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Dear Client,

Please accept our condolences for the loss of your loved one. We recognize this is a difficult time and we appreciate you placing your trust in our Firm and for allowing us to assist your family.

Please complete the attached Probate Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs and properly assist you.

Once you have completed the form, please return it to our office via mail, e-mail, or facsimile. You may contact us at our phone number at (289) 848-0096 or by e-mail at [lawoffice@annagurevich.com](mailto:lawoffice@annagurevich.com)

Please note that all information you share with our Firm will remain confidential and is privileged solicitor/client communication. If you have questions or concerns, please do not hesitate to contact us at any time.

Yours truly,

Anna Gurevich, Lawyer  
**Anna Gurevich Law Office**

## Client Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Who referred you to Anna Gurevich? \_\_\_\_\_

## Deceased's Information

Full Name (First/Middle/Last): \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Was the Deceased married at the time of death? Yes No

At the time of death, did the Deceased have a Will? Yes No

If yes, was the Will probated? Yes No

Place of Residence: \_\_\_\_\_

Please provide the original or a copy of the Deceased's Death Certificate.

Spouse's Name	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Deceased's Children

If the Deceased had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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**\*Including any children given up for adoption or for which parental rights have been terminated.**

## Estate Trustee Information

Please provide the following information of the intended Estate Trustee:

Full Name:	Age:	Relation to Deceased:
Street Address:	City:	
State:	Zip Code:	Email:
Home Phone:	Cell Phone:	Work Phone:

## Beneficiary Information

Please list all individuals and/or charities that are listed to receive under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or to the Notes section at the end.

Full Name:	DOB:	Relation to Deceased:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	Country:	Zip Code:

Full Name:	DOB:	Relation to Deceased:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	Country:	Zip Code:

Full Name:	DOB:	Relation to Deceased:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	Country:	Zip Code:

Full Name:	DOB:	Relation to Deceased:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	Country:	Zip Code:

## Financial and Investment Accounts

Please list all financial and investment accounts that were owned by the Deceased at the time of their death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

2. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

3. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

4. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

# Retirement Benefit Accounts

Please list all of Deceased's retirement accounts.

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

4. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

# Retirement Benefit Accounts (Continued)

## Pension Plans

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

## Stocks and Bonds

### Stocks

1. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

# Stocks and Bonds (Continued)

## Bonds

Please provide a copy of each bond.

1.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
2.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
3.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
4.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____

List any additional information on work/retirement related accounts:

\_\_\_\_\_

\_\_\_\_\_

## Gift Tax Return

Did the Decedent ever file a federal gift tax return?

Yes  No

*If yes, please provide a copy of all relevant documents*



# Real Estate

*This will include residences, rental property, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.*

Please list all real estate that was owned by Trust or Deceased's name at the time of death.

1. **Type:** (Residence, rental, time share, vacant land, oil, and other mineral interests)  
\_\_\_\_\_  
**Address/Location & Country:**  
\_\_\_\_\_  
**Owner(s):**  
\_\_\_\_\_  
**Current Value: \$** \_\_\_\_\_ **Outstanding Mortgage: \$** \_\_\_\_\_  
**Is the current value based off of an appraisal or the county assessor?**  
\_\_\_\_\_

2. **Type:** (Residence, rental, time share, vacant land, oil, and other mineral interests)  
\_\_\_\_\_  
**Address/Location & Country:**  
\_\_\_\_\_  
**Owner(s):**  
\_\_\_\_\_  
**Current Value: \$** \_\_\_\_\_ **Outstanding Mortgage: \$** \_\_\_\_\_  
**Is the current value based off of an appraisal or the county assessor?**  
\_\_\_\_\_

3. **Type:** (Residence, rental, time share, vacant land, oil, and other mineral interests)  
\_\_\_\_\_  
**Address/Location & Country:**  
\_\_\_\_\_  
**Owner(s):**  
\_\_\_\_\_  
**Current Value: \$** \_\_\_\_\_ **Outstanding Mortgage: \$** \_\_\_\_\_  
**Is the current value based off of an appraisal or the county assessor?**  
\_\_\_\_\_

4. **Type:** (Residence, rental, time share, vacant land, oil, and other mineral interests)  
\_\_\_\_\_  
**Address/Location & Country:**  
\_\_\_\_\_  
**Owner(s):**  
\_\_\_\_\_  
**Current Value: \$** \_\_\_\_\_ **Outstanding Mortgage: \$** \_\_\_\_\_  
**Is the current value based off of an appraisal or the county assessor?**  
\_\_\_\_\_

# Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc.

*Please list all tangible personal property that Deceased owned at the time of death valued individually over \$5,000.00.*

1. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: Yes No  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

2. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: Yes No  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

3. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: Yes No  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

4. Description: \_\_\_\_\_  
Ownership (Individual/Joint/Trust): \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: Yes No  
Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Deceased's Life Insurance Policies

Please provide the following information for all of Deceased's insurance policies. Also, please provide the policy documentation to us as well.

### Policy No. 1

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

Account No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy:      Term     Whole/Universal

Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy?    Yes      No

If "yes", how much? \$ \_\_\_\_\_

### Policy No. 2

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

Account No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy:      Term     Whole/Universal

Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy?    Yes      No

If "yes", how much? \$ \_\_\_\_\_

### Policy No. 3

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

Account No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy:      Term     Whole/Universal

Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy?    Yes      No

If "yes", how much? \$ \_\_\_\_\_

## Deceased's Advisors

Please provide the following information for all of Deceased's advisors.

### Personal Attorney:

Firm Name:

Address:

Phone:

### Financial Planner:

Company Name:

Address:

Phone:

### Accountant:

Company Name:

Address:

Phone:

### Funeral Home:

Address:

Phone:

## Notes Continued

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