

GISH LAW OFFICE

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ESTATE QUESTIONNAIRE 2010

ESTATE OF: _____
(FULL LEGAL NAME OF DECEASED AND OTHER NAMES KNOWN BY)

PARTICULARS OF DECEASED

Full Name of Deceased: _____

Any Other Names by which the Deceased was known: _____

Address of Last Residence in Full (Including Postal Code)

Was the deceased's habitual residence in the Province of Alberta Yes No

If No, where? _____

A) Date of Death: _____ B) Place of Death: _____

C) Date of Birth: _____ D) Place of Birth: _____

E) Marital Status Married Single Divorced Widowed
 Adult Interdependent Partner (AIP) (Common Law spouse)

F) Social Insurance Number (SIN): _____

G) Did the Deceased marry subsequent to the date of the Will? Yes No

H) Did the Deceased sign an AIP Agreement after the date of the Will? Yes No

Was the Deceased a citizen of Canada? Yes No

Was the Deceased a citizen of any other country? Yes No If yes, which country _____

Is there a safety Deposit Box? Yes No

Location? _____

(A complete list of Assets in the safety deposit box (Stocks, Canada Savings Bonds, Life Insurance Policies etc.) is required including full names of companies, serial numbers, maturity dates, number of shares etc. All other contents can be listed generally (birth certificates, mementos etc.)

MARRIAGES

Full Name of surviving spouse/ AIP: _____

Address: _____

Phone No. (Res) _____ Phone No. (Bus) _____

Date of Marriage? _____ Place of Marriage? _____

Social Insurance No? (SIN) _____

Names and date of death **or** divorce (indicate which) of all previous marriages and Adult Interdependent Partnerships

Name: _____ Date of Death **or** Divorce _____

IMMEDIATE FAMILY

(Note: The social Insurance numbers (SIN) is required for each beneficiary where income from the estate is to be allocated to a beneficiary)

1. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

2. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

3. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

4. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

5. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

6. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

7. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

8. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

9. Full Name _____ **Birthday:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Death (If applicable) _____ Social Insurance No. (SIN) _____

Are any of the Children mentally or physically disabled Yes No

Are any of the other beneficiaries mentally or physically disabled? Yes No

If you answered Yes to either of the above questions, please describe:

Have any of the Deceased children predeceased? Yes No

If yes:

Name of Deceased Child: _____ Date of Death: _____

Name and Address of their children (if any):

Birthdates of their children if under
18 years:

_____	_____
_____	_____
_____	_____

Did the deceased have any children born outside of marriage? Yes No

Was the deceased responsible for any other children? Yes No

Was the deceased acting as an attorney under an Enduring Power
Of Attorney or as Trustee under the *Dependant Adults Act*? Yes No

If you answered yes to any of the above questions, please provide details:

Executors/Administrators

1. Name: _____

Address: _____ Postal Code: _____

SIN: _____ Occupation: _____

Phone No: (Bus) _____ Relationship to Deceased: _____

Phone No: (Res.) _____ Wishes to Renounce? _____ Yes _____ No

2. Name: _____

Address: _____ Postal Code: _____

SIN: _____ Occupation: _____

Phone No: (Bus) _____ Relationship to Deceased: _____

Phone No: (Res.) _____ Wishes to Renounce? _____ Yes _____ No

3. Name: _____

Address: _____ Postal Code: _____

SIN: _____ Occupation: _____

Phone No: (Bus) _____ Relationship to Deceased: _____

Phone No: (Res.) _____ Wishes to Renounce? _____ Yes _____ No

4. Name: _____

Address: _____ Postal Code: _____

SIN: _____ Occupation: _____

Phone No: (Bus) _____ Relationship to Deceased: _____

Phone No: (Res.) _____ Wishes to Renounce? _____ Yes _____ No

(If there is no Will and if the nearest relative is unable or unwilling to act, list names, addresses, occupations and phone numbers of each relative nearer in blood to the deceased than the applicants. List then in the following priority: Spouse, children, grandchildren, parents, brothers and sisters etc.)

Beneficiaries

(other than children or spouse. Please show full name)

1. Full Name: _____ **Relationship:** _____
Mailing Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Date of Birth: _____ Date of Death (If applicable) _____ Social
Insurance No. (SIN) : _____

2. Full Name: _____ **Relationship:** _____
Mailing Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Date of Birth: _____ Date of Death (If applicable) _____ Social
Insurance No. (SIN) : _____

3. Full Name: _____ **Relationship:** _____
Mailing Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Date of Birth: _____ Date of Death (If applicable) _____ Social
Insurance No. (SIN) : _____

4. Full Name: _____ **Relationship:** _____
Mailing Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Date of Birth: _____ Date of Death (If applicable) _____ Social
Insurance No. (SIN) : _____

5. Full Name: _____ **Relationship:** _____
Mailing Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Date of Birth: _____ Date of Death (If applicable) _____ Social
Insurance No. (SIN) : _____

6. Full Name: _____ **Relationship:** _____
Mailing Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Date of Birth: _____ Date of Death (If applicable) _____ Social
Insurance No. (SIN) : _____

7. Full Name: _____ **Relationship:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Birth: _____ Date of Death (If applicable) _____ Social

Insurance No. (SIN) : _____

8. Full Name: _____ **Relationship:** _____

Mailing Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Date of Birth: _____ Date of Death (If applicable) _____ Social

Insurance No. (SIN) : _____

(Continue on a separate sheet, if necessary)

Details of Assets

LAND, MINES AND MINERALS, AND LEASEHOLD INTERESTS

LEGAL DISCRIPTION AND MUNICIPAL ADDRESS	MARKET VALUE	NATURE OF ENCUMBRANCE	PRINCIPAL AMOUNT OWING TO DATE AT DEATH	ACCRUED INTEREST OWING TO DATE AT DEATH	NET VALUE

MONEY DUE TO THE DECEASED AND SECURED BY A MORTGAGE OR AN AGREEMENT FOR SALE

LEGAL DESCRIPTION	NATURE OF CHARGE	INTEREST RATE	NAME OF MORTGAG OR OR PURCHASE R	PRINCIPAL	INTEREST TO DATE OF DEATH	TOTAL MARKET VALUE

CASH

Bank Accounts (include convenience joint accounts which are accounts or property of the deceased which the deceased did not intend would become the property of the surviving holder), Term and Saving Deposits, Guaranteed Investment Certificates and all items immediately convertible to cash

WHERE LOCATED AND TYPE OF INVESTMENT	INTEREST RATE	DUE DATE	PRINCIPAL BALANCE	ACCRUED INTEREST TO DATE OF DEATH	TOTAL MARKET VALUE

SHARES IN PUBLIC AND PRIVATE COMPANIES

NAME OF COMPANY	DESCRIPTION OF SHARES	NUMBER OF SHARES	UNIT VALUE PER SHARE	TOTAL MARKET VALUE

BONDS, DEBENTURES AND TREASURY BILLS

NAME OF COMPANY OR GOV'T	TYPE AND UNIT NUMBER HELD	# HELD	INT. RATE	DUE DATE	PRINCIPAL AMOUNT	ACCRUED INTEREST TO DATE OF DEATH	MARKET VALUE

**LIFE INSURANCE
(PAYABLE TO THE ESTATE OR OTHERWISE)**

NAME AND ADDRESS OF COMPANY AND DESCRIPTION	FACE VALUE	ADD ACCUM. DIVIDENDS OR INTEREST	LESS LOANS	VALUE

ANNUITIES OR OTHER INTERESTS

(Give Particulars of All Annuities, R.R.S.P.'s, R.R.I.F.'s, Savings Plans, etc. purchased by the deceased or others including benefits from other estates which are payable to the deceased)

TYPE OF ANNUITY OR OTHER INTEREST AND DESCRIPTION THEREOF	PRINCIPAL	ACCRUED INTEREST TO DATE OF DEATH	VALUE

PENSIONS

Old Age Pension for Month of Death	Amount - \$
Canada Pension for Month of Death	Amount - \$
Assured Income for Month of Death	Amount - \$
Death Benefit (CPP)	Amount - \$
Other	Amount - \$
Other	Amount - \$

HOUSEHOLD GOODS, PERSONAL EFFECTS, COLLECTIONS, VEHICLES, BOATS

DESCRIPTION	MARKET VALUE

BUSINESS INTERESTS

NATURE OF INTEREST	DESCRIPTION AND GROSS VALUE OF INVENTORY	DESCRIPTION AND VALUE OF LIABILITIES	NET VALUE

FARMING INTERESTS

(Give description and value of machinery, cattle or other farm animals and produce, as at date of death)

DESCRIPTION AND GROSS VALUE OF INVENTORY	DESCRIPTION AND VALUE OF LIABILITIES	NET VALUE

OTHER PROPERTY NOT INCLUDED ABOVE

	VALUE

SCHEDULE OF DEBTS

(Any other unpaid bills owing at death: (include charge cards, utilities, bank loans etc.)

DEBTS (Owing at the date of death and funeral expenses - do not include expenses that arise during the estate administration)	NAME OF CREDITOR	Principal	Interest	VALUE

JOINTLY OWNED PROPERTY WHICH IS NOT PART OF THE ESTATE	PRINCIPAL	INTEREST	VALUE

Additional Information Required for Estate Administration:

Date of Last Income Tax Return:
(please provide copies if available) _____

Who will prepare Terminal Tax Return? _____

Was the deceased or the Deceased's business registered to collect GST? ____ Yes ____ No
If yes, what is the GST Registration No. _____

Deceased's Accountants (or Estate accountant):
Name _____
Address _____
Phone Number _____

NOTE: INCOME TAX RETURNS FOR THE DECEASED AND THE ESTATE MUST BE FILED NOT LATER THAN APRIL 30TH FOLLOWING THE YEAR IN WHICH DEATH OCCURRED OR SIX MONTHS FOLLOWING THE DATE OF DEATH.

Canada Pension Plan
Contributed during Deceased Life time? ____ Yes ____ No

Have you applied for Death Benefits? ____ Yes ____ No

Widows or Widower's Benefits? ____ Yes ____ No

Infant's Benefits (if child under 25 & in full time attendance at school) ____ Yes ____ No

(Note: The deceased is entitled to CPP and Old Age Security in the month of death. Cheques received after that month must be returned)

Cause of Death: _____

Name of Attending Doctor during Illness: _____
(This information is only required if making a claim on insurance policies)

Was there a motor vehicle involved in any way in the death _____ Yes _____ No
Of the deceased?
(This is to know whether there are liability issues.)

Are there any estate issues you believe are a cause of concern? _____ Yes _____ No
If yes, please list your concerns:

Do you wish to advertise for Creditors? _____ Yes _____ No

