

GISH LAW OFFICE

ESTATE QUESTIONNAIRE

ESTATE OF: _____

Information about the Executors:

1. Name: _____
Mailing Address _____
Civic Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Relationship to Deceased: _____ Email: _____
Wishes to Renounce? ___ Yes ___ No Over 18 years of age? _____

2. Name: _____
Mailing Address _____
Civic Address: _____
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____
Relationship to Deceased: _____ Email: _____
Wishes to Renounce? ___ Yes ___ No Over 18 years of age? _____

Information about the Deceased

Full Name: _____
Any other Names, former names or nicknames: _____
Last Place of Residence (street address): _____
Other Places of Residence (street address): _____
Any out of province properties (for discussion): _____
Was the Deceased a citizen of Canada? ___ Yes ___ No
Was the Deceased a citizen of any other country? _____
Date of Death: _____ Place of Death: _____
Date of Birth: _____ Place of Birth: _____
Social Insurance Number (SIN): _____
Date of Will (if any): _____
Did the Deceased marry subsequent to the date of the Will? ___ Yes ___ No
Did the Deceased sign an AIP Agreement after the date of the Will? ___ Yes ___ No

If you have it, please bring in the Original Will with this questionnaire

Marriages:

Marital Status at death: _____ Married _____ Single _____ Divorced _____ Widowed
_____ Adult Interdependent Partner (AIP) (Common Law spouse)

Full Name of surviving spouse/ AIP: _____

Address: _____

Phone No. (Res) _____ Phone No. (Cell) _____

Date of Marriage? _____ Place of Marriage? _____

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

Name:	Date of Death	Date of Divorce
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children: Please provide the following for each child of the Deceased. Note that a civic address is required if the person's mailing Address is a RR# or a PO Box:

1. Full Name _____ Birthday: _____

Mailing Address: _____

Civic Address: _____

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

Date of Death (If applicable) _____

Email Address: _____

2. Full Name _____ Birthday: _____

Mailing Address: _____

Civic Address: _____

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

Date of Death (If applicable) _____

Email Address: _____

3. Full Name _____ Birthday: _____

Mailing Address: _____

Civic Address: _____

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

Date of Death (If applicable) _____

Email Address: _____

4. Full Name _____ Birthday: _____

Mailing Address: _____

Civic Address: _____

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

Date of Death (If applicable) _____

Email Address: _____

(Continue on the back side or a separate sheet, if necessary)

Are any of the Children mentally or physically disabled? If yes, please provide information about the disability and contact information for the Guardian and Trustee

Did the Deceased have children who died before her/him?

If Yes:

Name of Deceased Child: _____ Date of Death: _____

Name and Address of their children (if any): Birthdates of their children:

_____	_____
_____	_____
_____	_____
_____	_____

Did the deceased have any children born outside of marriage? If yes, please provide information about that Child including contact information.

Was the deceased responsible for any other children? If yes, please provide information about that Child including contact information.

Information for Beneficiaries – (Other than children or spouse):

Please show full legal names. If any of the beneficiaries mentally or physically disabled or deceased? If yes, please provide information about the disability and contact information for the Guardian and Trustee. If any of the Beneficiaries are Minors, please provide contact information for their parents or guardians

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

Mailing Address: _____

Civic Address: _____

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

Relationship to deceased _____ Date of Death (If applicable) _____

Email Address: _____

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

Mailing Address: _____

Civic Address: _____

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

Relationship to deceased _____ Date of Death (If applicable) _____

Email Address: _____

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

Mailing Address: _____

Civic Address: _____

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

Relationship to deceased _____ Date of Death (If applicable) _____

Email Address: _____

(Continue on the back side or a separate sheet, if necessary)

ASSETS AND LIABILITIES

General Investigation and Discussion Points:

You will need to take time to go through the Deceased's papers. Pull anything that looks of interest and we can help you investigate further if you need us to. The following questions are to help you gather the information we will need:

1. Is there a list of personal gifts in the Will? The executor needs to secure those assets.
2. Insurance on home and vehicles needs to be maintained. Look for the policies as they will help us with listing and valuing assets.
3. Secure personal identification. Passports, credit cards, bank cards, license
4. Is there an active business that needs to be managed?
5. Is there a Safety Deposit Box? If yes, you will need to attend the bank and get a list of contents. If the original Will is the bank should be able to release it to the named executor. The content list for things like Stocks, Canada Savings Bonds, Life Insurance Policies etc. need to include the full names of the companies, serial numbers, maturity dates, number of shares etc. All other contents can be listed generally (birth certificates, mementos etc.)
6. Canada Pension Plan - have you applied for Death Benefits, survivor benefits, or orphan benefits? Note that the deceased is entitled to CPP, Old Age Security and GST rebates paid during the month of death. Any income received subsequently will be clawed back
7. Life Insurance – are you aware of any policies? Please provide copies if you would like us to help investigate.
8. Work Benefits – was the Deceased working or receiving a Pension from work? Pull the papers and we will need to contact human resources or the pension authority to see if there are any death benefits or if the benefits are assignable.
9. Death Benefits on Credit Cards or Vehicle and Home Insurance may need to be investigated depending on the circumstances of the death.
10. Income Tax -find a copy of the last income tax return. That will give us information about sources of income and who the accountant is. Income tax returns for the deceased and the estate must be filed no later than April 30th in the year following the year in which death occurred or six months following the date of death, whichever is later.
11. Was the deceased registered for GST? If so, we will need to ensure all filings are up to date.
12. Was the deceased acting as a Trustee, an Attorney or an Executor? If yes, we will need to discuss who is taking over those roles.

Asset and Liability Questions:

We need to prepare a complete list of Assets and Liabilities of the Deceased including the fair market value as of the date of death. We will discuss the need for formal appraisals on a case by case basis.

1. Did the Deceased own any interest in real property including land, homes, condominiums, mines and minerals or leasehold interests? Please provide addresses along with copies of tax notices or titles for us to investigate further
2. Bank accounts and investments. Please provide a recent copy of the accounts. If you are able to provide a statement as of the date of death, that is helpful otherwise we will contact the bank to get the balance.
3. Are there Registered investments (RRSPs, RRIFs)? Who is the named beneficiary? Please include any current statements.
4. Did the Deceased have a TFSA? Who is the named beneficiary? Please include any current statements.
5. Business or Farming Interests? The income tax return will be a good source of information about assets and value.
6. Shares in Public or Private Corporations? Please include details.
7. What are the cash holdings and other personal assets?
 - a. Any cash?
 - b. Did anyone owe the Deceased any money? Who? How Much? Any written agreements?
 - c. Need a general value assigned to household effects such as furniture, clothing, yard tools etc. May help to review home insurance policy for values insured.
 - d. Need a list with value of all vehicles, collections, RVs. Include make, model, year
8. Personal Debt
 - a. Credit Cards
 - b. Bank Loans
 - c. Private loans
 - d. Outstanding bills
9. Jointly Owned Property – name the asset and who it was owned with. Was it set up jointly to be in trust for the estate or is the surviving owner to keep it?
10. Total value of Funeral \$ _____

****Please provide copies of any statements or accounts to back up assets/debts ****