

SECTION 1 – PERSONAL INFORMATION

Deceased

Full Name of Deceased:			
List any other names the deceased is known by including previous surname(s):			
Address of Deceased:			
Was the Deceased's habitual residence in the Province of Alberta?		Yes	No
If no, where:			
Date of Birth:		Place of Birth:	
Date of Death:		Place of Death:	
Marital Status:	Married Single Divorced Widowed Adult Interdependent Partner (AIP) (the Alberta term for a common-law spouse)		
Social Insurance Number:			
Did Deceased marry subsequent to date of the Will?			Yes No
Did Deceased sign an Adult Interdependent Partner Agreement after the date of the Will?			Yes No
Was the deceased a citizen of Canada?	Yes	No	
Was the deceased a citizen of any other country?	Yes	No	If yes, which country: _____
Is there a Safety Deposit Box?	Yes	No	Has it been listed? Yes No
Location:			
A <u>complete</u> list of <u>assets</u> (Stocks, Canada Savings Bonds, etc.) is required including full names of companies, serial numbers, maturity dates, number of shares, etc. All other contents can be listed generally (birth certificates, mementos, etc.)			

Marriage

Name of Surviving Spouse / AIP:			
Address:			
Phone (Business):	Phone (Residence):	Phone (Cell):	
Date of Marriage:		Place of Marriage:	
Social Insurance Number:			
Name(s) and date of death <u>or</u> divorce (indicate which) of all previous marriages and adult interdependent partnerships:			

SECTION 2 – IMMEDIATE FAMILY

Note:

- The Social Insurance Number (S.I.N.) is required for each beneficiary where income from the estate is to be allocated to a beneficiary

Surviving Children

1	Name:		Date of Birth:
	Address:		
	Province:	Postal Code:	Social Insurance Number:
2	Name:		Date of Birth:
	Address:		
	Province:	Postal Code:	Social Insurance Number:
3	Name:		Date of Birth:
	Address:		
	Province:	Postal Code:	Social Insurance Number:
4	Name:		Date of Birth:
	Address:		
	Province:	Postal Code:	Social Insurance Number:
5	Name:		Date of Birth:
	Address:		
	Province:	Postal Code:	Social Insurance Number:
6	Name:		Date of Birth:
	Address:		
	Province:	Postal Code:	Social Insurance Number:

Are any of the children mentally or physically disabled?		Yes	No
Are any of the other beneficiaries mentally or physically disabled?		Yes	No
If you answered yes to either of the above questions, please describe:			
Have any of the Deceased's children predeceased?		Yes	No
If yes:			
Name of Deceased Child:		Date of Birth	
Names and address of their children (if any):		Birthdate of their children if under 18 years:	
Did the Deceased have any children born outside of marriage?		Yes	No
Was the Deceased responsible for any other children?		Yes	No
Was the Deceased acting as an attorney under an Enduring Power of Attorney or as a Trustee under the <i>Dependant Adults Act</i> ?		Yes	No
If you answered yes to any of the above questions, please provide details:			

SECTION 3 – WILL**Will**

Date of Will:		Date of Codicil:	
Location of Will (and Codicil) since its execution:			

Witnesses (Will)

Name:			
Address:		Phone Number	
Name:			
Address:		Phone Number	

Witnesses (Codicil)

Name:			
Address:		Phone Number	
Name:			
Address:		Phone Number	

Are either of the witnesses to the Will (or Codicil) a beneficiary or spouse or adult interdependent partner of a beneficiary under the Will?	Yes	No
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If yes, please explain:

Erasures, changes, additions to Will:

Is the NC8 included with the Will?	Yes	No
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SECTION 4 – EXECUTORS, ADMINISTRATORS

1	Name:		Address:		
	Phone (Business):		Phone (Residence):	Phone (Cell):	
	Social Insurance Number:		Occupation:	Relationship to Deceased:	
	Wishes to Renounce?			Yes	No
	Is the Executor/Administrator an undischarged bankrupt?			Yes	No
2	Name:		Address:		
	Phone (Business):		Phone (Residence):	Phone (Cell):	
	Social Insurance Number:		Occupation:	Relationship to Deceased:	
	Wishes to Renounce?			Yes	No
	Is the Executor/Administrator an undischarged bankrupt?			Yes	No
3	Name:		Address:		
	Phone (Business):		Phone (Residence):	Phone (Cell):	
	Social Insurance Number:		Occupation:	Relationship to Deceased:	
	Wishes to Renounce?			Yes	No
	Is the Executor/Administrator an undischarged bankrupt?			Yes	No
4	Name:		Address:		
	Phone (Business):		Phone (Residence):	Phone (Cell):	
	Social Insurance Number:		Occupation:	Relationship to Deceased:	
	Wishes to Renounce?			Yes	No
	Is the Executor/Administrator an undischarged bankrupt?			Yes	No

If there is no Will and if the nearest relative is unable or unwilling to act, list the names, addresses, occupations, and phone numbers of each relative nearer in blood to the Deceased than the Applicants. List them in the following priority: spouse, children, grandchildren, parents, brothers and sisters, etc.

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SECTION 5 – BENEFICIARIES (OTHER THAN SPOUSE OR CHILDREN)

1	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
2	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
3	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
4	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
5	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
6	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
7	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		
8	Full Name:				
	Address:				
	City:		Province:		Postal Code:
	Social Insurance Number:		Relationship:		

SECTION 6 – DETAILS OF ASSETS

Real Estate

All values to be given as at the date of death. Attach schedule if necessary

Principal Residence:

Municipal Address:			
Legal Description:			
Name(s) on Title:			
Ownership:	Joint Tenancy	Tenancy in Common	
Current Market Value:			Current amount owing on mortgages:
Mortgage Company:			Mortgage Company Address:
Are the mortgage(s) life insured?	Yes	No	

Other Real Estate

Municipal Address:			
Legal Description:			
Name(s) on Title:			
Ownership:	Joint Tenancy	Tenancy in Common	
Date of Purchase:	Acquisition Cost:	Current Market Value:	

Municipal Address:			
Legal Description:			
Name(s) on Title:			
Ownership:	Joint Tenancy	Tenancy in Common	
Date of Purchase:	Acquisition Cost:	Current Market Value:	

Municipal Address:			
Legal Description:			
Name(s) on Title:			
Ownership:	Joint Tenancy	Tenancy in Common	
Date of Purchase:	Acquisition Cost:	Current Market Value:	

Mortgages and Encumbrances on Real Estate Listed Above

Mortgage Company:			
Mortgage Company Address:			
Principal:		Interest Accrued to Date of Death:	
Mortgage Company:			
Mortgage Company Address:			
Principal:		Interest Accrued to Date of Death:	
Mortgage Company:			
Mortgage Company Address:			
Principal:		Interest Accrued to Date of Death:	

Mines and Minerals (legal description)

Current Value:		Is the property currently leased?	
		Yes	No

Monies Secured by Mortgage or by Agreement for Sale

Name of Mortgagor or Purchaser:		Amount Owing:	
Description of Land or Property Secured and Nature of Charge:			
Name of Mortgagor or Purchaser:		Amount Owing:	
Description of Land or Property Secured and Nature of Charge:			
Name of Mortgagor or Purchaser:		Amount Owing:	
Description of Land or Property Secured and Nature of Charge:			

Cash

Cash on Person:			
Bank:		Bank Address:	
Account Number and Type:			
Principal:		Interest Accrued to Date of Death:	
Bank:		Bank Address:	
Account Number and Type:			
Principal:		Interest Accrued to Date of Death:	
Bank:		Bank Address:	
Account Number and Type:			
Principal:		Interest Accrued to Date of Death:	
Bank:		Bank Address:	
Account Number and Type:			
Principal:		Interest Accrued to Date of Death:	
Bank:		Bank Address:	
Account Number and Type:			
Principal:		Interest Accrued to Date of Death:	

Guaranteed Investment Certificates and Term Deposits:

Bank:		Bank Address:	
Purchase Date, Maturity Date, Interest Rate:			
Principal Value:		Interest Paid (annually, monthly, etc.)	
Bank:		Bank Address:	
Purchase Date, Maturity Date, Interest Rate:			
Principal Value:		Interest Paid (annually, monthly, etc.)	
Bank:		Bank Address:	
Purchase Date, Maturity Date, Interest Rate:			
Principal Value:		Interest Paid (annually, monthly, etc.)	
Bank:		Bank Address:	
Purchase Date, Maturity Date, Interest Rate:			
Principal Value:		Interest Paid (annually, monthly, etc.)	
Bank:		Bank Address:	
Purchase Date, Maturity Date, Interest Rate:			
Principal Value:		Interest Paid (annually, monthly, etc.)	

Any other items immediately convertible to case (uncashed cheques, promissory notes, etc.):

Debts due to Deceased:

Life Insurance

Company:

Address:

Policy Number:

Face Value:

Beneficiary:

Company:

Address:

Policy Number:

Face Value:

Beneficiary:

Registered Retirement Savings Plans & Registered Retirement Income Funds

Company:

Address:

Policy Number:

Amount:

Beneficiary:

Company:

Address:

Policy Number:

Amount:

Beneficiary:

Annuities or Other Interests

Company (Annuities):			
Address:			
Policy Number:			
Date of Last Payment:		Monthly Payments:	
Amount:		Beneficiary:	
Company (Pension Benefits):			
Address:			
Policy Number:			
Date of Last Payment:		Monthly Payments:	
Amount:		Beneficiary:	

Is any property being held on trust for the Deceased from another estate or trust?	Yes	No
If yes, describe:		

Stocks, Shares, Bonds (Government or Corporate) and Debentures:

Name of Company or Government:			
Type, class of Description Shares and Unit Value:			
Number Held:		Market Value:	
Name of Company or Government:			
Type, class of Description Shares and Unit Value:			
Number Held:		Market Value:	
Name of Company or Government:			
Type, class of Description Shares and Unit Value:			
Number Held:		Market Value:	

Shares in Private Corporations

Describe full name of company, shareholders, number and type of share owned by each shareholder, nature of business, assets owned by company, acquisition cost and current value:

Is there a buy/sell or unanimous shareholders agreement or other restrictions on transfer?	Yes	No
If yes, is it life insurance funded or otherwise funded?	Yes	No

Farming Interests

Give description and value of machinery, cattle and other farm animals and produce, as at date of death.

Other Business Interests

Describe sole proprietorships, partnerships, joint ventures, etc.

Personal Effects

Description:	Estimated Value:
Personal effects & household goods and contents	
Automobile (year, make & serial number)	
Any particularly valuable paintings, jewelry, antiques, art or collections	

Any Other Assets

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Liabilities

Name of Funeral Director & amount of account:		
Other funeral expenses:	Cemetery	
	Flowers	
	Food	
	Musicians	
	Other	

Any other unpaid bills owing at death (include charge cards, utilities, bank loans, etc.)

Name:	Address:	Amount Owing:

SECTION 7 – ADDITIONAL INFORMATION REQUIRED FOR ESTATE ADMINISTRATION

Date of last Income Tax Return: (please provide any copies available)		
Who will prepare the Terminal Tax Return?		
Was the Deceased or the Deceased's business registered to collect the Goods and Services Tax?	Yes	No
If yes, what is the G.S.T. Registration Number?		

Canada Pension Plan

Contribution during Deceased's life?		Yes	No
Have you applied for:	Death Benefit (maximum \$2,500.00)	Yes	No
	Widow's or Widower's Benefit	Yes	No
	Infant's Benefits (if child under 25 and in full-time attendance at school)	Yes	No
Note:	<ul style="list-style-type: none">• The Deceased is entitled to CPP and Old Age Security in the month of death.• Cheques received after that month must be returned.		

Cause of Death:

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Name of Attending Doctor during last illness: (this information is only required if making a claim on insurance policies)

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Do you wish us to advertise for creditors?	Yes	No
Was there a motor vehicle involved in any way in the death of the Deceased?	Yes	No