

## ESTATE ADMINISTRATION INFORMATION-GATHERING FORM

### Documents

Bring the following documents to your estate solicitor:

1. The deceased's original will and any codicil or other document that appears to direct the distribution of property on death.
2. A copy of all relevant agreements and court documents, including matrimonial property agreements, orders, minutes of settlement, maintenance orders and 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 relating to asset transfer. In general, immovables (corresponding roughly to real estate and leaseholds), transfer (or devolve) according to the law of the jurisdiction where they are situated. Movables (all other property) generally transfer under the law of the deceased's home jurisdiction.

## DECEASED'S PERSONAL INFORMATION

### General

1. Deceased's full name: \_\_\_\_\_
2. Any other name by which the deceased was known: \_\_\_\_\_
3. Address of last residence in full (including postal code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Habitual province/state of residence: \_\_\_\_\_
5.
  - (a) Date of death: \_\_\_\_\_
  - (b) Place of death: \_\_\_\_\_
  - (c) Date of birth: \_\_\_\_\_
  - (d) Place of birth: \_\_\_\_\_
  - (e) Citizenship(s): \_\_\_\_\_
  - (f) Did the deceased have a United States of America green card?  
Yes \_\_\_\_ No \_\_\_\_
  - (g) Did the deceased spend extended periods of time in the U.S.?  
Yes \_\_\_\_ No \_\_\_\_

### Marriages or relationships

6. Marital status: \_\_\_\_\_  
Did the deceased marry after the date of the will? \_\_\_\_\_
7. Name of any surviving spouse: \_\_\_\_\_  
Address (with postal code): \_\_\_\_\_

Phone no. (bus): \_\_\_\_\_ (res/cell): \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place: \_\_\_\_\_

8. Name(s) of previous spouses: \_\_\_\_\_

Date(s) of previous marriage(s): \_\_\_\_\_

Reason for termination (divorce, death): \_\_\_\_\_

9. Name of any adult interdependent partner:

\_\_\_\_\_

Address (with postal code): \_\_\_\_\_

Phone no. (bus): \_\_\_\_\_ (res/cell): \_\_\_\_\_

(a) The adult interdependent partner lived with the deceased in a relationship of interdependence;

(i) For a continuous period of not less than 3 years beginning

\_\_\_\_\_ (insert date) and ending \_\_\_\_\_ (insert date)

(ii) Of some permanence of which there is a child:

Born \_\_\_\_\_ (date of birth)

Adopted \_\_\_\_\_ (date of adoption)

(b) The adult interdependent partner entered into an adult interdependent partner agreement with the deceased dated \_\_\_\_\_ (insert date).

The adult interdependent partner \_\_\_\_\_ is/is not related to the deceased by blood or adoption.

**Immediate family**

10. Surviving children (including all of those born in and out of a marriage):

	Name	Address	Birthdate
(a)			
(b)			
(c)			
(d)			

11. Are the spouse and/or the children physically or mentally handicapped?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. If so, who, and in what way: \_\_\_\_\_  
\_\_\_\_\_

13. Predeceased children:

Yes \_\_\_\_\_ No \_\_\_\_\_

14. If yes, list name, date of death, birth date, and former address of such deceased child or children:

	Name	Date of death	Date of birth	Former address
(a)				
(b)				
(c)				

Did the predeceased children have any children of their own?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name, birth date, and address of such child or children:

	Name	Address	Birthdate
(a)			
(b)			
(c)			

**Does a Will Exist?**

16. The deceased died leaving:

Will: \_\_\_\_\_ Codicil: \_\_\_\_\_ Without a will: \_\_\_\_\_

**(Only fill out the below sections 17 – 23 if the deceased has a will/codicil)**

17. Location of the will/codicil(s) since its/their execution:

\_\_\_\_\_

18. Date of the will: \_\_\_\_\_ Date of any codicil: \_\_\_\_\_

Witnesses to the will

	Name	Address and phone number	Occupation
(a)			
(b)			

Witness to any codicil

	Name	Address and phone number	Occupation
(a)			
(b)			

19. 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.

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**Executors, administrators, trustees**

20. (a) Name of **primary** executor                      Address (including postal code)  
Occupation
- \_\_\_\_\_
- \_\_\_\_\_
- (b) Phone no. (bus) \_\_\_\_\_ (res/cell) \_\_\_\_\_
- (c) Relationship to the deceased: \_\_\_\_\_
- (d) Wishes to renounce? Yes \_\_\_\_\_ No \_\_\_\_\_

21. (a) Name of **alternate/second**                      Address (including postal code)                      Occupation  
executor (if applicable)
- \_\_\_\_\_
- \_\_\_\_\_
- (b) Phone No. (bus) \_\_\_\_\_ (res/cell) \_\_\_\_\_
- (c) Relationship to the deceased: \_\_\_\_\_

22. **Beneficiaries named in the will (complete the following information for each beneficiary – add additional sections if necessary):**

23. (a) Name \_\_\_\_\_ Complete address \_\_\_\_\_ Date of birth \_\_\_\_\_  
(including postal code)

\_\_\_\_\_

(b) Phone No. (bus) \_\_\_\_\_ (res/cell) \_\_\_\_\_

(d) Relationship to the deceased: \_\_\_\_\_

(d) Gift in the will: \_\_\_\_\_

**Only fill out section 24 if the deceased does NOT have a will**

**Intestate Successors: Beneficiaries where there is no will**

24. If the deceased died without a will, list the names, addresses, telephone numbers, and birth dates of the following persons:

(a) Spouse, adult interdependent partner, and children; if a child of the deceased has died before the deceased, list the children of that deceased child (the deceased's grandchildren). (If more room is needed, use the back of this form):

Name	Complete address and telephone number	Relationship to the deceased and birthdate

(b) If there are no surviving spouse or adult interdependent partner, children, or grandchildren, then list the names, addresses, telephone numbers and birth dates of the deceased's parents:

Name	Complete address and telephone number	Relationship to the deceased and birthdate



- (c) If there are no surviving parents, then list the names, addresses, telephone numbers and birth dates of the deceased's brothers and sisters and their respective children. (If more room is needed, use the back of this form):

Name	Complete address and telephone number	Relationship to the deceased and birthdate

- (d) 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.

25. (a) Is there a safety deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_

Has an inventory been taken? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy.

(b) Perishable assets:

Suggestions as to their maintenance or disposition: \_\_\_\_\_  
 \_\_\_\_\_

(c) Do any assets require insurance or supervision? \_\_\_\_\_

\_\_\_\_\_

(d) Any property outside Alberta?

\_\_\_\_\_

\_\_\_\_\_

(e) Real Estate, including leasehold interests:

Legal description and municipal address	Registered owner(s)	Value

(f) Mortgages

Mortgages on real estate	Mortgagee (bank, mortgage broker)	Value of any mortgage at the date of death


(g) Mines and minerals, and, if producing, amount of royalties in the past 12 months:

Description	Amount

(h) Cash (including traveller's cheques, Canadian and foreign currency): \_\_\_\_\_

(i) Bank accounts:

Bank and address	Account no. & type	Principal as at the date of death	Interest to the date of death

(j) Uncashed cheques: \_\_\_\_\_  
 \_\_\_\_\_

(k) Life insurance:

Name & address of company	Type	Policy no.	Face value	Beneficiary

(l) Debts/loans due/loaned to the deceased: \_\_\_\_\_  
 \_\_\_\_\_

(m) Annuities:

Company name: \_\_\_\_\_

Amount: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

(n) If the deceased carried a portfolio with a broker, name the broker, and provide a statement of value of portfolio as at the date of death: \_\_\_\_\_

(o) Shares

Name of company	Number and type of shares	Value	Certificate number	Transfer agent

(p) GICs

Description	Value	Serial number	Date of purchase	Interest rate	Maturity date	Interest to the date of death

(q) Pension(s)

Company name: \_\_\_\_\_

Amount: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

(r) Canada Pension Plan

Contribution during the deceased's life:

Yes \_\_\_\_\_ If yes, number of years \_\_\_\_\_

No \_\_\_\_\_

Date of last cheque: \_\_\_\_\_ Amount \_\_\_\_\_

Survivors benefit: Who is eligible? \_\_\_\_\_

Who will make the application for Death and Survivors benefits?

Lawyer \_\_\_\_\_ Other \_\_\_\_\_ If other, name: \_\_\_\_\_

Has the Canada Pension Plan been advised of the death?

Yes \_\_\_\_\_ No \_\_\_\_\_

(s) Old Age Security

Amount: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

(t) Social Insurance Number: \_\_\_\_\_

(u) RRSPs or RRIFs

Name of company: \_\_\_\_\_ Value: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

(v) Personal effects: List all of the deceased's household goods, personal effects, jewellery, automobiles (year, make, serial number), any valuable paintings, antiques, collections, or art objects. Attach a separate list if necessary.

Description	Value

(w) Business or farming interest(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(x) Any other assets

\_\_\_\_\_

\_\_\_\_\_

**Liabilities and Debts**

(y) Funeral home name, address, telephone number, and amount of total account:

\_\_\_\_\_

\_\_\_\_\_

(z) Any other liabilities: (credit card debts, utilities, guarantees, promissory notes)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(aa) Accountant (if any): \_\_\_\_\_

**Miscellaneous**

(bb) Was the deceased a trustee or an executor for any other trusts or estates?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide particulars of trust or estate.

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(cc) Did the deceased grant a power of attorney to anyone?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name attorney and provide copy of power of attorney if available:

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(dd) Describe the particulars of any litigation in which the deceased was involved.

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