

Estate Questionnaire (For Executor)

Once you have completed this form to the best of your ability, please e-mail it to kokimaw@entrustlaw.ca or mail or drop it off to our office at: 473 West Avenue, Kelowna BC V1Y 4Z3

Part 1: Personal Representative Information

Personal Representative #1

Full Legal Name:		
Address:		
Home Telephone:	Business Telephone:	Mobile Telephone:
Can we leave messages:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Number:
Preferred E-mail:		Occupation:
SIN:		Citizenship(s):
How were you referred to our office?		

Personal Representative #2

Full Legal Name:		
Address:		
Home Telephone:	Business Telephone:	Mobile Telephone:
Can we leave messages:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Number:
Preferred E-mail:		Occupation:
SIN:		Citizenship(s):

If there are more the 2 Representatives, please attached an additional sheet with the information for the additional Representatives.

Part 2: Deceased Vital Statistics & Background Information

Deceased Personal Information (Estate Of)

Full Legal Name of Deceased:	
Any Aliases:	
Last Address:	
Date of Birth:	Place of Birth:
Date of Death:	Place of Death: Cause of Death:
SIN:	Province of Domicile:
Occupation:	Accountant Contact Information:
Last Income Tax Return filed for:	Is the deceased a US Citizen?

Deceased's Marital Status

Marital Status: Married Single Common-Law Divorced Widowed

Name of Partner/Spouse:

Address of Partner/Spouse:

Partner/Spouse's date and place of birth:

Date and place of Marriage (or when Cohabitation began):

If widowed, Partner/Spouse's date and place of death:

Marriage Contract: Yes No

Children of the Deceased

If any children are minors, include the name & contact information of the Guardian.
Include any children who have predeceased the deceased.

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

Did any predeceased children leave any children surviving them? Yes No

If Yes, please provide a list of the predeceased child’s children.

Intestate Successors: Next-of-Kin

If the deceased did not leave a surviving spouse or any surviving children, please provide the information for the Next-of-Kin (ie. parents, siblings, nieces and nephews, grandparents etc.)

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

Part 3: Estate Information

Testamentary Documents

Date of Will:

Location of Will:

Codicil: N.A. or Date:

Location of Codicil:

Any Other Testamentary Documents? Yes No

If yes, please describe:

Did you search the Deceased's Computer for Electronic Wills? Yes No

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

Part 4: Assets

Did the Deceased own any assets outside of British Columbia? Yes No

If yes, please provide a description:

Real Estate

Did the deceased own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.	Address:
	Market Value:
	Mortgage* (Approximate Outstanding)
	Interest (ie. Joint Tenancy)
2.	Address:
	Market Value:
	Mortgage* (Approximate Outstanding)
	Interest (ie. Joint Tenancy)
3.	Address:
	Market Value:
	Mortgage* (Approximate Outstanding)
	Interest (ie. Joint Tenancy)
*Are the mortgages life insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please advise which of the mortgages are life insured:

Securities, Bonds, Shares

Shares/Securities Held:

Broker Contact Information:

Cash on Hand (Cheques, Salary, Old Age Pension etc.)

Provide any information about cash on hand:

Bank Accounts

Institution & Address	Account Type	Account No.	Ownership	
			Joint	Sole
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Did the Deceased have a Safety Deposit Box? Yes No

If so, which financial institution?

Life Insurance Policies Yes No

Company & Address	Policy No.	Amount	Designated Beneficiary

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

Pensions Yes No

Canada Pension Plan:

Other Pension Plans?

If yes, please provide information regarding the other pensions:

Business Interests

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

Company Name	Type of Interest	Value of Interest

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:

Funeral Home Name:

Amount of Funeral Expenses:

Paid or Unpaid?

Space for Additional Information