

ESTATE ADMINISTRATION INFORMATION FORM

In addition to the enclosed questionnaire, the following documents should be brought to your Estate Lawyer:

- 1. The original Will of the Deceased, and any Codicils or other documents which appear to direct the distribution of property upon death.
- 2. A copy of all relevant agreements and court documents including Matrimonial Property Agreements, Orders, Minutes of Settlement, Maintenance Orders, Custody Orders, Adult Interdependent Partner Agreements, Pre-Nuptial Agreements, Cohabitation Agreements, Divorce Judgments, Enduring Powers of Attorney, and Dependent Adult Orders.
- 3. A copy of all titles to land owned or partially owned by the Deceased and a copy of any Leases or Tenancy Agreements related thereto. Alternatively, provide the municipal description of such land.
- 4. A copy of all Powers of Attorney given by the Deceased.
- 5. A copy of any Trust Agreements to which the Deceased was a party or beneficiary.
- 6. A copy of the vehicle registration for any vehicles owned by the Deceased.
- 7. A copy of the Deceased's life insurance policy and/or a summary of the full particulars of policies on the Deceased's life, including particulars of designated beneficiaries.
- 8. A copy of the Deceased's life insurance policy and/or a summary of the full particulars of policies owned by the deceased on the lives of others.
- 9. A copy of any Shareholder Agreement, Partnership Agreement, Employment Agreement, etc. to which the Deceased was a party.
- 10. Full particulars of all foreign assets. It may be necessary to seek advice in the foreign jurisdiction as to their devolution. In general, immovable (corresponding roughly to real estate and leaseholds), devolve in accordance with the law of the jurisdiction where they are situated. Movables (all other property) generally devolve in accordance with the law of the Deceased's domicile.

ESTATE ADMINISTRATION QUESTIONNAIRE

1. GENERAL INFORMATION RELATING TO THE DECEASED	
FULL LEGAL NAME OF THE DECEASED	SOCIAL INSURANCE NUMBER
ANY OTHER NAME BY WHICH THE DECEASED WAS KNOWN	
FULL ADDRESS OF LAST RESIDENCE	
HABITUAL PROVINCE/STATE OF RESIDENCE	CITIZENSHIP(S)
DATE OF BIRTH	PLACE OF BIRTH
DATE OF DEATH	PLACE OF DEATH
DID THE DECEASED HAVE A U.S. GREEN CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE DECEASED SPEND EXTENDED PERIODS OF TIME IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO

2. MARRIAGES OR RELATIONSHIPS	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> COMMON LAW	
DID THE DECEASED MARRY SUBSEQUENT TO THE DATE OF THE WILL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SURVIVING SPOUSE	
FULL ADDRESS OF SPOUSE	
HOME PHONE NUMBER	WORK PHONE NUMBER
DATE OF MARRIAGE	PLACE OF MARRIAGE
NAME OF PREVIOUS SPOUSES	
DATE(S) OF PREVIOUS MARRIAGE(S)	
REASON FOR TERMINATION OF MARRIAGE(DIVORCE, DEATH)	

NAME OF ADULT INTERDEPENDENT PARTNER	
FULL ADDRESS	
HOME PHONE NUMBER	WORK PHONE NUMBER
<input type="checkbox"/> 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: _____	
<input type="checkbox"/> THE ADULT INTERDEPENDENT PARTNER ENTERED INTO AN ADULT INTERDEPENDENT PARTNER AGREEMENT WITH THE DECEASED DATED _____ THE ADULT INTERDEPENDENT PARTNER _____ RELATED TO THE DECEASED BY BLOOD OR ADOPTION.	

3. CHILDREN	
3.1 SURVIVING CHILDREN (INCLUDING ALL OF THOSE BORN WITHIN AND OUTSIDE MARRIAGE):	
NAME	DATE OF BIRTH
FULL ADDRESS	
NAME	DATE OF BIRTH
FULL ADDRESS	
NAME	DATE OF BIRTH
FULL ADDRESS	
NAME	DATE OF BIRTH
FULL ADDRESS	

ARE THE SPOUSE AND/.OR THE CHILDREN PHYSICALLY OR MENTALLY HANDICAPPED?

YES NO

IF SO, WHO, AND IN WHAT WAY?

3.2 PREDECEASED CHILDREN

ARE THERE ANY PREDECEASED CHILDREN.

YES NO

NAME	DATE OF BIRTH	DATE OF DEATH
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FULL FORMER ADDRESS

NAME	DATE OF BIRTH	DATE OF DEATH
------	---------------	---------------

FULL FORMER ADDRESS

NAME	DATE OF BIRTH	DATE OF DEATH
------	---------------	---------------

FULL FORMER ADDRESS

DID THE PREDECEASED CHILDREN HAVE ANY CHILDREN OF THEIR OWN?

YES NO

NAME	DATE OF BIRTH
------	---------------

FULL ADDRESS

NAME	DATE OF BIRTH
------	---------------

FULL ADDRESS

NAME	DATE OF BIRTH
------	---------------

FULL ADDRESS

NAME	DATE OF BIRTH
------	---------------

FULL ADDRESS

4. WILL/CODICIL		
THE DECEASED DIES LEAVING <input type="checkbox"/> WILL <input type="checkbox"/> CODICIL <input type="checkbox"/> NO WILL		
LOCATION OF THE WILL/CODICIL(S) SINCE ITS/THEIR EXECUTION		
DATE OF WILL	DATE OF CODICIL	
4.1 WITNESSES TO THE WILL		
NAME	OCCUPATION	PHONE NUMBER
FULL ADDRESS		
NAME	OCCUPATION	PHONE NUMBER
FULL ADDRESS		
4.2 WITNESSES TO THE CODICIL		
NAME	OCCUPATION	PHONE NUMBER
FULL ADDRESS		
NAME	OCCUPATION	PHONE NUMBER
FULL ADDRESS		
ARE EITHER OR BOTH OF THE WITNESSES TO THE WILL (OR CODICIL) A BENEFICIARY, SPOUSE OF A BENEFICIARY OR ADULT INTERDEPENDENT PARTNERS OF A BENEFICIARY UNDER THE WILL (OR CODICIL)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE NAME THE WITNESS, AND IF THE WITNESS IS A SPOUSE OR AN ADULT INTERDEPENDENT PARTNER TO A BENEFICIARY, PLEASE ALSO NAME THAT BENEFICIARY.		

5. EXECUTORS/ADMINISTRATORS		
5.1 PRIMARY EXECUTOR(S)		
NAME OF PRIMARY EXECUTOR	OCCUPATION	
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	EMAIL
RELATIONSHIP TO THE DECEASED	WISHES TO RENOUNCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PRIMARY EXECUTOR (SECOND)	OCCUPATION	
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	EMAIL
RELATIONSHIP TO THE DECEASED	WISHES TO RENOUNCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
5.2 ALTERNATE EXECUTOR		
NAME OF ALTERNATE EXECUTOR	OCCUPATION	
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	EMAIL
RELATIONSHIP TO THE DECEASED	WISHES TO RENOUNCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
5.3 RENUNCIATIONS		
IF RENUNCIATIONS ARE REQUIRED, PLEASE LIST ALL THOSE PERSONS RANKED HIGHER THAN OR EQUAL TO THE APPLICANT IN THE HIERARCHY		
NAME	RELATIONSHIP TO THE DECEASED	PHONE NUMBER
FULL ADDRESS		
NAME	RELATIONSHIP TO THE DECEASED	PHONE NUMBER
FULL ADDRESS		
NAME	RELATIONSHIP TO THE DECEASED	PHONE NUMBER
FULL ADDRESS		

6. NAMED BENEFICIARIES

NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	
GIFT IN WILL		
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	
GIFT IN WILL		
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	
GIFT IN WILL		
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	
GIFT IN WILL		
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		
HOME PHONE NUMBER	WORK PHONE NUMBER	
GIFT IN WILL		

IF NO SURVIVING SPOUSE, ADULT INTERDEPENDENT PARTNER, CHILDREN OR GRANDCHILDREN, THEN LIST THE DECEASED'S MOTHER AND FATHER

NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER

IF NO SURVIVING MOTHER AND FATHER, THEN LIST THE DECEASED'S BROTHERS AND SISTERS AND THEIR RESPECTIVE CHILDREN

NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER
NAME	DATE OF BIRTH	RELATIONSHIP TO THE DECEASED
FULL ADDRESS		PHONE NUMBER

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

8. DETAILS OF PROPERTY AND ASSETS		
ALL PROPERTY AND DEBTS MUST BE VALUED AT THE DECEASED'S DATE OF DEATH		
DO ANY ASSETS REQUIRE INSURANCE OR SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF SO, WHICH ASSETS REQUIRE INSURANCE OR SUPERVISION		
8.1 SAFETY DEPOSIT BOX		
IS THERE A SAFETY DEPOSIT BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT IS ITS LOCATION?	
HAS AN INVENTORY BEEN TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PLEASE ATTACH A COPY HEREWITH	
8.2 PERISHABLE ASSETS		
PLEASE LIST ANY PERISHABLE ASSETS OF THE ESTATE		
SUGGESTIONS AS TO THEIR MAINTENANCE OR DISPOSITION		
8.3 REAL ESTATE (INCLUDING LEASEHOLD INTERESTS)		
LEGAL DESCRIPTION	MUNICIPAL ADDRESS	
	REGISTERED OWNER(S)	VALUE
LEGAL DESCRIPTION	MUNICIPAL ADDRESS	
	REGISTERED OWNER(S)	VALUE
LEGAL DESCRIPTION	MUNICIPAL ADDRESS	
	REGISTERED OWNER(S)	VALUE
8.4 MINES AND MINERALS (AND IF PRODUCING, AMOUNT OF ROYALTIES IN THE PAST 12 MONTHS)		
LEGAL DESCRIPTION	VALUE	
LEGAL DESCRIPTION	VALUE	
LEGAL DESCRIPTION	VALUE	

8.5 CASH ON HAND		
TOTAL CASH ON HAND INCLUDING TRAVELLER'S CHEQUES, CANADIAN AND ANY FOREIGN CURRENCY		AMOUNT
8.6 BANK ACCOUNTS		
BANK NAME	BANK ADDRESS	
ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE AT DATE OF DEATH
BANK NAME	BANK ADDRESS	
ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE AT DATE OF DEATH
BANK NAME	BANK ADDRESS	
ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE AT DATE OF DEATH
BANK NAME	BANK ADDRESS	
ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE AT DATE OF DEATH
8.7 UNCASHED CHEQUES		
PLEASE LIST ANY UNCASHED CHEQUES AND THEIR AMOUNTS		
DESCRIPTION		AMOUNT
DESCRIPTION		AMOUNT
DESCRIPTION		AMOUNT
8.8 LIFE INSURANCE		
NAME AND ADDRESS OF ISSUING COMPANY		POLICY NUMBER
POLICY TYPE	FACE VALUE	BENEFICIARY
NAME AND ADDRESS OF ISSUING COMPANY		POLICY NUMBER
POLICY TYPE	FACE VALUE	BENEFICIARY
NAME AND ADDRESS OF ISSUING COMPANY		POLICY NUMBER
POLICY TYPE	FACE VALUE	BENEFICIARY

8.9 DEBTS DUE TO THE DECEASED		
DESCRIPTION		AMOUNT
DESCRIPTION		AMOUNT
DESCRIPTION		AMOUNT
DESCRIPTION		AMOUNT
8.10 ANNUITIES		
COMPANY NAME		AMOUNT
DATE OF LAST PAYMENT		BENEFICIARY
8.11 PORTFOLIO WITH A BROKER		
NAME OF BROKER		VALUE OF PORTFOLIO AT DATE OF DEATH
NAME OF BROKER		VALUE OF PORTFOLIO AT DATE OF DEATH
NAME OF BROKER		VALUE OF PORTFOLIO AT DATE OF DEATH
8.12 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
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
NAME OF COMPANY		NUMBER AND TYPE OF SHARES
VALUE	CERTIFICATE NUMBER	TRANSFER AGENT

8.13 BONDS AND DEPOSITS			
DESCRIPTION	PRINCIPAL AMOUNT	ISSUER	
DATE OF PURCHASE	INTEREST RATE	MATURITY DATE	
SERIAL NUMBER	INTEREST AS AT DATE OF DEATH	TOTAL MARKET VALUE	
DESCRIPTION	PRINCIPAL AMOUNT	ISSUER	
DATE OF PURCHASE	INTEREST RATE	MATURITY DATE	
SERIAL NUMBER	INTEREST AS AT DATE OF DEATH	TOTAL MARKET VALUE	
8.14 PENSIONS			
ISSUER		AMOUNT	
DATE OF LAST PAYMENT		BENEFICIARY	
ISSUER		AMOUNT	
DATE OF LAST PAYMENT		BENEFICIARY	
8.15 CANADA PENSION PLAN			
CONTRIBUTION DURING DECEASED'S LIFE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF YEARS	DATE OF LAST CHEQUE	AMOUNT
WHO IS ELIGIBLE FOR THE SURVIVOR'S BENEFIT	HAS CANADA PENSION PLAN BEEN ADVISED OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO		
8.16 OLD AGE SECURITY			
AMOUNT		DATE OF LAST PAYMENT	
8.17 RRSP'S OR RRIF'S			
NAME OF COMPANY	VALUE	BENEFICIARY	
NAME OF COMPANY	VALUE	BENEFICIARY	
NAME OF COMPANY	VALUE	BENEFICIARY	

8.20 OTHER ASSETS		
DESCRIPTION		VALUE
DESCRIPTION		VALUE
DESCRIPTION		VALUE
9. LIABILITIES AND OTHER DEBTS		
9.1 MORTGAGES ON REAL ESTATE PROPERTY		
LEGAL DESCRIPTION	MUNICIPAL ADDRESS	
	BANK	AMOUNT OWING
LEGAL DESCRIPTION	MUNICIPAL ADDRESS	
	BANK	AMOUNT OWING
LEGAL DESCRIPTION	MUNICIPAL ADDRESS	
	BANK	AMOUNT OWING
9.2 CREDIT CARDS		
CREDIT PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
CREDIT PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
CREDIT PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
CREDIT PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
CREDIT PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
9.3 LOANS AND LINES OF CREDIT		
LOAN PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
LOAN PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
LOAN PROVIDER	ACCOUNT NUMBER	AMOUNT OWING
LOAN PROVIDER	ACCOUNT NUMBER	AMOUNT OWING

