

# PROBATE QUESTIONNAIRE

Your full name: \_\_\_\_\_ First name used: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How did you find out about our firm? \_\_\_\_\_

## PART 1 – INFORMATION ABOUT THE DECEASED

Deceased' s full legal name: \_\_\_\_\_ Other names used: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

### DECEASED'S PRESENT SPOUSE

Full name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If married, date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Is there a marriage or cohabitation agreement?  yes  no

If separated, date of separation: \_\_\_\_\_ Is there a separation agreement or court order?  yes  no

### PRIOR MARRIAGE(S) / RELATIONSHIPS

Was the deceased previously married, or did the deceased cohabit for a period of at least two continuous years with someone other than a spouse or partner named above?  yes  no

If yes, name(s) of prior spouses/partners: \_\_\_\_\_

Cause and date of termination of relationship: \_\_\_\_\_

Was there a marriage or cohabitation agreement?  yes  no

Is there a separation agreement or court order?  yes  no

**DECEASED’S CHILDREN / DEPENDANTS**

Please provide the following information for each child (including any child that was born outside of marriage or adopted):

Child’s Full name:

DOB:

Address:

---

---

---

---

*(Please note above any child who is disabled or who is deceased.)*

**OTHER**

Had the deceased granted a power of attorney to anyone? \_\_\_\_\_

Had the deceased appointed a representative in a representation agreement? \_\_\_\_\_

Did the deceased have a committee (under the Patients Property Act)? \_\_\_\_\_

Was the deceased the executor of any estates? \_\_\_\_\_

Name of accountant: \_\_\_\_\_ financial advisor: \_\_\_\_\_ stock broker: \_\_\_\_\_

**PART 2 – THE WILL**

Has an application been made to the Division of Vital Statistics for a wills search?  yes  no

Date and location of the will: \_\_\_\_\_

Date and location of any codicils: \_\_\_\_\_

Did the deceased remarry after the date of the will?  yes  no

Are any of the witnesses to the will or codicil(s) related to the deceased or to any of the beneficiaries?

---

**PART 3 – BENEFICIARIES AND INTESTATE SUCCESSORS**

Please provide the following information for each beneficiary:

Full name:

DOB:

Relationship to deceased:

Address:

---

---

---

---

*(Please note above any beneficiary who is disabled, has a committee or who is deceased and, if deceased, the date of death.)*

Even if there is a will, list the next of kin who would inherit the estate if there was no will:

---

---

---

*(Please note above any person who is disabled, has a committee or who is deceased and, if deceased, the date of death and names of all issue.)*

#### **PART 4 – ASSETS AND LIABILITIES**

**Real Estate** – For each property, provide the address, legal description, assessed and market value, cost of property and year purchased, name(s) of owners, mortgage details (principal due, interest rate, balance at death), insurance. Attach another sheet if more space required.

---

---

---

If vacant, have police been notified? If rented, who is collecting the rents?

---

Any mortgage(s) securing money owed to the deceased?  yes  no \_\_\_\_\_

Any interest in any agreement(s) for sale?  yes  no \_\_\_\_\_

#### **Bank Accounts:**

| <b>Financial Institution</b> | <b>Branch Address</b> | <b>Account type and number</b> | <b>Name(s) on account</b> | <b>Balance at death</b> | <b>Interest at death</b> |
|------------------------------|-----------------------|--------------------------------|---------------------------|-------------------------|--------------------------|
|                              |                       |                                |                           | \$                      | \$                       |
|                              |                       |                                |                           | \$                      | \$                       |
|                              |                       |                                |                           | \$                      | \$                       |

Any uncashed cheques? \_\_\_\_\_

#### **RRSPs, RRIFs, Pensions, Annuities:**

| <b>Name of company/issuer</b> | <b>Benefit on death</b> | <b>Beneficiary</b> | <b>Amount</b> |
|-------------------------------|-------------------------|--------------------|---------------|
|                               |                         |                    | \$            |
|                               |                         |                    | \$            |
|                               |                         |                    | \$            |
|                               |                         |                    | \$            |

**Shares:**

| Name of company | Number/type of shares | Cert. Number | Name(s) on certificate | Value at death | Adjusted cost base |
|-----------------|-----------------------|--------------|------------------------|----------------|--------------------|
|                 |                       |              |                        | \$             | \$                 |
|                 |                       |              |                        | \$             | \$                 |
|                 |                       |              |                        | \$             | \$                 |

**Bonds/GICs** – For each bond, provide the name of issuer, issue or series, certificate number, owner(s), due date, face value, adjusted cost base, market value per \$100, interest rate, accrued interest at death, any coupons attached, any matured coupons, value at death (market value + accrued interest + matured coupons):

---

---

**Business Interests** (proprietorships, partnerships or private companies):

Please describe, and indicate owner(s), value of deceased’s interest, and the adjusted cost base:

---

Is there a partnership, shareholders’ or buy-sell agreement?  yes  no

Is there life insurance to buy out the deceased’s interest on death?  yes  no

**Debts Due** – any debts due to the deceased?  yes  no

**Life Insurance (on deceased or owned by deceased):**

| Insurance Company | Type of Policy | Owner | Whose Life Insured? | Beneficiary | Amount |
|-------------------|----------------|-------|---------------------|-------------|--------|
|                   |                |       |                     |             | \$     |
|                   |                |       |                     |             | \$     |
|                   |                |       |                     |             | \$     |

**Motor Vehicles/Trailers** – For each vehicle, provide the make, model, year, license number, registration number, identification (serial) number, registered owner(s), market value:

---

---

**Boats** – For each, provide the type, size in feet, fuel type, berthing location, registered owner(s), licence number, registration number, market value, name and address of insurer, policy number:

---

**Personal Effects** (household goods, furniture, jewellery, collectibles, assignable reward points, etc.):

Owner(s): \_\_\_\_\_ Approximate value: \$ \_\_\_\_\_

**Miscellaneous:**

(a) Interests in any estates or trusts: \_\_\_\_\_

(b) Other substantial assets: \_\_\_\_\_

**LIABILITIES** (including any guarantees, but not mortgages previously noted):

| Creditor's name and address | Description | Amount | Life insured? |
|-----------------------------|-------------|--------|---------------|
|                             |             | \$     |               |
|                             |             | \$     |               |
|                             |             | \$     |               |

**PART 5 – MISCELLANEOUS**

Year of last income tax return filed: \_\_\_\_\_

Any safe-deposit box?  yes  no if yes, location, owner(s) and contents:

Was the deceased a party to any contract or litigation not mentioned previously?

**PART 6 – FOR LAW FIRM'S USE**

Meeting Date(s): \_\_\_\_\_

Scope and quote:

- Confirm assets \_\_\_\_\_
- Apply for death benefits \_\_\_\_\_
- Application for grant \_\_\_\_\_
- Transmission of real estate \_\_\_\_\_
- Transmission of other assets \_\_\_\_\_
- Advertise for creditors \_\_\_\_\_
- Accounting and distribution \_\_\_\_\_
  - Beneficiary consents and releases \_\_\_\_\_
  - Formal passing before court \_\_\_\_\_
- Other (specify): \_\_\_\_\_