
Estate Questionnaire

Your Personal Information

Contact Information:

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

How are you related to the Deceased? _____

Information about the Deceased

Name: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

Last Address of the Deceased:

Deceased's Social Insurance Number: _____

Deceased's Last Occupation: _____

Name of Funeral Home: _____

Address of Funeral Home:

Information about the Deceased's Will and other Estate Documents

Did the Deceased have a Will? Yes _____ No _____
(If yes, provide a copy)

Is there an executed Affidavit of Execution with the Will? Yes _____ No _____
(If not, have witnesses to Will sign same)

Did the Deceased have an existing Trust(s)? Yes _____ No _____
(If yes, provide a copy)

Information on Your Family

Was the Deceased married? Yes _____ No _____

If yes, what is/was the name of the Deceased's spouse?

Was the deceased separated? Yes _____ No _____
(If yes, please provide a copy of Separation Agreement or related documents)
any)

Is the Deceased's spouse still living? Yes _____ No _____

If no, please provide information on the date and place of death:

(Also please provide copy of Proof of Death)

Information of the Children of the Deceased

Name	Date of Birth	Adopted or From Prior Marriage?
-------------	----------------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of the children are under the age of 18 years old, who are they living with?

Obtain the address for this person:

Does this person have a Guardianship Order? Yes _____ No _____

If the Will does not forgive “family debts”, are any children financially indebted to the deceased? Yes _____ No _____

Any there any deceased children? Yes _____ No _____

Does the Will provide for a “per stirpes” distribution?

If Yes, Name of Deceased Child: _____

Please provide information on Grandchildren, if any:

Information of the Grandchildren of the Deceased

Name

Date of Birth

Parents

Other Relevant Family Information:

Information about the Executor

Does the Will or any other communication from the Deceased indicate who should be Executor of the Deceased's estate? (The Executor is responsible for probating the will, paying debts, collecting the assets, and settling the estate.)

Yes _____ No _____

If so, please indicate the name of the person.

What is this person's occupation?

Please provide address of the Executor (if not your already provided above)

Safety Deposit Box

Did the Deceased have a safety deposit box? Yes _____ No _____

If so, please provide details: _____

Who are the "owners" of the Safety Deposit Box?

Does anyone else have access?

Who has the keys?

Have you contacted the bank to arrange for an appointment to list the contents?

Yes _____ No _____

Information on Deceased's Lawyer, Accountant and other Professionals

Did the Deceased have a lawyer? Yes _____ No _____

If yes, please provide name and address:

Did the Deceased have an accountant? Yes _____ No _____

If yes, please provide name and address:

Did the deceased have a financial planner, investment advisor or insurance agent?

Yes _____ No _____

If yes, please provide name and address:

Did the Deceased have an Attorney for Property?

Yes _____ No _____

If yes, please provide name and address:

Assets of the Deceased

1. Estimated value of estate: \$ _____
2. Please provide information and documents concerning the Deceased's accounts at banks and financial institutions:
3. Please provide information and documents concerning the Deceased's investments:

- _____ Cash, certificates of deposit or similar assets.
- _____ Stocks, bonds, and mutual funds.
- _____ Stocks and bonds where the deceased held the certificates.
- _____ Canada or Ontario savings bonds.
- _____ Treasury bills or other government securities.
- _____ Limited partnerships.
- _____ Other investments (please provide information).

4. Retirement plans:
 - _____ RRSPs other similar plans
 - _____ Employer-provided profit sharing, retirement, or other benefit plans:

Please provide details:

Note: If the deceased still qualified for RRSPs, ask the Accountant if it would be wise to make an election in this regard if there is a surviving spouse

5. Real estate:
_____ Personal residence (please provide details):

_____ Other property (please provide details):

If more than one home, obtain the Adjusted Cost Base values (date purchased) for each of the properties other than the principle residence.

If the properties other than the principle residence are not going to be sold, obtain proper appraisals of the value of the properties as of the date of the deceased death.

6. Complete this section if the deceased operated a business.

Did the Deceased own a business, or was the deceased a partner in a business? Yes _____ No _____

If Yes,

Is there a partnership agreement or shareholders agreement which governs the deceased's rights upon passing? Yes _____ No _____

Is so, obtain a copy and determine how it impacts the administration of the estate.

If the business operated as a corporation, please the provide corporation name and details:

If the business operated as a partnership, please provide the partnership name and details:

If the business operated as a sole proprietorship, please provide the business name and details:

7. Receivables: If any money is owed to the Deceased, please provide details:

____ Mortgage(s) or Promissory note(s) secured by real estate.

Amount(s): _____

____ Installment contract(s) of sale of personal property.

Amount(s): _____

____ Unsecured promissory note(s).

Amount(s): _____

8. Life Insurance Policies: life insurance policies insuring the Deceased, please indicate the name of the insurance company and the Policy Number, the face amount of the policy, and the type of policy (please provide the following information: Face Amount, Value as at Date of Death and Type of Policy).

9. Other Insurance Policies: Travel Insurance, Credit Cards, Group Health, Private Disability, Critical Illness, Mortgage Insurance, Property Insurance (home/auto), all other insurance (please provide the following information: Face Amount, Value as at Date of Death and Type of Policy)

10. Annuities: Please indicate the name of the annuitant and the type of annuity and if regular annuities payable for guaranteed minimum term or amount (please provide name of financial institution and contract number)

11. Personal property
- Household furniture and appliances
 - Collections, art, antiques, jewelry
 - Automobiles
 - Boats
 - Recreational vehicles
 - Motor home
 - Machinery and equipment
 - Equipment and tools
 - Farm or related machinery and equipment
 - Livestock
 - Other personal property

12. Did the Deceased have points in an Affinity program (Air Miles, or other similar programs)? Provide details (if applicable)

Yes _____ No _____

12. Did the Deceased have internet related assets (PayPal account, webpages, domain names or other similar assets)?

Yes _____ No _____

Provide details and Passwords (if applicable)



LIABILITIES

(Please provide a list of debts or liabilities of the deceased.)
(Were and of the debts covered by Life Insurance?)

QUESTIONS

(Make a list of questions you would like to ask your lawyer)

Helpful Hint: If you are going to be acting as the Estate Trustee, purchase a journal so that you can record all of the financial transactions and time spent in administering this estate. You will be required to account for your financial management at the end of your administration. You may also have to account for your time in support of any Executor's Fees that may be charged.