

PROBATE QUESTIONNAIRE

I have completed this questionnaire to the best of my knowledge, information and belief, for the purpose of informing the Public Trustee of facts, which are relevant to the lawful administration of the estate of the under-named deceased.

Name Address

Area Code and Telephone Number Relationship to Deceased

PART I - PERSONAL INFORMATION:

Full Name of Deceased: _____

Date and Place of Birth: _____

Date and Place of Death: _____

SIN: _____

Last Address: _____

Occupation: _____

Previous Employers: _____

If retired, approximate date of retirement: _____

Last Income Tax Return filed was for the following taxation year: _____

Married Divorced Widow(er) Single Separated Common-law

Name of Spouse: _____

Address of Spouse: _____

Date of Death of Spouse: _____

If separated, did the parties sign a Separation Agreement? Yes No Unknown

The Deceased had a Will: Yes No

If yes, the original copy of the Will is in the possession of: _____

who can be contacted at the following address and telephone number: _____

Biological Children of Deceased:

	<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Address</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Children of the Deceased that Predeceased Him or Her, and their Children:

If deceased had children who predeceased him or her, please list their name(s), date(s) of birth and death, and indicate whether they died with children of their own still living (if yes, give names and contact information for these grandchildren of the deceased):

1. _____

2. _____

3. _____

4. _____

5. _____

IF THE DECEASED HAD NO LIVING SPOUSE, CHILDREN OR GRANDCHILDREN AT THE TIME OF THEIR DEMISE, PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE DECEASED'S PARENTS AND SIBLINGS:

Mother of Deceased: _____

Mother's Date of Death: _____

Father of Deceased: _____

Father's Date of Death: _____

Siblings of the Deceased:

	<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Address</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Siblings of the Deceased that Predeceased Him or Her, and Nieces and Nephews:

If deceased had siblings who predeceased him or her, please list their name(s), date(s) of birth and death, and indicate whether they died with children of their own still living (if yes, give names and contact information for the nieces and/or nephews):

1. _____

2. _____

3. _____

4. _____

5. _____

PART II - ASSETS OF THE DECEASED Real Estate:

Property One:

i. Civic Address: _____

ii. Name and contact information for individual with keys to this property:

iii. The property is insured with _____ and their address and telephone number is as follows: _____

Property Two:

i. Civic Address: _____

ii. Name and contact information for individual with keys to this property:

iii. The property is insured with _____ and their address and telephone number is as follows: _____

Motor Vehicle(s):

i. Make, Model, Year and License Plate Number: _____

ii. Located at: _____

iii. Name and contact information for individual with keys to this motor vehicle:

iv. The motor vehicle is insured with _____ and their address and telephone number is as follows: _____

i. Make, Model, Year and License Plate Number: _____

ii. Located at: _____

iii. Name and contact information for individual with keys to this motor vehicle:

iv. The motor vehicle is insured with _____ and their address and telephone number is as follows: _____

Boat (s):

i. Type of Boat and Year Built: _____

ii. Located at: _____

iii. Name and contact information for individual with keys to this boat:

iv. The boat is insured with _____ and their address and telephone number is as follows: _____

Stocks(s):

i. Name of Stock, Number Owned and name and contact information for the Investment Dealer:

ii. Name of Stock, Number Owned and name and contact information for the Investment Dealer:

iii. Name of Stock, Number Owned and name and contact information for the Investment Dealer:

iv. Name of Stock, Number Owned and name and contact information for the Investment Dealer:

Registered Retirement Savings Plans (RRSPs):

i. Institution the Plan is held with and Plan Number: _____

ii. The named beneficiary of the plan: _____

iii. Value of the Plan: _____

i. Institution the Plan is held with and Plan Number: _____

ii. The named beneficiary of the plan: _____

iii. Value of the Plan: _____

Registered Income Funds (RIFs):

i. Institution the Fund is held with and Fund Number: _____

ii. The named beneficiary of the Fund: _____

iii. Value of the Fund: _____

i. Institution the Fund is held with and Fund Number: _____

ii. The named beneficiary of the Fund: _____

iii. Value of the Fund: _____

Bond(s):

List name of company, certificate number, face amount on bond, interest rate, maturity date and the name and contact information for the person holding the bonds:

Cash on Hand:

List amount and indicate who is holding these funds:

Cheques on Hand:

List who the cheques are from, the amount and who has possession of them:

Bank Account(s):

List bank, branch location, account number and approximate balance:

1.

2.

3.

4.

5.

Household Furnishings:

Jewelry and Personal Effects:

List items, and the name and contact information for the person in possession of these items:

Farm Equipment:

List items, and the name and contact information for the person in possession of these items:

Farm Produce/Livestock: _____

Business Assets: _____

Rent entitled to Receive: _____

Other Property: _____

4. _____

5. _____

6. _____

Other Debts - List organization held with, account number and approximate amount owing (e.g. - for utility bills, credit cards)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____