

Wesley Jackson

Lawyer

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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:				
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Information about the Deceased's Wil	l and other	r Estate Documents		
Did the Deceased have a Will? (If yes, provide a copy)	Yes	No		
Is there an executed Affidavit of Execution with the Will? (If not, have witnesses to Will sign same)	Yes	No		
Did the Deceased have an existing Trust(s)? (If yes, provide a copy)	Yes	_ No		
Information on Yo	our Family			
Was the Deceased married?	Yes	No		
If yes, what is/was the name of the Deceased's spouse?				
Was the deceased separated? (If yes, please provide a copy of Separation Agany)	Yes greement or	No related documents)		
Is the Deceased's spouse still living?	Yes	No		
If no, please provide information on the date a	and place of	death:		

Information of the Children of the Deceased				
Name	Date of Birt	h	Adopted or Fron Prior Marriage?	
If any of the children	are under the age of 18 year	rs old, who	are they living with	1?
Obtain the address fo	r this person:			
Does this person have	a Guardianship Order?	Yes	No	
If the Will does not fo the deceased?	rgive "family debts", are an		financially indebted	
Any there any decease	ed children?	Yes	No	
Does the Will provide	for a "per stirpes" distribut	tion?		
If Yes, Name of Decea	sed Child:			
Please provide inform	ation on Grandchildren if	anv.		

Information of the Grandchildren of the Deceased				
Name		Date of Birth	Parents	
	Other Relev	ant Family Inforn	nation:	
			·	

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 pro	ovided above)
Safety Deposit Bo	X	
Did the Deceased have a safety deposit box? If so, please provide details:	Yes	No
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 app	ointment 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, investigaent?		or or insurance
If yes, please provide name and address:	165	
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

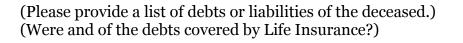
Personal residence (please provide details):			
	Other property (please provide details):		
for ea	re than one home, obtain the Adjusted Cost Base values (date purchased) ach of the properties other than the principle residence. properties other than the principle residence are not going to be sold, in proper appraisals of the value of the properties as of the date of the		
decea	sed 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.		
	business operated as a corporation, please the provide corporation name letails:		

	e business operated as a partnership, please provide the partnership name details:
	e business operated as a sole proprietorship, please provide the business e 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

Did the Deceased have points in an Affinity program (Air Miles, or other similar programs)? Provide details (if applicable)			
	Yes	No	
Did the Deceased have internet related assets domain names or other similar assets)?	s (PayPal ac	count, webpages,	
	Yes	No	
Provide details and Passwords (if applicable)			
	similar programs)? Provide details (if application of the Deceased have internet related assets domain names or other similar assets)?	similar programs)? Provide details (if applicable) Yes Did the Deceased have internet related assets (PayPal ac domain names or other similar assets)?	

LIABILITIES



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.