

# ADMINISTRATION AND ESTATE INTAKE FORM

## ESTATE INFORMATION

Name of the Deceased: \_\_\_\_\_

(also known as): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Residence at time of death: \_\_\_\_\_

Name and Location of funeral home - arrangements for payment of fees:

\_\_\_\_\_

Estate Trustee(s) named in the Will:

1. Name: \_\_\_\_\_

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

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

Contact Information: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

Contact Information: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

## BENEFICIARIES:

1. Name: \_\_\_\_\_

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

Contact Information: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (if under 18 years): \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Contact Information: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (if under 18 years): \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Contact Information: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth (if under 18 years): \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Information: (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Date of Birth (if under 18 years): \_\_\_\_\_

**ASSETS**

Safety Deposit Box(es):

Registered Name:	Location of Key:	Inventory:

**REAL ESTATE:**

1. Principal Residence Street Address:

\_\_\_\_\_

Legal Description:

\_\_\_\_\_

Registered Owners:

\_\_\_\_\_

Mortgage Particulars:

\_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Is coverage adequate? :

\_\_\_\_\_

Fair Market Value:

\_\_\_\_\_

What is to be done with residence:

2. Secondary Residence Street Address:

\_\_\_\_\_

Legal Description:

\_\_\_\_\_

Registered Owners:

\_\_\_\_\_

Mortgage Particulars:

\_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Is coverage adequate? :

\_\_\_\_\_  
Fair Market Value:

\_\_\_\_\_  
What is to be done with residence:

\_\_\_\_\_  
**3. Other Property Address:**

\_\_\_\_\_  
Legal Description:

\_\_\_\_\_  
Registered Owners:

\_\_\_\_\_  
Mortgage Particulars:

\_\_\_\_\_  
Insurance Company:

\_\_\_\_\_  
Is coverage adequate? :

\_\_\_\_\_  
Fair Market Value:

\_\_\_\_\_  
What is to be done with residence:

\_\_\_\_\_

**INSURANCE:**

Individual Coverage

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_

Beneficiary Designation: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_

Beneficiary Designation: \_\_\_\_\_

Group Coverage Employer's Name:

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

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_

Beneficiary Designation: \_\_\_\_\_

**BANK ACCOUNTS:**

Name of Bank: \_\_\_\_\_  
 Branch Location and Transit Number: \_\_\_\_\_  
 Account Type and Number: \_\_\_\_\_  
 Account Balance: \_\_\_\_\_  
 Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
 Branch Location and Transit Number: \_\_\_\_\_  
 Account Type and Number: \_\_\_\_\_  
 Account Balance: \_\_\_\_\_  
 Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
 Branch Location and Transit Number: \_\_\_\_\_  
 Account Type and Number: \_\_\_\_\_  
 Account Balance: \_\_\_\_\_  
 Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
 Branch Location and Transit Number: \_\_\_\_\_  
 Account Type and Number: \_\_\_\_\_  
 Account Balance: \_\_\_\_\_  
 Owner: \_\_\_\_\_

Stocks and Bonds:

Registered Name:	Location:	Details:

Are they to be cashed in or transferred? : \_\_\_\_\_

**HOUSEHOLD ITEMS:**

Items to be Specifically Distributed:  
 \_\_\_\_\_

Total Value of Remaining Items or Valuation Needed:  
 \_\_\_\_\_

Remaining Items to be Divided or Sold: \_\_\_\_\_  
 Vehicles (Automobiles, Boats, etc.): \_\_\_\_\_

Description:

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Value:

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Insurance Company: \_\_\_\_\_ Is coverage adequate? :\_\_

What is to be done with the vehicles?: \_\_\_\_\_

Did the deceased have a driver's licence?: \_\_\_\_\_

**PENSION PLANS, RRSPS, ETC. DESCRIPTION:**

Is coverage adequate? :

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Named Beneficiary (if any):

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Old Age Security (OAS):

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Was the Deceased Receiving DAS?:

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Last Cheque Received: \_\_\_\_\_ Notification of Death Completed: \_\_\_\_\_

**CANADA PENSION PLAN (CPP):**

Was the Deceased Receiving or Contributing to CPP?:

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Last Cheque Received: \_\_\_\_\_ Notification of Death Completed: \_\_\_\_\_

Is Surviving Spouse Entitled to Benefits: \_\_\_\_

Spouse's Full Name, including Name at Birth: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Spouse's SIN: \_\_\_\_\_

**DEBTS:**

Creditor:	Amount:	Details:

Is it necessary to advertise for creditors?

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**CALCULATION OF PROBATE FEE (If Required)**

**Total**

Value of Real Estate \$ \_\_\_\_\_

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Less Encumbrances \$ \_\_\_\_\_

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Total Value of Personal Property \$ \_\_\_\_\_

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Probate Fee \$ \_\_\_\_\_

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**Other Comments**

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