

Estate Administration Checklist

THE DECEASED

Full Name of Deceased: _____

AKA (Also Known As): _____

Please list any other names the deceased known by including previous surname(s)

Address of Deceased: _____

Habitual Province of Residence: _____

a). Date of Death: _____ Place of Death: _____
MMM DD YYYY

b). Date of Birth: _____ Place of Birth: _____
MMM DD YYYY

c). Marital Status:

- Married Single Divorced Widowed
 Adult Interdependent Partner (*Term in Alberta for Common-law Spouse*)

d). Social Insurance Number: _____

e). Did Deceased marry subsequent to date of Will? Yes No

f). Did the deceased separate or divorce their spouse
subsequent to the date of the Will? Yes No

g). Did Deceased sign an Adult Interdependent Partner
(AIP) Agreement subsequent to date of 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(s)? _____

Is there a Safety Deposit Box? Yes No

If yes, what is its Location, and has it been Listed?

MARRIAGES / AIP RELATIONSHIPS

Name of Surviving Spouse / AIP: _____

Address: _____

Phone # (Res): _____ Phone # (Other): _____

Date of Marriage: _____ Place of Marriage: _____
MMM DD YYYY

Social Insurance Number: _____

Name(s) and Date(s) of death or divorce (indicate which) of all previous Marriages and Adult Interdependent Partnerships:

Name:

Date of Death or Divorce:

MMM DD YYYY

IMMEDIATE FAMILY

Surviving Children:

1. Name: _____ Birthdate: _____

Address with postal code:

Email Address: _____

Phone: _____

2. Name: _____ Birthdate: _____
MMM DD YYYY

Address with postal code:

Email Address: _____ Phone: _____

3. Name: _____ Birthdate: _____
MMM DD YYYY

Address with postal code:

Email Address: _____ Phone: _____

4. Name: _____ Birthdate: _____
MMM DD YYYY

Address with postal code:

Email Address: _____ Phone: _____

5. Name: _____ Birthdate: _____
MMM DD YYYY

Address with postal code:

Email Address: _____ Phone: _____

6. Name: _____ Birthdate: _____
MMM DD YYYY

Address with postal code:

Email Address: _____ Phone: _____

7. Name: _____ Birthdate: _____
MMM DD YYYY

Address with postal code:

Email Address: _____ Phone: _____

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 Death: _____
MMM DD YYYY

Name and Address of the deceased child's children (if any):

Birthdate of their children:

MMM DD YYYY

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?

Yes

No

If you answered yes to any of the above questions, please provide details:

WILL (IF APPLICABLE)

Date of Will: _____

Date of Codicil: _____
MMM DD YYYY

Location of Will (and Codicil) since its execution:

WITNESSES

1. Name: _____

Address: _____

Phone Number: _____

2. Name: _____

Address: _____

Phone Number: _____

EXECUTORS, ADMINISTRATORS

1. Name: _____

Address: _____ Postal Code: _____

Phone # (Res): _____ Phone #(Other): _____

Email Address: _____

Relationship to Deceased: _____

Wishes to Renounce: Yes No

2. Name: _____
Address: _____ Postal Code: _____
Phone # (Res): _____ Phone #(Other): _____
Email Address: _____
Relationship to Deceased: _____
Wishes to Renounce: Yes No

3. Name: _____
Address: _____ Postal Code: _____
Phone # (Res): _____ Phone #(Other): _____
Email Address: _____
Relationship to Deceased: _____
Wishes to Renounce: Yes No

4. Name: _____
Address: _____ Postal Code: _____
Phone # (Res): _____ Phone #(Other): _____
Email Address: _____
Relationship to Deceased: _____
Wishes to Renounce: 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.)

BENEFICIARIES

(Other than spouse or children. Please show full name.)

1. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

2. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

3. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

4. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

5. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

6. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

7. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

8. Name: _____ Relationship: _____

Address with postal code:

Phone: _____ Email Address: _____

Birthdate: _____

DETAILS OF ASSETS

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

Real Property	
Principal Property:	Municipal Address: <input type="text"/>
	Names on Title: <input type="text"/>
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Property	Municipal Address: <input type="text"/>
	Names on Title: <input type="text"/>
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Accounts			
Bank	Location	Joint	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guaranteed Investments Certificates and Term Deposits			
Bank	Location	Maturity Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RRSP or RRIF or Tax Free Savings Account

Bank	Location	Amount	Beneficiary

Life Insurance Policies

Bank	Location	Amount	Beneficiary	Term or Permanent

Pension Plans

Bank	Location	Amount	Beneficiary

Shares in Public Corporations, Non RRSP Mutual Funds, Bonds, and Debentures

(do not list all shares in portfolio if it changes regularly)

Describe:

Business Interests

(private companies, partnerships, sole proprietorship, etc.)

Describe:

Valuable Personal Property

(automobiles, mobile homes, boats, heirlooms, etc.)

Description	Location	Current Amount

Other

Do the deceased have an interest in any of the following:

Farm Land, farming business or a farm corporation? Yes No

Mines and Minerals Yes No

Safety deposit box location:

Deceased Debts

Creditor	Type of Liability	Security	Amount Owing

Did the deceased qualify for the Canada Pension Death Benefit?

Yes No

Deceased Funeral Cost: \$ _____

Other important Information about the deceased: