

ESTATE INFORMATION PACKAGE

DATE: _____

Elmquist Law Office

FILE NO.: _____

Ph. 201-2711

THE DECEASED:	
Full Name of Deceased: _____	
(Also Known as:) _____	

Last Residence in Full: _____
(Street Address)

(City/Town) (Province) (Postal Code)

<i>(If deceased resided at any other address in the last six years specify address(es):)</i>	<i>(To establish residency)</i>

Date of Birth: _____	Place of Birth: _____
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Date of Death: _____	Place of Death: _____
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Testator Died:	
Testate: (with Will) _____	Intestate: (without Will) _____

**OTHER RELEVANT INFORMATION CONCERNING
THE DECEASED:**

Social Insurance No. _____ Old Age Pension No. _____
Alta. Health Care No. _____ Blue Cross No. _____
Credit Cards _____

Who will Notify Government Agencies/Credit cards concerning death:

Other _____ Executor(s): _____

Funeral Handled by: _____

Cost of Funeral: _____ How Paid: _____
(From Bank Account/Executor?)

Income Tax Information:

Year Last Return Filed for Deceased _____

Who Filed Last Return: _____

Name and Address of Accountant who will be handling Estate Returns: _____

Employer Information:

Name of Employer: _____

Address of Employer: _____

Details of any possible benefits (including pension plan information): _____

Was Deceased a Contributor to Canada Pension Plan? Yes _____ No _____

If Yes, Who will make Application for Death Benefits and/or Survivor's Benefits for Spouse:

Personal Representative _____ Other _____

**Estate Information Sheet
Con't**

IMMEDIATE FAMILY:	<i>(Unless otherwise noted, all immediate family members are physically & mentally competent)</i>
<u>SPOUSE/ADULT INTERDEPENDENT PARTNER:</u>	
Name of Spouse: _____ Complete Address: _____ _____	
<u>CHILDREN:</u>	<i>(If under 18, provide date of birth)</i>
Name: _____ Date of Birth: _____ Complete Address: _____ _____	
Name: _____ Date of Birth: _____ Complete Address: _____ _____	
Name: _____ Date of Birth: _____ Complete Address: _____ _____	
Name: _____ Date of Birth: _____ Complete Address: _____ _____	

Are any Children of the Deceased Mentally or Physically Handicapped Yes ___ No ___ or is there an outstanding Dependent Adult Order: (If yes, specify details)

DECEASED CHILDREN:

(Specify information relating to any children of the deceased who died before the deceased)

Name of Deceased Child: _____

Date of Death: _____

Any children of the Deceased Child: Yes: _____ No _____

If yes, specify, names, addresses and age (if under 18): _____

Name of Deceased Child: _____

Date of Death: _____

Any children of the Deceased Child: ___ Yes: _____ No _____

If yes, specify, names, address and age (if under 18): _____

FORMER SPOUSE:

(Complete for deceased or divorced spouse)

Name: _____

Complete Address: _____

Date of Death: _____
(If Applicable)

Date of Divorce: _____
(If Applicable)

THE WILL:	
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Date of Will: _____ Age of Deceased when Signed: _____ years

Did Deceased Marry After Execution of Will: Yes: _____ No: _____

WITNESSES TO WILL:	<i>(Provide address if witness if still alive or note as deceased, as applicable.)</i>
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Name of First Witness: _____

Address of Witness: _____

Name of Second Witness: _____

Address of Witness: _____

Was either witness a beneficiary or spouse of a beneficiary to the Will
Yes: _____ No: _____

List any deletions or changes to the Will: *(if any)*

PERSONAL REPRESENTATIVES:

(Provide complete information of Executor(s) named in the Will or, if no Will, the Administrator)

Name of 1st Executor: _____
(As shown in the Will - if different, specify)

Complete Address: _____

Phone: Home: _____ **Bus:** _____ **Fax:** _____

Relationship to the Deceased: _____

Status: _____
(i.e. "Named in the Will"; "Alternate Named in the Will", etc.)

Name of 2nd Executor: _____
(As shown in the Will - if different specify)

Complete Address: _____

Phone: Home: _____ **Bus:** _____ **Fax:** _____

Relationship to the Deceased: _____

Status: _____
(i.e. "Named in the Will"; "Alternate Named in the Will", etc.)

Name of 3rd Executor: _____
(As shown in the Will - if different, specify)

Complete Address: _____

Phone: Home: _____ **Bus:** _____ **Fax:** _____

Relationship to the Deceased: _____

Status: _____
(i.e. "Named in the Will"; "Alternate Named in the Will", etc.)

Are Any Executors Renouncing: (If so, Specify) _____

BENEFICIARIES

(Specify names, complete addresses and ages & date of birth if under 18 years of age)

Name: _____

Address: _____

Relationship to Deceased: _____

Age and Date of Birth (*If under 18*) _____

Name: _____

Address: _____

Relationship to Deceased: _____

Age and Date of Birth (*If under 18*) _____

Name: _____

Address: _____

Relationship to Deceased: _____

Age and Date of Birth (*If under 18*) _____

BENEFICIARIES (Con't):

(Specify names, complete addresses and ages & date of birth if under 18 years of age)

Name: _____

Address: _____

Relationship to Deceased: _____

Age and Date of Birth (*If under 18*) _____

Name: _____

Address: _____

Relationship to Deceased: _____

Age and Date of Birth (*If under 18*) _____

Name: _____

Address: _____

Relationship to Deceased: _____

Age and Date of Birth (*If under 18*) _____

INVENTORY OF PROPERTY & DEBTS:	<i>(Specify Assets in Name of Deceased Alone, i.e. not joint)</i>
LANDS, MINES & MINERALS & LEASEHOLD INTERESTS	<i>(Provide both municipal addresses and legal descriptions for all properties, if available)</i>
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MONEY OR DEBTS DUE DECEASED & SECURED BY MORTGAGE	<i>(Provide both municipal addresses and legal descriptions for all properties, if available)</i>
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CASH (Including Bank Accts. Term Deposits, GICs, Cash on Hand and all property immediately convertible to cash)	<i>(Provide names & addresses of all banking institutions and account nos., etc.)</i>
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SHARES IN PUBLIC & PRIVATE COMPANIES	<i>(Specify name of company, Cert. No., no. of shares held, unit value per share for each, if available)</i>
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**Estate Information Sheet
Con't**

BONDS, DEBENTURES & TREASURY BILLS

(Specify issuer, description, interest rate, due date, principal amount for each)

**LIFE INSURANCE PAYABLE TO THE ESTATE
(designated beneficiary is the Estate)**

(Specify Issuer, Description of Policy, Face Value for each)

ANNUITIES, PENSIONS, RRSPS, RRIFs, BENEFIT PLANS (designated beneficiary is the Estate)

(Specify Issuer, Description, Principal Amount for each)

HOUSEHOLD GOODS, PERSONAL EFFECTS, COLLECTIONS, VEHICLES, BOATS

(Specify description and estimated value for each) (General Household & Personal Effects may be valued together)

BUSINESS INTERESTS

(Specify nature of business, description and gross value of property & any liabilities)

FARMING INTERESTS

(Specify description and gross value of any inventory and liabilities relating to any farm interests)

OTHER PROPERTY NOT INCLUDED ABOVE:

(Specify details and approximate value)

DEBTS OR MONIES OWING BY THE DECEASED

List debts of the deceased at date of death, which may include funeral expenses, possible income tax owing to date of death, utilities, phone, etc.

ASSETS HELD IN JOINT TENANCY

(Specify details on any joint assets that need to be dealt with)

ASSETS SUBJECT TO A DESIGNATION

(Specify details of any life insurance/ RRSPs), annuities and specifics on beneficiary(ies))
