

**ESTATE ADMINISTRATION CHECKLIST - 2017**

DATE: \_\_\_\_\_

**EXECUTOR(S)**

NAME (Executor #1): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

IDENTIFICATION OF EXECUTOR PHOTOCOPIED?: YES / NO      SIN # \_\_\_\_\_

NAME (Executor #2): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

IDENTIFICATION OF EXECUTOR PHOTOCOPIED?: YES / NO      SIN # \_\_\_\_\_

NAME (Executor #3): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

IDENTIFICATION OF EXECUTOR PHOTOCOPIED?: YES / NO      SIN # \_\_\_\_\_

**DECEASED**

FULL LEGAL NAME OF DECEASED / AKA'S:

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ADDRESS OF LAST RESIDENCE / PROVINCE OF HABITUAL RESIDENCE:

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DECEASED'S DATE OF BIRTH (D.O.B.): \_\_\_\_\_ DATE OF DEATH (D.O.D.): \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_ INTESTATE?: YES / NO

DATE OF WILL: \_\_\_\_\_ NC 87 YES / NO

DATE OF CODICIL: \_\_\_\_\_ NC 87 YES / NO

MARRIAGE SUBSEQUENT TO DATE OF WILL?: YES / NO

NAME / ADDRESS / PHONE NO. / DATE OF MARRIAGE:

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NAMES OF SURVIVING CHILDREN/ ADDRESS/ PHONE NO. / D.O.B.:

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ADULT DEPENDANT CHILDREN (HANDICAPPED MENTALLY/PHYSICALLY)?: YES / NO

NAME / ADDRESS / PHONE NO. / D.O.B.:

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**NAMES OF GRANDCHILDREN / ADDRESS / PHONE NO. / D.O.B.**

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**NAMES OF PREDECEASED CHILDREN / D.O.B. / D.O.D. / FORMER ADDRESS:**

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**DID PREDECEASED CHILDREN HAVE CHILDREN?: YES / NO  
NAME / D.O.B. / ADDRESS / PHONE NO.**

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**NAME OF WITNESSES TO WILL & CODICIL / ADDRESS / PHONE NO.:**

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**NAMES OF BENEFICIARY / ADDRESS / D.O.B. / RELATIONSHIP / GIFT :**

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**ASSETS**

**SAFETY DEPOSIT BOX?: YES / NO    INVENTORY BEEN TAKEN?: YES / NO**  
**LOCATION / CONTENTS:**

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**PERISHABLE ASSETS?: YES / NO**

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**SUGGESTIONS AS TO MAINTENANCE:** \_\_\_\_\_

**ASSETS THAT REQUIRE INSURANCE OR SUPERVISION?: YES / NO**

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**LAND/BUILDINGS/ LEASEHOLD INTERESTS?: YES / NO**

**LEGAL & MUNICIPAL ADDRESS / VALUE AT D.O.D. / MORTGAGEE / VALUE OF MORTGAGE AT D.O.D.:**

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**MINES AND MINERALS?: YES / NO**

**LEGAL DESCRIPTION / VALUE AT D.O.D. / AMOUNT OF ROYALTIES IN PAST 12 MONTHS:**

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**CASH ON PERSON:** \_\_\_\_\_

**DEBTS DUE TO DECEASED?: YES / NO**

**DEBTOR / AMOUNT:**

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**BANK ACCOUNTS?: YES / NO**  
**BANK / ADDRESS / ACCOUNT NO./TYPE / CONTACT PERSON**  
**PRINCIPAL AT DEATH / INTEREST ACCRUED TO DOD:**

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**UN-CASHED CHEQUES?: YES / NO**  
**FROM WHO?/ AMOUNT:**

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**LIFE INSURANCE?: YES / NO**  
**ADDRESS OF LIFE INSURANCE / TYPE / POLICY NO. / FACE VALUE / BENEFICIARY:**

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**ANNUITIES?: YES / NO**  
**AMOUNT / DATE OF LAST PAYMENT / BENEFICIARY / VALUE OF PORTFOLIO AS AT DEATH:**

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**COMPANY SHARES?: YES / NO**  
**NO. & TYPE / VALUE / CERTIFICATE NO. / TRANSFER AGENT:**

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**BONDS & DEPOSITS?: YES / NO**

**VALUE AT O.O.D. / SERIAL NO. / DATE OF PURCHASE / INTEREST RATE / MATURITY DATE:**

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**PENSIONS?: YES / NO**

**AMOUNT / DATE OF LAST PAYMENT / BENEFICIARY:**

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**CONTRIBUTIONS DURING DECEASED'S LIFE TO CPP?: YES/NO**

**NO. OF YEARS / DATE OF LAST CHEQUE /AMOUNT:**

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**SURVIVORS BENEFIT?: YES / NO**

**WHO IS ELIGIBLE? / WHO WILL MAKE THE APPLICATION FOR DEATH AND SURVIVORS BENEFITS?:**

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**HAS CPP BEEN ADVISED OF DEATH?: YES / NO**

**OLD AGE SECURITY?: YES / NO**

**AMOUNT / DATE OF LAST PAYMENT:**

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**SOCIAL INSURANCE NO.:** \_\_\_\_\_

**RRSP OR RRIF?: YES / NO**

**FINANCIAL INSTITUTION / ACCOUNT # / VALUE AT D.O.D. / INTEREST ACCRUED TO D.O.D. / BENEFICIARY:**

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**GUARANTEED INVESTMENT CERTIFICATES?: YES / NO**

**NAME OF FINANCIAL INSTITUTION / ACCOUNT NO. / VALUE AT D.O.D. / INTEREST ACCRUED TO D.O.D.:**

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**PERSONAL EFFECTS (Description & Estimated Value):** \_\_\_\_\_

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**BUSINESS OR FARMING INTERESTS?: YES / NO**

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**ANY OTHER ASSETS:** \_\_\_\_\_

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**DEBTS**

**LIABILITIES AND DEBTS (CREDIT CARD, UTILITIES, GUARANTEES, PROMISSORY NOTES)?: YES / NO**  
**NAME OF CREDITOR / ACCOUNT NO. / AMOUNT AT D.O.D.**

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**FUNERAL HOME ACCOUNT**  
**NAME OF FUNERAL HOME / ADDRESS / AMOUNT:**

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**MISCELLANEOUS**

**EXECUTOR'S ACCOUNTANT**  
**NAME & CONTACT INFO:**

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**WAS DECEASED A TRUSTEE OR EXECUTOR OF ANY OTHER TRUST OR ESTATE?: YES / NO**

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**ANY POWER OF ATTORNEY/ PERSONAL DIRECTIVE (GET COPY)?: YES / NO**

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**INVOLVED IN ANY LITIGATION?: YES / NO**

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