENEFICIARY		

NAME OF PRIMARY EXECUTOR:				
COMPLETE ADDRESS	PHONE NUMBER	OCCUPATION	RELATIONSHIP TO	WISHES TO

			DECEASED	RENOUNCE
				YES ____ NO ____
NAME OF PRIMARY EXECUTOR : (IF MORE THAN ONE)				
COMPLETE ADDRESS	PHONE NUMBER	OCCUPATION	RELATIONSHIP TO DECEASED	WISHES TO RENOUNCE
				YES ____ NO ____
NAME OF ALTERNATE EXECUTOR:				
COMPLETE ADDRESS	PHONE NUMBER	OCCUPATION	RELATIONSHIP TO DECEASED	WISHES TO RENOUNCE
				YES ____ NO ____

IF RENUNCIATIONS ARE REQUIRED (THAT IS, WHERE DECEASED DIED WITHOUT A WILL) LIST THE NAMES, ADDRESSES, PHONE NUMBERS AND RELATIONSHIP TO DECEASED OF ALL OF THOSE PERSONS RANKED HIGHER THAN OR EQUAL TO THE APPLICANT IN THE HIERARCHY:			
FULL NAME	COMPLETE ADDRESS	PHONE NUMBER	RELATIONSHIP TO DECEASED
FULL NAME	COMPLETE ADDRESS	PHONE NUMBER	RELATIONSHIP TO DECEASED
FULL NAME	COMPLETE ADDRESS	PHONE NUMBER	RELATIONSHIP TO DECEASED
FULL NAME	COMPLETE ADDRESS	PHONE NUMBER	RELATIONSHIP TO DECEASED
FULL NAME	COMPLETE ADDRESS	PHONE NUMBER	RELATIONSHIP TO DECEASED

BENEFICIARIES NAMED IN THE WILL	
FULL NAME	
COMPLETE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
RELATIONSHIP TO DECEASED	
GIFT IN WILL	
FULL NAME	
COMPLETE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
RELATIONSHIP TO DECEASED	
GIFT IN WILL	
FULL NAME	
COMPLETE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
RELATIONSHIP TO DECEASED	
GIFT IN WILL	
FULL NAME	
COMPLETE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
RELATIONSHIP TO DECEASED	
GIFT IN WILL	
FULL NAME	
COMPLETE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
RELATIONSHIP TO DECEASED	
GIFT IN WILL	

INTESTATE SUCCESSORS: BENEFICIARIES WHERE THERE IS NO WILL
IF THE DECEASED DIED WITHOUT A WILL, LIST THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND BIRTH DATES OF THE FOLLOWING PERSONS: SPOUSE, ADULT INTERDEPENDENT PARTNER, CHILDREN

AND IF A CHILD OF THE DECEASED HAS DIED BEFORE THE DECEASED, LIST THE CHILDREN OF THAT DECEASED CHILD (THE DECEASED'S GRANDCHILDREN)

FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
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FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE

IF NO SURVIVING SPOUSE OR ADULT INTERDEPENDENT PARTNER, CHILDREN OR GRANDCHILDREN, THEN LIST THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND BIRTHDATES OF THE MOTHER AND FATHER OF THE DECEASED

FULL NAME	COMPLETE ADDRESS	RELATIONSHIP TO	BIRTH DATE
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	/TELEPHONE NUMBER	DECEASED	
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE

IF NO SURVIVING MOTHER OR FATHER, THEN LIST THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND BIRTH DATES OF THE DECEASED'S BROTHERS AND SISTERS AND THEIR RESPECTIVE CHILDREN:

FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE
FULL NAME	COMPLETE ADDRESS /TELEPHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE

IF NECESSARY, THE ESTATE LAWYER WILL ADVISE YOU AS TO THE BENEFICIARIES WHO TAKE AFTER THE BROTHERS AND SISTERS OF THE DECEASED AND/OR THEIR CHILDREN

DETAILS OF PROPERTY AND DEBTS – ALL PROPERTY AND DEBTS MUST BE VALUED AT THE DECEASED'S

DATE OF DEATH	
IF THERE A SAFETY DEPOSIT BOX?	YES _____ NO _____
LOCATION?	
HAS AN INVENTORY BEEN TAKEN?	YES _____ NO _____ If yes, please attach copy
PERISHABLE ASSETS:	
SUGGESTIONS AS TO THEIR MAINTENANCE OR DISPOSITION?	
DO ANY ASSETS REQUIRE INSURANCE OR SUPERVISION?	YES _____ NO _____
IF YES, EXPLAIN	

REAL ESTATE INCLUDING LEASEHOLD INTERESTS:		
LEGAL DESCRIPTION AND MUNICIPAL ADDRESS	REGISTERED OWNER(S)	VALUE
LEGAL DESCRIPTION AND MUNICIPAL ADDRESS	REGISTERED OWNER(S)	VALUE
LEGAL DESCRIPTION AND MUNICIPAL ADDRESS	REGISTERED OWNER(S)	VALUE
MORTGAGES ON REAL ESTATE PROPERTY	MORTGAGEE (BANK, MORTGAGE BROKER)	VALUE OF MORTGAGE AT DATE OF DEATH
YES _____ NO _____		
MORTGAGES ON REAL ESTATE PROPERTY	MORTGAGEE (BANK, MORTGAGE BROKER)	VALUE OF MORTGAGE AT DATE OF DEATH
MORTGAGES ON REAL ESTATE PROPERTY	MORTGAGEE (BANK, MORTGAGE BROKER)	VALUE OF MORTGAGE AT DATE OF DEATH
MINES AND MINERALS, AND, IF PRODUCING, AMOUNT OF ROYALTIES IN THE PAST 12 MONTHS:		

DESCRIPTION	LEGAL DESCRIPTION	AMOUNT
DESCRIPTION	LEGAL DESCRIPTION	AMOUNT

CASH				
CASH ON PERSON (INCLUDING TRAVELLER'S CHEQUES, CANADIAN AND FOREIGN CURRENCY)			\$	
CASH IN BANK				
BANK	BANK ADDRESS	ACCOUNT NO. & TYPE	PRINCIPAL AS AT DATE OF DEATH	INTEREST TO DATE OF DEATH
BANK	BANK ADDRESS	ACCOUNT NO. & TYPE	PRINCIPAL AS AT DATE OF DEATH	INTEREST TO DATE OF DEATH
BANK	BANK ADDRESS	ACCOUNT NO. & TYPE	PRINCIPAL AS AT DATE OF DEATH	INTEREST TO DATE OF DEATH
BANK	BANK ADDRESS	ACCOUNT NO. & TYPE	PRINCIPAL AS AT DATE OF DEATH	INTEREST TO DATE OF DEATH
BANK	BANK ADDRESS	ACCOUNT NO. & TYPE	PRINCIPAL AS AT DATE OF DEATH	INTEREST TO DATE OF DEATH
UNCASHED CHEQUES?				
LIFE INSURANCE				
NAME AND ADDRESS OF COMPANY	TYPE	POLICY NO.	FACE VALUE	BENEFICIARY
NAME AND ADDRESS OF COMPANY	TYPE	POLICY NO.	FACE VALUE	BENEFICIARY
NAME AND ADDRESS OF	TYPE	POLICY NO.	FACE VALUE	BENEFICIARY

COMPANY				
SHARES				
NAME OF COMPANY	NUMBER AND TYPE OF SHARES	VALUE	CERTIFICATE NUMBER	TRANSFER AGENT
NAME OF COMPANY	NUMBER AND TYPE OF SHARES	VALUE	CERTIFICATE NUMBER	TRANSFER AGENT

BONDS & DEPOSITS						
DESCRIPTION	VALUE	SERIAL NUMBER	DATE OF PURCHASE	INTEREST RATE	MATURITY DATE	INTEREST TO DATE OF DEATH
DESCRIPTION	VALUE	SERIAL NUMBER	DATE OF PURCHASE	INTEREST RATE	MATURITY DATE	INTEREST TO DATE OF DEATH
DESCRIPTION	VALUE	SERIAL NUMBER	DATE OF PURCHASE	INTEREST RATE	MATURITY DATE	INTEREST TO DATE OF DEATH
DEBTS DUE TO DECEASED AND FROM WHO			\$			
ANNUITIES:						
COMPANY NAME						
AMOUNT						
DATE OF LAST PAYMENT						
BENEFICIARY						
PENSION:						
COMPANY NAME						
AMOUNT						
DATE OF LAST PAYMENT						
BENEFICIARY						
CANADA PENSION PLAN:						
CONTRIBUTION DURING DECEASED'S LIFE:			YES _____ NO _____			
DATE OF LAST CHEQUE						
AMOUNT						
SURVIVORS BENEFIT: WHO IS ELIGIBLE?						

WHO WILL MAKE THE APPLICATION FOR DEATH AND SURVIVOR'S BENEFITS?	
LAWYER _____ OTHER _____ IF OTHER, NAME: _____	
HAS THE CANADA PENSION PLAN BEEN ADVISED OF THE DEATH?	YES _____ NO _____
OLD AGE SECURITY:	
AMOUNT	
DATE OF LAST PAYMENT	
SOCIAL INSURANCE NUMBER:	
RRSP'S OR RRIF'S:	
NAME OF COMPANY	
VALUE	
BENEFICIARY	
PERSONAL EFFECTS: PLEASE LIST ALL HOUSEHOLD GOODS, PERSONAL EFFECTS, JEWELLERY, AUTOMOBILES (YEAR, MAKE, AND SERIAL NO.) ANY VALUABLE PAINTINGS, ANTIQUES, COLLECTIONS OR ART OBJECTS. PLEASE ATTACH LIST IF NECESSARY.	
DESCRTIPON	VALUE
BUSINESS OR FARMING INTEREST(S)	
ANY OTHER ASSETS?	

LIABILITIES AND DEBTS			
NAME OF FUNERAL HOME	ADDRESS OF FUNERAL HOME	TELEPHONE NUMBER OF FUNERAL HOME	AMOUNT OF ACCOUNT
ANY OTHER LIABILITES (CREDIT CARD DEBTS, UTILITIES, GUARANTEES, PROMISSORY NOTES)			
ACCOUNTANT (IF ANY)			

MISCELLANEOUS	
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WAS THE DECEASED A TRUSTEE OR AN EXECUTOR FOR ANY OTHER TRUSTS OR ESTATES?	YES _____ NO _____
IF YES, PROVIDE PARTICULARS OF TRUST OR ESTATE.	
DID THE DECEASED GRANT TO ANYONE THEIR POWER OF ATTORNEY?	YES _____ NO _____
IF YES, NAME OF ATTORNEY AND PROVIDE A COPY OF THE POWER OF ATTORNEY IF AVAILABLE	
DESCRIBE PARTICULARS OF ANY LITIGATION IN WHICH THE DECEASED WAS INVOLVED	