



BROWNLEE LLP
Barristers & Solicitors EST. 1935

Estate Administration Questionnaire - Intestate

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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: INTESTATE SUCCESSORS

NEXT OF KIN

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

If the deceased did not have any children, please provide information pertaining to the parents and siblings of the deceased. For any deceased siblings, please provide information pertaining to the deceased’s sibling’s children (being nieces and nephews of the deceased).

Information required per person listed: full name, address, date of birth, relationship to the deceased, email address, whether such person has a disability and if so, provide details.

PART III: 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 IV: 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 V: INCOME TAX

Last tax return filed: _____

Who file last return? _____

Who will file terminal return? _____

Who will file estate returns? _____

PART VI: 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: _____