

Estate Information Form

1. Full name of **DECEASED**: _____
Maiden Name (if applicable): _____
2. Date and Place of **DEATH**: _____
3. Street address or legal description at time of death: _____

4. Date and Place of **BIRTH** of Deceased: _____
5. Occupation or **Deceased**: _____
6. Social Insurance Number of **Deceased**: _____
7. Residence of **Deceased** during 6 months prior to death: _____

Spouse Information

8. Did **deceased** marry since date of Will: Yes/No?
Date of marriage: _____
9. Marital Status:
Married Common Law Single Adult Interdependent Partner
Divorced Widow Widower
10. Name of deceased or divorced spouse (if applicable): _____
Date of **DEATH**: _____ Date of **DIVORCE**: _____
11. Full name of **surviving spouse** (if applicable): _____
Address of **surviving spouse**:
Street Address or Legal Description: _____
Mailing Address: PO BOX _____ (or) R.R.#: _____
12. Date and Place of **BIRTH** of surviving spouse: _____
13. Social Insurance Number of surviving spouse: _____
14. Is surviving spouse receiving:
OAS: Yes/No CPP: Yes/No

Personal Representative(s) Information

15. Name of Personal Representative: _____
Spelled correctly in Will: Yes/No
Address of Personal Representative
Street Address or Legal description: _____
Mailing Address: PO Box _____ (or) RR#: _____
Phone No.: Home: _____ Business: _____
Claiming Executor Fees: Yes _____ No _____
16. Name of Personal Representative: _____
Spelled correctly in Will: Yes/No
Address of Personal Representative
Street Address or legal description: _____
Mailing Address: PO Box: _____ (or) RR#: _____
Phone No.: Home _____ Business: _____
Claiming Executor Fees: Yes _____ No _____

Children

Name	Address	Date of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____

Date of *Death* of any of the above: _____

Any of the above who are Physically or Mentally Disabled: _____

Children of *Deceased* children (Grandchildren): _____

Beneficiaries

Name	Address	Date of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____

17. Location of Will since execution: _____
18. Witnesses to Will: _____ & _____
19. Witnesses to Codicil: _____ & _____
20. Safety Deposit Box located at: _____

Inventory

REAL ESTATE:

- a. PLAN _____ BLOCK _____ LOT _____
- b. PLAN _____ BLOCK _____ LOT _____
- c. Section _____ Range _____ Township _____ WM _____
- d. Section _____ Range _____ Township _____ WM _____
- e. Section _____ Range _____ Township _____ WM _____
- f. Section _____ Range _____ Township _____ WM _____

Name of Fire Insurance Agent: _____

Encumbrances on Real Estate: _____

Mines and Minerals: _____

Debts due to Deceased: _____

Cash:

CIBC _____

Treasury Branch _____

Royal Bank _____

T.D. Bank _____

BMO/Nova Scotia _____

Other _____

OAS: _____ CPP: _____ GST: _____

Senior's Benefit: _____ Other: _____

Shares: _____

Bonds: _____

Annuities/R.R.S.P./R.R.I.F. (Payable to Estate or is there a Designated Beneficiary): _____

Pensions (Payable to Estate): _____

Canada Pensions Plan Death Benefit: _____

Interest in other Estates/Trusts: _____

Personal Effects: _____

Vehicle: _____

Business Interests: _____

Farming Interests:

- Cattle: _____
- Grain: _____
- Machinery: _____

Other Property: _____

Debts:

- Funeral Home: _____
- Credit Cards: _____
- Vehicle Financing: _____
- Other: _____

CPP

Deceased Return/ Survivors Return

Who is filing Returns?: _____

Year in which last INCOME TAX Return Filed: _____

Do Executor(s) require a Clearance Certificate? Yes/No

Accountant: _____

Alberta Blue Cross No. _____

Alberta Health Personal No. _____

Do Personal Representatives wish to advertise for Creditors Yes/No