

**PROBATE QUESTIONNAIRE**

I have completed this questionnaire to the best of my knowledge, information and belief, for the purpose of informing the Public Trustee of facts, which are relevant to the lawful administration of the estate of the under-named deceased.

<b>Name</b>	<b>Address</b>
<b>Area Code and Telephone Number</b>	<b>Relationship to Deceased</b>

**PART I - PERSONAL INFORMATION:**

Full Name of Deceased: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

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

Last Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Previous Employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If retired, approximate date of retirement: \_\_\_\_\_

Last Income Tax Return filed was for the following taxation year: \_\_\_\_\_

Married  Divorced  Widow(er)  Single  Separated  Common-law

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

Address of Spouse: \_\_\_\_\_

Date of Death of Spouse: \_\_\_\_\_

If separated, did the parties sign a Separation Agreement? Yes  No  Unknown

The Deceased had a Will: Yes • No •

If yes, the original copy of the Will is in the possession of: \_\_\_\_\_

who can be contacted at the following address and telephone number: \_\_\_\_\_

\_\_\_\_\_

**Biological Children of Deceased:**

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Address</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Children of the Deceased that Predeceased Him or Her, and their Children:

If deceased had children who predeceased him or her, please list their name(s), date(s) of birth and death, and indicate whether they died with children of their own still living (if yes, give names and contact information for these grandchildren of the deceased):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**IF THE DECEASED HAD NO LIVING SPOUSE, CHILDREN OR GRANDCHILDREN AT THE TIME OF THEIR DEMISE, PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE DECEASED'S PARENTS AND SIBLINGS:**

Mother of Deceased: \_\_\_\_\_

Mother's Date of Death: \_\_\_\_\_

Father of Deceased: \_\_\_\_\_

Father's Date of Death: \_\_\_\_\_

Siblings of the Deceased:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Address</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Siblings of the Deceased that Predeceased Him or Her, and Nieces and Nephews:

If deceased had siblings who predeceased him or her, please list their name(s), date(s) of birth and death, and indicate whether they died with children of their own still living (if yes, give names and contact information for the nieces and/or nephews):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**PART II - ASSETS OF THE DECEASED**

Real Estate:

Property One:

- i. Civic Address: \_\_\_\_\_  
\_\_\_\_\_
- ii. Name and contact information for individual with keys to this property: \_\_\_\_\_  
\_\_\_\_\_
- iii. The property is insured with \_\_\_\_\_ and their address and telephone number is as follows: \_\_\_\_\_  
\_\_\_\_\_

Property Two:

- i. Civic Address: \_\_\_\_\_  
\_\_\_\_\_
- ii. Name and contact information for individual with keys to this property: \_\_\_\_\_  
\_\_\_\_\_
- iii. The property is insured with \_\_\_\_\_ and their address and telephone number is as follows: \_\_\_\_\_  
\_\_\_\_\_

Motor Vehicle(s):

- i. Make, Model, Year and License Plate Number: \_\_\_\_\_
  - ii. Located at: \_\_\_\_\_
  - iii. Name and contact information for individual with keys to this motor vehicle: \_\_\_\_\_  
\_\_\_\_\_
  - iv. The motor vehicle is insured with \_\_\_\_\_ and their address and telephone number is as follows: \_\_\_\_\_  
\_\_\_\_\_
- 
- i. Make, Model, Year and License Plate Number: \_\_\_\_\_
  - ii. Located at: \_\_\_\_\_
  - iii. Name and contact information for individual with keys to this motor vehicle: \_\_\_\_\_  
\_\_\_\_\_
  - iv. The motor vehicle is insured with \_\_\_\_\_ and their address and telephone number is as follows: \_\_\_\_\_  
\_\_\_\_\_

Boat (s):

- i. Type of Boat and Year Built: \_\_\_\_\_
- ii. Located at: \_\_\_\_\_
- iii. Name and contact information for individual with keys to this boat: \_\_\_\_\_  
\_\_\_\_\_
- iv. The boat is insured with \_\_\_\_\_ and their address and telephone number is as follows: \_\_\_\_\_  
\_\_\_\_\_

Stocks(s):

- i. Name of Stock, Number Owned and name and contact information for the Investment Dealer: \_\_\_\_\_  
\_\_\_\_\_
- ii. Name of Stock, Number Owned and name and contact information for the Investment Dealer: \_\_\_\_\_  
\_\_\_\_\_
- iii. Name of Stock, Number Owned and name and contact information for the Investment Dealer: \_\_\_\_\_  
\_\_\_\_\_

iv. Name of Stock, Number Owned and name and contact information for the Investment Dealer: \_\_\_\_\_  
\_\_\_\_\_

Registered Retirement Savings Plans (RRSPs):

i. Institution the Plan is held with and Plan Number: \_\_\_\_\_  
ii. The named beneficiary of the plan: \_\_\_\_\_  
iii. Value of the Plan: \_\_\_\_\_

i. Institution the Plan is held with and Plan Number: \_\_\_\_\_  
ii. The named beneficiary of the plan: \_\_\_\_\_  
iii. Value of the Plan: \_\_\_\_\_

Registered Income Funds (RIFs):

i. Institution the Fund is held with and Fund Number: \_\_\_\_\_  
ii. The named beneficiary of the Fund: \_\_\_\_\_  
iii. Value of the Fund: \_\_\_\_\_

i.. Institution the Fund is held with and Fund Number: \_\_\_\_\_  
ii. The named beneficiary of the Fund: \_\_\_\_\_  
iii. Value of the Fund: \_\_\_\_\_

Bond(s) - List name of company, certificate number, face amount on bond, interest rate, maturity date and the name and contact information for the person holding the bonds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cash on Hand- List amount and indicate who is holding these funds: \_\_\_\_\_  
\_\_\_\_\_

Cheques on Hand- List who the cheques are from, the amount and who has possession of them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Account(s) - List bank, branch location, account number and approximate balance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Household Furnishings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jewelry and Personal Effects- List items, and the name and contact information for the person in possession of these items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Farm Equipment- List items, and the name and contact information for the person in possession of these items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Farm Produce/Livestock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Assets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rent entitled to Receive: \_\_\_\_\_  
\_\_\_\_\_

Other Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Policies - List name and contact information for Insurance Company, Policy Number, Type of Insurance and Amount:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Canada Pension Death Benefit Applied For: Yes \_\_\_\_\_ No \_\_\_\_\_

Deceased was in receipt of the following pensions:

Canada Pension	_____
Old Age Security	_____
Superannuation	_____
Other	_____
Annuity	_____

The Deceased was a War Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

**PART III - LIABILITIES OF THE DECEASED**

Funeral Bill Paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Amt. Outstanding \_\_\_\_\_  
Name and contact information for company that arranged the funeral: \_\_\_\_\_  
\_\_\_\_\_

Headstone - List name and contact information for company monument ordered from and indicate the amount paid and the amount owing on it: \_\_\_\_\_  
\_\_\_\_\_

Name and address of the cemetery the remains of the deceased were buried in: \_\_\_\_\_  
\_\_\_\_\_

Personal Loans - List organization held with, loan number and approximate amount owing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Other Debts - List organization held with, account number and approximate amount owing (e.g. for utility bills, credit cards)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_