

ADMINISTERING AN ESTATE INTAKE FORM

Anna Gurevich Law Office
93 Queen Street South
Mississauga, ON L5M 1K7
Tel: a89-848-0096 Fax: +1(289)800-9636 gurevichoffice@gmail.com

ESTATE INFORMATION

Name of the Deceased: _____

(also known as): _____

Date of Death: _____ Date of Birth: _____

Place of Death _____ Occupati

Marital Status: _____

Name of Spouse: _____

Residence at time of death: _____

Name and Location of funeral home - arrangements for payment of fees:

Estate Trustee(s) named in the Will:

1.Name: _____

Occupation: _____

Address: _____

Contact Information:

(Home): _____ (Work): _____ (Cell): _____

Email: _____

Relationship: _____

2.Name: _____

Occupation: _____

Address: _____

Contact Information: (Home): _____ (Work): _____ (Cell): _____

Email: _____

Relationship: _____

Beneficiaries: 1.Name: _____

Address: _____

Contact Information: (Home): _____ (Work): _____ (Cell): _____

Email: _____

Relationship: _____

Date of Birth (if under 18 years): _____

2. Name: _____

Address: _____

Contact Information: (Home): _____ (Work): _____ (Cell): _____

Email: _____

Relationship: _____

Date of Birth (if under 18 years): _____

3. Name: _____

Address: _____

Contact Information: (Home): _____ (Work): _____ (Cell): _____

Email: _____

Relationship: _____

Date of Birth (if under 18 years): _____

ASSETS

Safety Deposit Box(es):

Registered Name:	Location of Key:	Inventory:

Real Estate:

1. Principal Residence Street Address:

Legal Description: _____

Registered Owners:

Mortgage Particulars:

Insurance Company: _____ Is coverage adequate? :

Fair Market Value:

What is to be done with residence:

2. Secondary Residence Street Address:

Legal Description: _____

Registered Owners: _____

Mortgage Particulars:

Insurance Company: _____ Is coverage adequate? :

Fair Market Value:

What is to be done with residence:

3. Other Property

Street Address:

Legal Description: _____

Registered Owners:

Mortgage Particulars:

Insurance Company: _____ Is coverage adequate? :

Fair Market Value:

What is to be done with residence:

Insurance:

1. Individual Coverage

(1) Name of Insurance Company: _____

Policy Number:

Face Value:

Beneficiary Designation: _____

(2) Name of Insurance Company: _____

Policy Number: _____

Face Value: _____

Beneficiary Designation: _____

2. Group Coverage Employer's Name: _____

Address: _____

Contact:

Telephone: _____ Fax: _____ Email: _____

Policy Number: _____

Face Value: _____

Beneficiary Designation: _____

Bank Accounts:

1. Name of Bank: _____

Branch Location and Transit Number: _____

Account Type and Number: _____

Account Balance: _____

Owner: _____

2. Name of Bank: _____

Branch Location and Transit Number: _____

Account Type and Number: _____

Account Balance: _____ Owner: _____

3. Name of Bank: _____

Branch Location and Transit Number: _____

Account Type and Number: _____

Account Balance: _____

Owner: _____

Which bank will be used for Estate's bank account: _____

Stocks and Bonds:

Registered Name:	Location:	Details:

Are they to be cashed in or transferred?: _____

Household Items:

Items to be Specifically Distributed: _____

Total Value of Remaining Items or Valuation Needed: _____

Remaining Items to be Divided or Sold: _____

Vehicles (Automobiles, Boats, etc.):

Description: _____

Value: _____

Insurance Company: _____ Is coverage adequate? : _____

What is to be done with the vehicles?: _____

Did the deceased have a driver's licence?: _____

Pension Plans, RRSPs, etc. Description:

Named Beneficiary (if any): _____

Old Age Security (OAS):

Was the Deceased Receiving _____

OAS?: Last Cheque Received:

Notification of Death Completed:

Canada Pension Plan (CPP):

Was the Deceased Receiving or Contributing to CPP?: _____

Last Cheque Received:

Notification of Death Completed?:

Is Surviving Spouse Entitled to Benefits:

Spouse's Full Name, including Name at Birth:

Date and Place of Birth:

Date and Place of _____ Marriage:

Spouse's SIN: _____

Debts:

Creditor:	Amount:	Details:

Is it necessary to advertise for creditors?:

CALCULATION OF PROBATE FEE (If Required)

Total Value of Real Estate \$ _____

Less Encumbrances (\$ _____)

Total Value of Personal Property \$ _____

Probate Fee Due \$ _____

Other Comments