



**ESTATE QUESTIONNAIRE  
(FOR EXECUTOR)**

**\*\*NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to kokimaw@entrustlaw.ca. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you\*\***

<b>PART 1 – PERSONAL INFORMATION</b>			
<b>Definitions</b>			
“SIN” means Social Insurance Number			
“WESA” means the Wills, Estates and Succession Act			
<b>INFORMATION ABOUT YOU</b>			
Full Legal Name:			
Address:			
Telephone:	Home	Business	Mobile
Can we leave messages: <input type="checkbox"/> Yes <input type="checkbox"/> No    Preferred Number:			
Preferred E-mail:			
How were you referred to our office?			
<b>PART 2- DECEASED VITAL STATISTICS &amp; BACKGROUND INFORMATION</b>			
<b>DECEASED PERSONAL INFORMATION (Estate of)</b>			
Full Legal Name of Deceased:			
Any Aliases:			
Last Address:			
Date & Place of Birth:			

Date & Place of Death:	
Cause of death:	
Length of last illness:	
SIN:	
Province of Domicile:	
Occupation:	
Employer Contact Information:	
Death Benefits or Pension:	
Funeral Home Contact Information:	
Accountant Contact Information:	
Last Income Tax Return filed for:	
Is the deceased a US Citizen?	
Any limitation periods to be aware of?	
<b>DECEASED'S MARITAL STATUS</b>	
Marital status:	
Name of Partner/Spouse (includes a common-law spouse (see <i>Section 2 of WESA</i> ))	
Partner/Spouse's SIN:	
Address of Partner/Spouse:	
Partner/Spouse's date and place of birth:	
Date and Place of Marriage (or when Cohabitation began):	
Maiden (or previous) name of Partner/Spouse:	
If widowed, Partner/Spouse's date and place of death:	
Marriage Contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEXT OF KIN/INTESTATE SUCCESSORS (the Deceased's family tree)**

If intestate successor is minor, include the name & contact information of the Guardian.

Name	Birthdate dd/mm/yyyy	Address & Contact Information	Relationship to Deceased
Did any deceased children leave children or Partner/Spouse who have survived the Deceased?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PART 3 – ESTATE INFORMATION**

**BENEFICIARIES UNDER THE WILL (include all contingent beneficiaries)**

If a beneficiary is a minor, include name and contact information of the Guardian. If the beneficiary is or may be a mentally disordered person or has a representative or a committee, include the name and contact information of such committee or personal representative

Name	Birthdate dd/mm/yyyy	Address & Contact Information	Relationship to Deceased

**TESTAMENTARY DOCUMENTS**

Section 58 of *WESA* defines a "record", which may be a testamentary document, if that record represents the testamentary intentions of a deceased person. A "record" includes data that is recorded or stored electronically, can be read by a person, and is capable of reproduction in a visible form. A record may include, for example, a list found on a computer that sets out how personal items are to be distributed.

Date of Will:	
Location of Will:	
Codicil: N.A. <input type="checkbox"/> or date	
Location of Codicil:	
Any other testamentary documents	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe:

--

**PERSONAL REPRESENTATIVES**

Name:		Renouncing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		If Administrator:	
		Bondable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Home	Business	Mobile

Occupation:		Citizenship:	
SIN:		Birthdate:	
Name:		Renouncing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		If Administrator:	
		Bondable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Telephone:	Home	Business	Mobile
Occupation:		Citizenship:	
SIN:		Birthdate:	
Name:		Renouncing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		If Administrator:	
		Bondable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Home	Business	Mobile
Occupation:		Citizenship:	
SIN:		Birthdate:	
Name:		Renouncing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		If Administrator:	
		Bondable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Home	Business	Mobile
Occupation:		Citizenship:	
SIN:		Birthdate:	
<b>PART 4 – ASSETS</b>			
<b>REAL ESTATE</b>			
Do you own any Real Estate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.	Address:		
	Legal Description:		
	Market Value:		
	Mortgage* (Approximate Outstanding)		
	Interest (ie. Joint Tenancy)		

2.	Address:	
	Legal Description:	
	Market Value:	
	Mortgage* (Approximate Outstanding)	
	Interest (ie. Joint Tenancy)	
3.	Address:	
	Legal Description:	
	Market Value:	
	Mortgage* (Approximate Outstanding)	
	Interest (ie. Joint Tenancy)	
*Are mortgages life insured?		
If yes, please advise which of the mortgages are life insured		
Land Title Office searches obtained:		
<b>MORTGAGES, AGREEMENTS FOR SALE</b>		
Property Address/Legal Description	Mortgagor/Purchaser	Balance Owing

<b>SECURITIES, BONDS, SHARES</b>				
Shares/Securities held:				
Broker Contact Information:				
<b>CASH ON HAND (cheques, salary, old age pension etc.)</b>				
Provide any information about cash on hand:				
<b>BANK ACCOUNTS</b>				
			Safety Deposit Box	
Institution & Address	Account Type	Account No.	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**LIFE INSURANCE POLICIES**     Yes     No

Company & Address	Policy No.	Amount	Designated Beneficiary

**PENSIONS**     Yes     No

Canada Pension Plan:

Other Pension Plans?

If yes, please provide information regarding the other pensions.

--

**OTHER BUSINESS INTERESTS**

List interests in any business ie. sole proprietorship, partnership, private company.

Company Name	Type of Interest	Value of Interest

**VEHICLES**

List of any motor vehicles, watercraft, recreational vehicles:

Year	Make/Model	Serial Number	Value	Ownership
				<input type="checkbox"/> Joint <input type="checkbox"/> Individual
				<input type="checkbox"/> Joint <input type="checkbox"/> Individual
				<input type="checkbox"/> Joint <input type="checkbox"/> Individual

**PERSONAL EFFECTS**

(Example: jewelry, household items, furniture, etc.)

Please describe:

Listing or valuation/appraisal required?     Yes     No

**DEBTS, EXPENSES & LIABILITIES**

Creditor Information	Amount	Secured		Paid	Unpaid
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Home Information:					

**Space for Additional Information**

--