ESTATE INFORMATION FORM
Heritage Law Offices

Information of Deceased

Information
Full name of deceased:
Date and place of birth:
Date and place of death:
Was the cause of death accidental:
Cause of death:
Occupation (or former occupation, if retired):
Date of retirement of deceased (if applicable):
Social insurance number of deceased:
Name and address of doctor:

Addresses

Addresses
Address at time of death/judicial district:
Residence of Deceased during 6 years prior to death:

Personal Representative(s) (Executor(s))

Personal Representative(s) (Executor(s))
Full legal name:
Address:
Telephone Number: Home: Business:
Occupation:
Full legal name:
Address:
Email:
Telephone Number: Home: Business:
Occupation:

Marital Information

Marital Information
Marital status of deceased: Date of marriage (if applicable):
Previous marriages of deceased (if applicable):
Dates of divorce which terminated previous marriages (if applicable):

Date of death which terminated previous marriages (if applicable):
Did deceased marry since date of will: Yes: ☐ No: ☐
Did the deceased enter into an Adult Interdependent Agreement since signing the will: Yes: ☐ No: ☐ If so, provide a copy of such Agreement:
Full name of surviving spouse (if applicable):
Address of surviving spouse (if applicable):
Date of birth of surviving spouse (if applicable):
Name of deceased spouse (if applicable): Date of birth of deceased spouse (if applicable): Date of death of deceased spouse (if applicable):

Children

Children of Deceased	
Name in full:	Address:
Date of birth:	Date of death:
Email (mandatory):	
Name in full:	Address:
Date of birth:	Date of death:
Email (mandatory):	
Name in full:	Address:
Date of birth:	Date of death:
Email (mandatory):	
Name in full:	Address:
Date of birth:	Date of death:
Email (mandatory):	

Name in full:	Address:
Date of birth:	Date of death:
Email (mandatory):	

Children of Deceased Children	
Name in full:	Address:
Date of birth:	Date of death:
Name in full:	Address:
Date of birth:	Date of death:
Name in full:	Address:
Date of birth:	Date of death:
Name in full:	Address:
Date of birth:	Date of death:
Name in full:	Address:
Date of birth:	Date of death:

Beneficiaries

Beneficiaries		
Name in full:	Address:	
Date of birth:		Bequest:
Email (mandatory):		
Name in full:	Address:	

Date of birth:		Bequest:
Email (mandatory):		
Name in full:	Address:	
Date of birth:		Bequest:
Email (mandatory):		
Name in full:	Address:	
Date of birth:		Bequest:
Email (mandatory):		
Name in full:	Address:	
Date of birth:		Bequest:
Email (mandatory):		
Name in full:	Address:	
Date of birth:		Bequest:
Email (mandatory):		

Will

Will	
Location of Will since execution:	
Age of deceased at date of execution of Will:	
Witnesses	
Name:	Current address:
Occupation:	Relationship to deceased:
Name:	Current address:
Occupation:	Relationship to deceased:

Inventory

Inventory
Safety deposit box (if applicable): Bank: Box Number: Who has access: Who has a key:
Real estate (include mortgages, encumbrances, and joint interests) (if applicable):
Mortgages, etc. granted by the deceased (if applicable):
Promissory notes owing to deceased (if applicable):
Cash on hand/cash on deposit etc. (if applicable): Financial institution: Account number: Type of account: Specify if held JOINTLY with another: Financial institution: Account number: Type of account: Specify if held JOINTLY with another: **PLEASE PROVIDE STATEMENTS IF AVAILABLE**
Life insurance on life of deceased and policies owned on life of others (if applicable): Policy details: Name of agent:
Annuities (if applicable):

Pensions (if applicable):
RRSPs and other tax deferred vehicles (if applicable): Contributions made in current year: Can further contributions be made in year of death:
Debts due to the deceased (if applicable):
Does the deceased have any interest in other estates/trusts? Yes: ☐ No: ☐ If yes, list them:
Employer benefits due (salary, death or other benefits) (if applicable):
Shares/bonds, etc. owned by the deceased and location at death (if applicable): Number of shares/par value: Description: Location: Number of shares/par value: Description: Location:
Value of the following (inventory and/or appraisals may be required) (if applicable):
Personal belongings:
Household goods and furniture:
Automobiles:
Jewelry:
Collections (coin, art, stamp, etc.):
Other property:

Debts Due by the Estate

Funeral and testamentary expenses (if applicable):
Mortgage obligations (if applicable):
Other debts (utilities, credit cards, etc.) (if applicable):
Charge accounts to be cancelled (if applicable):
Subscriptions to be cancelled (if applicable):
Year for which last Income Tax Return filed:
Where last Income Tax Return filed:
Address shown on last Income Tax Return:
Income Tax installments made:
List of employer(s) of the deceased during the period January 1st prior to death (if applicable):
List of previous employers(s) to determine any vested benefits payable(if applicable):
Income of deceased in year of death (salary, fees, investment income, etc.):
Was the deceased a contributor to CPP: Yes: ☐ No: ☐ If so, who will make an application for a Death Benefit and Survivors Benefit (if applicable):
Alberta Health Care and Blue Cross Numbers (private and group coverage):
Immediate cash requirements (if applicable):
Do Personal Representatives wish to advertise a Notice to Creditors and Claimants in a newspaper? Yes: ☐ No: ☐

Determine who will be responsible for collection of funds, payments of income, and distribution of residue:

Did the deceased own or have an interest in any property which now is or might become an environmental concern? Examples:

(a) Was the deceased the current owner and operator of any contaminated property? Yes: ☐ No: ☐

(b) Was the deceased an owner or operator at the time any hazardous substances were released on or about the property? Yes: ☐ No: ☐

(c) Did the deceased arrange for the transport, treatment, or disposal of hazardous substances which he/she owns or possesses? Yes: ☐ No: ☐

(d) Was the deceased a transporter of hazardous substances? Yes: ☐ No: ☐

(e) Has U.F.F.I. insulation been used in any building on property which the deceased owned? Yes: ☐ No: ☐

(f) On acquisition of property or an interest in property, did you or your solicitors undertake appropriate inquiries into the previous ownership of the property to determine if any hazardous substances were disposed of, leaked onto, or from the property? Yes: ☐ No: ☐ Don't know: ☐

(g) Has an Environmental Survey ever been done, to your knowledge, on any property which you own? Yes: ☐ No: ☐

If the answer to the aforesaid is yes, please describe the property. NOTE: such a survey normally addresses among other things the present and historical use of the property, the storage or use of chemicals on the property, the presence of drums, barrels or tanks on the property and the nature of the surrounding property:

_____

Signature of the Personal Representative of the Estate

_____

Signature of the Personal Representative of the Estate

Additonal Comments or Notes