



BROWNLEE LLP
Barristers & Solicitors EST. 1935

Estate Administration Questionnaire - Testate

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The information requested in this questionnaire is required in order to obtain the necessary personal information of the deceased and information on assets owned by the deceased for probate purposes. Please complete this questionnaire to the best of your ability.

PART I: PERSONAL AND FAMILY

PERSONAL

Name in full: _____

Other names use: _____

Name at birth
(if different from above): _____

Date of death: _____ Place of death: _____

Date of birth: _____ Place of birth: _____

Occupation: _____ Citizenship: _____

Residence
(including postal code): _____

Social Insurance
Number: _____

DECEASED'S PRESENT SPOUSE

Name of spouse: _____

Married Date of marriage: _____

Common-law Date of commencement of relationship: _____

Address (including postal code): _____

Home phone: _____ Cell phone: _____

Date of birth: _____ Citizenship: _____

Email: _____

If separated, date of separation: _____

Marriage agreement: Yes No If yes, date of agreement: _____

Separation agreement: Yes No If yes, date of agreement: _____

PREVIOUS MARRIAGES/COMMON-LAW RELATIONSHIPS

Name of former spouse: _____

Married Date of marriage: _____

Common-law Date of commencement of relationship: _____

Address (including postal code): _____

Home phone: _____ Cell phone: _____

Date of birth: _____ Citizenship: _____

Cause of relationship termination: _____

Death: Yes No If yes, date of death: _____

Divorce: Yes No If yes, date of divorce: _____

PROVISIONS FOR FAMILY LAW AGREEMENTS OR ORDER

Please state the nature of the provision, whether it is under an agreement or an order, and the date of the agreement or order. If available, please provide a copy of the agreement or order.

Maintenance:

Support:

Custody/Access:

OTHER MATTERS

1. Was the deceased the personal representative of any unadministered estates? Yes No

If yes, provide details:

2. Did the deceased grant the power of attorney to anyone? Yes No

If yes, provide details:

Name(s) of attorney:

Address(es):

3. Did the deceased have a trustee?

If yes, provide details:

Name(s) of trustee:

Address(es):

4. Deceased's cause of death:

DECEASED'S CHILDREN

Please fill out the following information for all children, adopted children, and children born outside of marriage. Any special circumstances relating to disability, adoption, custody, and whether they predeceased the deceased should be noted.

1. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Citizenship: _____

Occupation: _____

Predeceased: Yes No If yes, date of death: _____

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details: _____

Does this child have a disability? Yes No

If yes, provide details: _____

Does this child have a guardian or trustee? Yes No

If yes, provide details: _____

2. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Citizenship: _____

Occupation: _____

Predeceased: Yes No If yes, date of death: _____

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details: _____

Does this child have a disability? Yes No

If yes, provide details: _____

Does this child have a guardian or trustee? Yes No

If yes, provide details: _____

3. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Citizenship: _____

Occupation: _____

Predeceased: Yes No If yes, date of death: _____

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details: _____

Does this child have a disability? Yes No

If yes, provide details: _____

Does this child have a guardian or trustee? Yes No

If yes, provide details: _____

4. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Citizenship: _____

Occupation: _____

Predeceased: Yes No If yes, date of death: _____

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details: _____

Does this child have a disability? Yes No

If yes, provide details: _____

Does this child have a guardian or trustee? Yes No

If yes, provide details: _____

If there are additional children, please provide the additional information on a separate sheet of paper and attach to the questionnaire.

PART II: DETAILS OF THE WILL AND CODICILS

WILLS, CODICILS AND MEMORANDUM OF WISHES

Please complete for each document. We require the original of each document. If Brownlee LLP has the original documents, this section does not need to be completed.

Will Codicil Memorandum Date of document: _____
Location of original: _____

Will Codicil Memorandum Date of document: _____
Location of original: _____

Will Codicil Memorandum Date of document: _____
Locate of original: _____

PERSONAL REPRESENTATIVE(S) NAMED IN THE WILL

1. Name: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

2. Name: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

TRUSTEE(S) OR GUARDIAN(S) NAMED IN THE WILL

1. Role: Trustee Guardian Name: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

2. Role: Trustee Guardian Name: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

3. Role: Trustee Guardian Name: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

If there are additional personal representatives, trustees and / or guardians, please provide the additional information on a separate sheet of paper and attach to the questionnaire.

PART III: BENEFICIARIES

BENEFICIARIES OF THE WILL

If the names and information pertaining to the beneficiary was already provided in a previous section, this does not need to be completed.

1. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Email: _____

Predeceased: Yes No If yes, date of death: _____

Does this person have a disability? Yes No

If yes, provide details: _____

Does this person have a guardian or trustee? Yes No

If yes, provide details: _____

2. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Email: _____

Predeceased: Yes No If yes, date of death: _____

Does this person have a disability? Yes No

If yes, provide details: _____

Does this person have a guardian or trustee? Yes No

If yes, provide details: _____

3. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Email: _____

Predeceased: Yes No If yes, date of death: _____

Does this person have a disability? Yes No

If yes, provide details: _____

Does this person have a guardian or trustee? Yes No

If yes, provide details: _____

4. Name in full: _____

Address (including postal code): _____

Date of birth: _____ Relationship to deceased: _____

Occupation: _____ Citizenship: _____

Home phone: _____ Email: _____

Predeceased: Yes No If yes, date of death: _____

Does this person have a disability? Yes No

If yes, provide details: _____

Does this person have a guardian or trustee? Yes No

If yes, provide details: _____

If there are additional beneficiaries, please provide the additional information on a separate sheet of paper and attach to the questionnaire.

PART IV: ASSETS OF THE DECEASED

REAL ESTATE

1. Principal residence Recreational

Civic address: _____

Legal description (if known): _____

Market value (approx.) \$ _____ Current assessed value: \$ _____

Name(s) on title: _____

Owned as: Joint tenants Tenants in common

Mortgage on property? Yes No Amount of mortgage: \$ _____

Mortgage life insured? Yes No Holder of mortgage: _____

Insurance company: _____

Insurance policy number: _____ Expiry date: _____

Is property vacant? Yes No Is insurer aware of vacancy? Yes No

Rental Status of lease: _____
Who collects rent? _____

If there are additional properties, please provide the additional information on a separate sheet of paper and attach to the questionnaire.

ASSETS

****Important: Please note that all values and market values must be provided as of the deceased's date of death.****

Bank Accounts, Investment Accounts, Registered Retirement Savings Plans (RRSP), Registered Retirement Income Funds (RRIF) & Tax Free Savings Accounts (TFSA)

1. Bank: _____

Address: _____

Type of account: _____ Value: \$ _____

Joint account: Yes No Registered owner(s): _____

2. Bank: _____
Address: _____
Type of account: _____ Value: \$ _____
Joint account: Yes No Registered owner(s): _____
3. Bank: _____
Address: _____
Type of account: _____ Value: \$ _____
Joint account: Yes No Registered owner(s): _____
4. Bank: _____
Address: _____
Type of account: _____ Value: \$ _____
Joint account: Yes No Registered owner(s): _____
5. Bank: _____
Address: _____
Type of account: _____ Value: \$ _____
Joint account: Yes No Registered owner(s): _____
6. Bank: _____
Address: _____
Type of account: _____ Value: \$ _____
Joint account: Yes No Registered owner(s): _____
7. Bank: _____
Address: _____
Type of account: _____ Value: \$ _____
Joint account: Yes No Registered owner(s): _____

Life Insurance Policies

List policies held by the deceased on own life or others

1. Insurer: _____

Address: _____

Type of policy: _____ Value: \$ _____

Policy number: _____ Death benefit? Yes No

Registered owner(s): _____

Beneficiary(ies): _____

2. Insurer: _____

Address: _____

Type of policy: _____ Value: \$ _____

Policy number: _____ Death benefit? Yes No

Registered owner(s): _____

Beneficiary(ies): _____

Stocks, Bonds & Shares in Private Companies

1. Insurer: _____

Address: _____

Number of shares: _____ Type of share: _____

Cost base per share: _____ Current value per share: _____

2. Insurer: _____

Address: _____

Number of shares: _____ Type of share: _____

Cost base per share: _____ Current value per share: _____

Motor Vehicles, Boats, RVs, Farm Equipment Etc.

1. Year, make & model: _____

Registered owner(s): _____

Registration number: _____ VIN: _____

Market value: _____

2. Year, make & model: _____

Registered owner(s): _____

Registration number: _____ VIN: _____

Market value: _____

3. Year, make & model: _____

Registered owner(s): _____

Registration number: _____ VIN: _____

Market value: _____

Personal Effects of Significant Value

(Household furnishings, clothing, jewelry, etc.)

1. Item: _____ Value: \$ _____

2. Item: _____ Value: \$ _____

3. Item: _____ Value: \$ _____

4. Item: _____ Value: \$ _____

Other Substantial Assets

1. Item: _____ Value: \$ _____

2. Item: _____ Value: \$ _____

3. Item: _____ Value: \$ _____

4. Item: _____ Value: \$ _____

Pension / Annuity Income

(Canada Pension Plan, Old Age Security, Etc.)

1. Pension provider: _____ Value: \$ _____
Survivor benefits: Yes No Value: \$ _____
2. Pension provider: _____ Value: \$ _____
Survivor benefits: Yes No Value: \$ _____
3. Pension provider: _____ Value: \$ _____
Survivor benefits: Yes No Value: \$ _____

Safety Deposit Box

Location: _____

Registered owner(s): _____ Joint? Yes No

Box number: _____ Date contents listed: _____

Provide details of contents:

Property Outside of Alberta

Did the deceased own property outside of Alberta? Yes No

If yes, provide details:

PART V: LIABILITIES OF THE DECEASED

LIABILITIES AS OF DATE OF DEATH

Major Liabilities

List liabilities as of the date of death, other than any mortgages listed above

- 1. Item: _____ Value: \$ _____
- 2. Item: _____ Value: \$ _____
- 3. Item: _____ Value: \$ _____
- 4. Item: _____ Value: \$ _____

Guarantees / Indemnities

- 1. Item: _____ Value: \$ _____
- 2. Item: _____ Value: \$ _____
- 3. Item: _____ Value: \$ _____

LIABILITIES INCURRED SINCE DEATH

Liabilities

Include the funeral expenses and provide a copy of the invoice, if available.

- 1. Item: _____ Value: \$ _____
- 2. Item: _____ Value: \$ _____
- 3. Item: _____ Value: \$ _____
- 4. Item: _____ Value: \$ _____

LITIGATION

List any litigation that the deceased was involved in at death or which has arisen or may arise as a consequence of death. Please provide copies of any documents you may have.

Provide details: _____

PART VI: INCOME TAX

Last tax return filed: _____

Who file last return? _____

Who will file terminal return? _____

Who will file estate returns? _____

PART VII: PROFESSIONAL ADVISORS

1. Financial advisor: _____ Telephone No. _____

Address: _____

2. Life insurance agent: _____ Telephone No. _____

Address: _____

3. Accountant: _____ Telephone No. _____

Address: _____

4. Other lawyer: _____ Telephone No. _____

Address: _____

5. Other: _____ Telephone No. _____

Address: _____