

**ESTATE ADMINISTRATION CHECKLIST - 2020**

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

**EXECUTOR (S)**

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

ADDRESS (mailing and residential): \_\_\_\_\_

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

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

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

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

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

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

DATE OF BIRTH (DOB): \_\_\_\_\_

ID OF EXECUTOR PHOTOCOPIED?: YES/NO

SIN: \_\_\_\_\_

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

ADDRESS (mailing and residential): \_\_\_\_\_

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

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

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

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

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

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

DATE OF BIRTH (DOB): \_\_\_\_\_

ID OF EXECUTOR PHOTOCOPIED?: YES/NO

SIN: \_\_\_\_\_

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

ADDRESS (mailing and residential): \_\_\_\_\_

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

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

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

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

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

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

DATE OF BIRTH (DOB): \_\_\_\_\_

ID 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:

mailing and residential address:

DECEASED'S DOB: \_\_\_\_\_ DATE OF DEATH (DOD): \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ CAUSE OF DEATH: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ INTESTATE?: YES/NO

DATE OF WILL: \_\_\_\_\_ NC 8? YES/NO

DATE OF CODICIL: \_\_\_\_\_ NC 8? YES/NO

MARRIAGE SUBSEQUENT TO DATE OF WILL?: YES/NO

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

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PREVIOUS SPOUSE? YES/NO

NAME/DATE OF DEATH AND/OR DATE OF DIVORCE:

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ADULT INTERDEPENDENT PARTNER? YES/NO

NAME/ADDRESS (physical & mailing) /DATE OF DEATH (if applicable) BIRTHDAY:

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**ASSETS**

SAFETY DEPOSIT BOX?: YES/NO

INVENTORY TAKEN?: YES/NO

LOCATION/CONTENTS:

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PERISHABLE ASSETS?: YES/NO (EXAMPLE)

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

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ASSETS THAT REQUIRE INSURANCE OR SUPERVISION?: YES/NO (EXAMPLE)

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LAND/BUILDINGS/LEASEHOLD INTERESTS?: YES/NO

LEGAL & MUNICIPAL ADDRESS/VALUE AT DOD/MORTGAGEE/MORTGAGE VALUE AT DOD:

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MINES AND MINERALS?: YES/NO

LEGAL DESCRIPTION/VALUE AT DOD/AMOUNT OF ROYALTIES IN PAST 12 MONTHS:

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**ASSETS (CONT'D)**

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

DEBTS DUE TO DECEASED?: YES/NO

DEBTOR/AMOUNT: \_\_\_\_\_

BANK ACCOUNTS?: YES/NO

BANK ADDRESS/ACCOUNT NO./TYPE/CONTACT PERSON

PRINCIPAL AT DEATH/INTEREST ACCRUED TO DOD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UN-CASHED CHEQUES?: YES/NO

FROM WHO?/AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIFE INSURANCE?: YES/NO

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

\_\_\_\_\_  
\_\_\_\_\_  
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**ASSETS (CONT'D)**

ANNUITIES?: YES/NO

AMOUNT/DATE OF LAST PAYMENT/BENEFECIARY/VALUE OF PORTFOLIO AT DOD:

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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 DOD/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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**ASSETS (CONT'D)**

SURVIVOR'S BENEFIT?: YES/NO

WHO IS ELIGIBLE?/WHO WILL APPLY 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 DOD/INTEREST ACCRUED TO DOD/BENEFICIARY

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GUARANTEED INVESTMENT CERTIFICATES?: YES/NO

FINANCIAL INSTITUTION/ACCOUNT NO./VALUE AT DOD/INTEREST ACCRUED TO DOD:

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**ASSETS (CONT'D)**

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 & DEBTS (CREDIT CARDS, UTILITIES, GUARANTEES, PROMISSORY NOTES)?:

NAME OF CREDITOR/ACCOUNT NO./AMOUNT DUE AT DOD

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CREDIT CARD POINTS/AIRMILES TRANSFERRED?: YES/NO

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**DEBTS (CONT'D)**

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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PASSPORT TURNED IN OR CANCELLED?: YES/NO

SOCIAL MEDIA ACCOUNTS TO CLOSE?: YES/NO

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