

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: _____

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 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:

Value:

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? :

Named Beneficiary (if any):

Old Age Security (OAS):

Was the Deceased Receiving DAS?:

Last Cheque Received: _____ Notification of Death Completed: _____

CANADA PENSION PLAN (CPP):

Was the Deceased Receiving or Contributing to CPP?:

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?

CALCULATION OF PROBATE FEE (If Required)

Total

Value of Real Estate \$ _____

Less Encumbrances \$ _____

Total Value of Personal Property \$ _____

Probate Fee \$ _____

Other Comments
