

GOOD LAW  
220, 5 GIROUX ROAD  
ST. ALBERT, ALBERTA  
T8N 6J8

**ESTATE FILE CONTROL SHEET**

**GENERAL INFORMATION  
RE: DECEASED**

Full name: \_\_\_\_\_

Any other names known by: \_\_\_\_\_

Last residence of deceased: \_\_\_\_\_

(including postal code) \_\_\_\_\_

Habitual province/state of residence: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_

Accountant: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Broker: \_\_\_\_\_

Telephone No. \_\_\_\_\_

## IMMEDIATE FAMILY

Physically or mentally incapacitated:    Yes     No

If so, who and in what way: \_\_\_\_\_  
\_\_\_\_\_

## CHILDREN

NAME	ADDRESS	DATE OF DEATH	DATE OF BIRTH

## DECEASED CHILDREN

Deceased children have any children of their own:            Yes     No

If **yes**, list name, date of death, birth date and former address of deceased child or children:

NAME	FORMER ADDRESS	DATE OF DEATH	DATE OF BIRTH

### GRANDCHILDREN

NAME	ADDRESS	DATE OF BIRTH

### MARRIAGES

Marital Status:       Single                       Married                       Divorced                       Widowed

Did the deceased marry subsequent to date of Will? \_\_\_\_\_

Name of Surviving Spouse: \_\_\_\_\_

Address (with postal code): \_\_\_\_\_

Phone No. (Bus): \_\_\_\_\_ (Res): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Name(s) of Previous Spouses: \_\_\_\_\_

Reason for termination (divorce, death): \_\_\_\_\_

Termination Date(s) (date of divorce, death): \_\_\_\_\_

  

### ADULT INTERDEPENDENT PARTNERSHIPS

Was the deceased living with anyone at date of death?                      Yes                       No

Details:

## WILL/CODICIL INFORMATION

The deceased died leaving: Will:  Codicil:  Without a Will:

Location of Will/Codicil(s) since its/their execution: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil: \_\_\_\_\_

## WITNESSES TO THE WILL

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

Affidavit of Witness: Yes  No

## HOLOGRAPH WILL

WHO WILL MAKE AFFIDAVIT AS TO HANDWRITING?

NAME	ADDRESS	RELATIONSHIP	OCCUPATION

## PERSONAL REPRESENTATIVES

NAME	RELATIONSHIP TO DECEASED	ADDRESS (including postal code)	TELEPHONE NUMBER	OCCUPATION

Wishes to renounce: Yes  No

### ALTERNATE PERSONAL REPRESENTATIVES

<b>NAME</b>	<b>RELATIONSHIP TO DECEASED</b>	<b>ADDRESS (including postal code)</b>	<b>TELEPHONE NUMBER</b>	<b>OCCUPATION</b>

Wishes to renounce: Yes  No

### INTESTACY

If deceased died without a Will, list the names, addresses, phone numbers and relationship to deceased of all of those persons ranked higher than or equal to the applicant in the hierarchy:

### WHO WILL APPLY - ADMINISTRATORS

<b>NAME</b>	<b>RELATIONSHIP TO DECEASED</b>	<b>ADDRESS (including postal code)</b>	<b>TELEPHONE NUMBER</b>	<b>OCCUPATION</b>

### RENUNCIATIONS REQUIRED

<b>NAME</b>	<b>RELATIONSHIP TO DECEASED</b>	<b>ADDRESS (including postal code)</b>	<b>TELEPHONE NUMBER</b>	<b>OCCUPATION</b>

### BENEFICIARIES

<b>NAME</b>	<b>RELATIONSHIP TO DECEASED</b>	<b>ADDRESS AND EMAIL ADDRESS</b>	<b>DATE OF BIRTH</b>	<b>GIFT IN WILL Clause( )</b>

### DETAILS OF ASSETS AND LIABILITIES

(All assets and liabilities must be valued at the deceased's date of death)

Is there a Safety Deposit Box:    Yes             No

Location: \_\_\_\_\_

Has an inventory been taken:    Yes             No

If yes, please attach copy.

Do any assets require insurance or supervision:

\_\_\_\_\_

### REAL ESTATE

<b>LEGAL DESCRIPTION</b>	<b>MUNICIPAL ADDRESS</b>	<b>REGISTERED OWNERS</b>	<b>VALUE</b>

### MORTGAGES ON REAL ESTATE

<b>PROPERTY</b>	<b>MORTGAGEE</b>	<b>MORTGAGE BALANCE (at date of death)</b>

### MINES AND MINERALS

(If producing, amount of royalties in past 12 months)

<b>LEGAL DESCRIPTION</b>	<b>LESSEE</b>	<b>AMOUNT</b>

Schedule Attached

### MONEY OR DEBTS DUE TO THE DECEASED

<b>DEBTOR</b>	<b>AMOUNT</b>

### CASH/BANK ACCOUNTS

(as at date of death)

<b>BANK</b>	<b>ADDRESS</b>	<b>ACCOUNT NO. &amp; TYPE</b>	<b>PRINCIPAL</b>	<b>ACCRUED INTEREST</b>

- Cash on hand:
- Uncashed cheques:

GICs

AMOUNT	NUMBER	INTEREST RATE	MATURITY DATE	ACCRUED INTEREST

SHARES

NAME OF COMPANY	NUMBER OF SHARES	TYPE	COST BASE	VALUE	CERT. NO.	TRANSFER AGENT

BONDS AND DEPOSITS

DESCRIPTION	VALUE	SERIAL NUMBER	DATE OF PURCHASE	INTEREST RATE	MATURITY DATE

LIFE INSURANCE

NAME OF COMPANY	ADDRESS	TYPE	POLICY NO.	FACE VALUE	BENEFICIARY



**ANNUITIES**

<b>COMPANY</b>	<b>AMOUNT</b>	<b>DATE OF LAST PAYMENT</b>	<b>BENEFICIARY</b>

**PENSIONS**

<b>COMPANY</b>	<b>AMOUNT</b>	<b>DATE OF LAST PAYMENT</b>	<b>BENEFICIARY</b>

**CANADA PENSION PLAN**

Contribution during deceased's life: Yes  No

Date of last payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Survivor's Benefits: Who is eligible? \_\_\_\_\_

Who will make the application for Death and Survivor Benefits:

Lawyer:  Other:  If other, name: \_\_\_\_\_

Has CPP administration been advised of death? Yes  No

**OLD AGE SECURITY**

Date of last payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Has OAS administration been advised of death? Yes  No

**RSP OR RIF**

<b>NAME OF COMPANY</b>	<b>BENEFICIARY</b>	<b>VALUE</b>

**HOUSEHOLD AND PERSONAL EFFECTS  
JEWELLERY, VALUABLE ARTWORK ETC.  
(Use fair value (if sold) and not replacement value)**

<b>DESCRIPTION</b>	<b>VALUE</b>

Schedule Attached

**AUTOMOBILES**

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SERIAL NO.</b>	<b>VALUE</b>

**BUSINESS INTERESTS**

<b>DESCRIPTION</b>	<b>VALUE</b>

**FARMING INTERESTS**

<b>DESCRIPTION</b>	<b>VALUE</b>

**OTHER PROPERTY NOT INCLUDED ABOVE**

<b>DESCRIPTION</b>	<b>VALUE</b>

**LIABILITIES AND DEBTS**

**FUNERAL EXPENSES**

<b>DESCRIPTION</b>	<b>AMOUNT</b>

**OTHER DEBTS**

<b>DESCRIPTION</b>	<b>AMOUNT</b>

## MISCELLANEOUS

Advertise for Creditors:      Yes                       No

Date \_\_\_\_\_

Was the deceased a trustee or an executor for any other trusts or estates?      Yes     No

If yes, provide particulars of trust or estate:

NAME	DATE

Did the deceased have an Attorney pursuant to a Power of Attorney?    Yes     No

If yes, name Attorney and provide copy of Power of Attorney if available:

NAME	DATE

Describe particulars of any litigation in which the deceased was involved:

LITIGATION	DETAILS

## INCOME TAX

T1 Return filed? Yes  No

Will accountant be filing T1 Terminal and any subsequent returns: Yes  No

If no, who will be responsible: \_\_\_\_\_

T3 Returns to be filed? Yes  No

YEARS	DATE FILED	ASSESSMENT

Will Clearance Certificate be requested: Yes  No