**Estate Administration Questionnaire**

Date: Referred by:

The following Estate Administration Questionnaire will provide Ratcliff & Company LLP with the information we need to assist you with acting as executor or administrator, applying for a Grant of Probate or Administration, and administering the estate. We will hold this information in strict confidence.

We ask that you complete as much of the Questionnaire as possible and bring it to your initial meeting. If a question does not apply to the estate you are administering, please leave it blank.

To undertake some of the non-legal matters that require attention after a death occurs, we have created a checklist for your information; it is attached to the end of this Questionnaire.

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It would be very helpful if you collected the following and brought them to the meeting:

completed Estate Administration Questionnaire;

original death certificate (if you have not already ordered one, only order one or two; we can make certified copies for your future use);

the original Will(s) and, if applicable, original Codicil(s) to the Will, if any. If you have not been able to access the original yet, bring a copy if you have one;

any other documents, writings, papers, e-mails, etc. left by the deceased that give instructions about distributing their assets after death;

any information or documents about the deceased’s assets such as:

* Notice of Assessment for real estate;
* insurance documents for automobiles, boats, or RVs; and
* recent investment account and bank account statements;

if possible, confirmation of who the deceased named as beneficiary or successor holder on each asset that allowed for beneficiaries to be named (life insurance policies, RRSPs, RRIFs, RESPs, TFSAs, and pensions). You may do this by contacting the respective financial institutions; and

bring 1 piece of identification with photo such as Driver’s License, BC ID, or passport to the meeting together with your SIN number (SIN card if possible).

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| The Deceased | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | |
| Other Names Used by Deceased: | | | | | | | | | | | |
| Last Residential Address: | | | | | | | | | | | |
| SIN: | | | | | | | | | | | |
| Date of Birth: | | | | | Place of Birth: | | | | | | |
| Date of Death: | | | | | Place of Death: | | | | | | |
| Citizenship(s) (list all): | | | | | | | | | | | |
| Residency for Tax Purposes: | | | | | | | | | | | |
| Relationship Status at Death (check all that apply): | | | | | | | | | | | |
| Single | Married | | Engaged | Cohabiting | | | Divorced | Separated | | | Widowed |
| Spouse’s Full Name: (“Spouse” includes a person with whom the deceased was cohabiting in a marriage-like relationship for 2+ years.) | | | | | | | | | | | |
| Current Address: | | | | | | | | | | | |
| Date of Marriage:(Beginning of cohabitation) | | | | | Place of Marriage: | | | | | | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | | | | | | | | | |
| Residency for Tax Purposes: | | | | | | | | | | | |
| Was there a marriage contract or a co-habitation agreement executed by the deceased with this spouse?  Yes  No If yes, please provide a copy. | | | | | | | | | | | |
| Previous Spousal RelationshipsDoes the deceased have continuing financial obligations from a previous spousal relationship? If yes, please provide a copy of the court order or agreement.If the spouse predeceased, did the deceased have an ongoing interest in the spouse’s estate? If yes, please bring a copy of the spouse’s will. | | | | | | | | | Yes  No  Yes  No | | |
| Children (“Child” includes an individual that the deceased legally adopted but does not include a non-adopted stepchild.) If a child died before the deceased, did they leave children? If so, please include information about these grandchildren of the deceased in this list. | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | |
| Last Residential Address: | | | | | | | | | | | |
| Age (if under 19, provide date of birth): | | | | | | | | | | | |
| Living and mentally capable | | | | | Predeceased – Date of death: | | | | | | |
| Mentally incapable – name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative, if any): | | | | | | | | | | | |
| Residency for Tax Purposes: | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | |
| Last Residential Address: | | | | | | | | | | | |
| Age (if under 19, provide date of birth): | | | | | | | | | | | |
| Living and mentally capable | | | | | Predeceased – Date of death: | | | | | | |
| Mentally incapable – name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative, if any): | | | | | | | | | | | |
| Residency for Tax Purposes: | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | |
| Last Residential Address: | | | | | | | | | | | |
| Age (if under 19, provide date of birth): | | | | | | | | | | | |
| Living and mentally capable | | | | | Predeceased – Date of death: | | | | | | |
| Mentally incapable – name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative, if any): | | | | | | | | | | | |
| Residency for Tax Purposes: | | | | | | | | | | | |
| Full Legal Name: | | | | | | | | | | | |
| Last Residential Address: | | | | | | | | | | | |
| Age (if under 19, provide date of birth): | | | | | | | | | | | |
| Living and mentally capable | | | | | Predeceased – Date of death: | | | | | | |
| Mentally incapable – name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative, if any): | | | | | | | | | | | |
| Residency for Tax Purposes: | | | | | | | | | | | |
| Next of Kin: If the deceased had no spouse and no children at the time of their death, please provide information about their next living relatives other than beneficiaries in the Will (information about beneficiaries should be entered on page 6). Attach an extra page if you need more room. | | | | | | | | | | | |
| **Full Name** | | **Address** | | | | **Over 19? Mentally Capable?** | | | | **Relationship** | |
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| The Will | | | |
| The original Will and any codicils will be filed with the court. The court does not return the originals when they issue the Grant of Probate/Administration. | | | |
| The DocumentIs there a Will?  Yes  No | | | |
| If so, where is the original Will (and codicils) located? | | | |
| Have you found any other documents, writings, papers, e-mails, etc. left by the deceased that gives instructions about giving assets after death, or could be interpreted as a Will? If so, please provide these documents. | | | |
| Were any other documents, writings, papers, e-mails, etc. left by the deceased giving instructions for the distribution of any personal effects or household goods? If so, please provide the original documents. | | | |
| Did the deceased have a Will or settle a Trust that deals with property outside of BC or Canada? If so, please provide a copy. | | | |
| Is there currently, or do you anticipate, someone contesting the will or initiating a Wills Variation Claim? | | | |
| Executor(s) / Administrator(s) If there is a Will, please list the person(s) named as executor(s) in it. If there is no Will, please list the person(s) intending to act as administrator (this is the term for those who undertake the duties of an executor for an estate without a Will). | | | |
| Full Legal Name: | | | |
| Full Address: | | | |
| Occupation: | | Email:  Can we send documents by email:  Yes  No | |
| Phone: (home) | (work) | | (cell) |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Full Address: | | | |
| Occupation: | | Email:  Can we send documents by email:  Yes  No | |
| Phone: (home) | (work) | | (cell) |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Full Address: | | | |
| Occupation: | | Email:  Can we send documents by email:  Yes  No | |
| Phone: (home) | (work) | | (cell) |
| Residency for Tax Purposes: | | | |
| Have any of the named executors predeceased the deceased? If so, provide their death certificate.  Is it anticipated that any of the executors will not act or will be unable or unwilling to act? If so, whom and why: | | | |
| Beneficiaries Named in the Will If you have already given this information above (e.g. for a spouse or children), you do not need to restate it here. | | | |
| Full Legal Name: | | | |
| Current Address: | | | |
| Age:  Date of Birth if under age 19: | | Relationship to Deceased: | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Current Address: | | | |
| Age:  Date of Birth if under age 19: | | Relationship to Deceased: | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Current Address: | | | |
| Age:  Date of Birth if under age 19: | | Relationship to Deceased: | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Current Address: | | | |
| Age:  Date of Birth if under age 19: | | Relationship to Deceased: | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Current Address: | | | |
| Age:  Date of Birth if under age 19: | | Relationship to Deceased: | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | |
| Residency for Tax Purposes: | | | |
| Full Legal Name: | | | |
| Current Address: | | | |
| Age:  Date of Birth if under age 19: | | Relationship to Deceased: | |
| Living and mentally capable  Predeceased – Date of Death:  Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (e.g., attorney, committee, representative), if any: | | | |
| Residency for Tax Purposes: | | | |

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| Deceased’s Assets | | | | | | | | | | | | | | | | | |
| Real Estate | | | | | | | | | | | | | | | | | |
| **Address** | | | | **Registered Owner** (indicate if joint) | | | | | | **Approximate Value at Death** | | | | | | **Approximate Mortgage/LOC Outstanding** | |
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| Did the Deceased own any real estate outside of BC or Canada that you have not mentioned above? Please list below. | | | | | | | | | | | | | | | | | |
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| Bank Accounts (including GICs and Term Deposits) (To apply for the Grant of Probate/Administration we will require the deceased’s bank and investment account statements for (at least) the month before, the month of, and the month after death.) | | | | | | | | | | | | | | | | | |
| **Owner (indicate if joint)** | | | | | **Financial Institution** | | | | | | | | | | **Approximate Value at Date of Death** | | |
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| Safety Deposit Box (If you have completed the listing of the Safety Deposit Box, bring a copy.) | | | | | | | | | | | | | | | | | |
| Number and location: | | | | | | | | | | | | | | | | | |
| Name(s) on title to Safety Deposit Box: | | | | | | | | | | | | | | | | | |
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| Registered Savings Plans (RSPs/RIFs): | | | | | | | | | | | | | | | | | |
| **Owner** | | **Financial Institution/Advisor** | | | | | | | **Beneficiary** | | | | | **Approximate Value at Date of Death** | | | |
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| Tax Free Savings Accounts (TFSAs): | | | | | | | | | | | | | | | | | |
| **Owner** | | **Financial Institution/Advisor** | | | | | | | **Beneficiary** | | | | | **Approximate Value at Date of Death** | | | |
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| Investment Accounts: (Non-registered accounts holding publicly traded stocks/bonds) | | | | | | | | | | | | | | | | | |
| **Owner (indicate if joint)** | | | | | **Financial Institution/Advisor** | | | | | | | | | | **Approximate Value at Date of Death** | | |
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| Registered Education Savings Plans (RESPs): | | | | | | | | | | | | | | | | | |
| **Owner (indicate if joint)** | **Financial Institution/Advisor** | | | | | | | **Beneficiary** | | | | | **Approximate Value at Date of Death** | | | | |
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| Life Insurance: | | | | | | | | | | | | | | | | | |
| **Owner of Policy** | **Name of Insurer** | | | | | | **Who is Insured** | | | | **Beneficiary** | | | | | | **Death Benefit Amount** |
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| Pension Plans and/or Annuities | | | | | | | | | | | | | | | | | |
| **Pension Owner** | **Name of Employer/ Trustee Holder** | | | | | | | **Beneficiary** | | | | | **Death Benefit/  Settlement Terms** | | | | |
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| Canada Pension Plan: | | | | | | | | | | | | | | | | | |
| Did the deceased contribute?  Yes  No | | | | | | | | | | | | | | | | | |
| If so, have you applied for the Death Benefit and Survivor’s Benefits?  Yes  No | | | | | | | | | | | | | | | | | |
| Shares of Private Company: | | | | | | | | | | | | | | | | | |
| **Name of Company** | **Number and Class of Shares** | | | | | | | **Registered Owner** | | | | | **Fair Market Value at Date of Death** | | | | |
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| Are there dividends declared to the deceased that were unpaid at death?  Yes  No | | | | | | | | | | | | | | | | | |
| Does the deceased have any other interest in the company such as shareholder’s loans, promissory notes owed by the company, etc.?  Yes  No | | | | | | | | | | | | | | | | | |
| Does the company hold life insurance on the deceased’s life? If so, provide details.  Yes  No | | | | | | | | | | | | | | | | | |
| Was the deceased an officer or director of the company?  Yes  No | | | | | | | | | | | | | | | | | |
| Are there other shareholders? If so, provide a copy of the shareholder agreement.  Yes  No Please provide a copy of the most recent financial statement for the company. | | | | | | | | | | | | | | | | | |
| Did the deceased carry on a business as: | | | | | | | | | | | | | | | | | |
| a partner  a sole proprietorship  incorporated  limited liability?  If so, name of business:  Did the deceased sign an agreement with their partner(s)/shareholders(s)? If yes, please provide a copy.  Yes  No | | | | | | | | | | | | | | | | | |
| Automobile, Boats, RVs: (Indicate if deceased owned alone or jointly) | | | | | | | | | | | | | | | | | |
| **Year, Make, Model** | **ID Number (Serial or VIN)** | | | | | | | **Financing on Title –  Name of Company** | | | | | **Balance** | | | | |
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| Cheques in Name of Deceased Uncashed at Death | | | | | | | | | | | | | | | | | |
| **Payor** | | | | | | **Amount** | | | | | | **Date** | | | | | |
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| Cash Found in Home: (Please specify currency) | | | | | | | | | | | | | | | | | |
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| Personal Effects of Significant Value: (For example, heirlooms, works of art, jewelry, collections, etc.) Only provide information about items of high value or items that are specifically listed in the Will.  You may require an appraisal if there is no date of death value. We will advise if you need to have any of the items appraised. | | | | | | | | | |
| **Description of Item (if listed in the Will, use description in the Will)** | | | | | **Approximate Value at Date of Death** | | | | **Listed in Will?** |
|  | | | | |  | | | | Yes  No |
|  | | | | |  | | | | Yes  No |
|  | | | | |  | | | | Yes  No |
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|  | | | | |  | | | | Yes  No |
|  | | | | |  | | | | Yes  No |
|  | | | | |  | | | | Yes  No |
|  | | | | |  | | | | Yes  No |
| Other Assets and Issues: | | | | | | | | | |
| Did the deceased have any interest in any existing estates or trusts? (please provide a copy)  Yes  No | | | | | | | | | |
| Was the deceased acting as committee, attorney or representative for anyone?  Yes No | | | | | | | | | |
| Was the deceased acting as an Executor when she or he died?  Yes No | | | | | | | | | |
| Did the deceased own any assets outside BC or Canada that you have  not mentioned above?  Yes No | | | | | | | | | |
| Does anyone owe the deceased money?  Yes No | | | | | | | | | |
| Are there any legal actions pending by or against the deceased?  Yes No | | | | | | | | | |
| Are there any other assets of the deceased we should know about? For example, royalties, accrued holiday pay, refund from care home, interests in online accounts of significant value (PayPal, Amazon, Bitcoin, Air Miles, etc.). If so, please use the space below to give details about them. | | | | | | | | | |
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| Deceased’s Debts | | | | | | | | | |
| Loans Payable (other than mortgages previously noted) | | | | | | | | | |
| **Outstanding Balance at Date of Death including accrued but unpaid interest** | | | **Life Insured?** | | | **Creditor** | | | |
|  | | | **Yes  No** | | |  | | | |
|  | | | **Yes  No** | | |  | | | |
|  | | | **Yes  No** | | |  | | | |
| Guarantees Outstanding | | | | | | | | | |
| **Outstanding Balance at Date of Death including accrued but unpaid interest** | | **Creditor’s Name and Address** | | | | | **Amount of Debt Guaranteed** | | |
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| Is there a possibility that a debtor will default resulting in the deceased’s Estate being liable for the debt?  Yes No | | | | | | | | | |
| Other Debts over $10,000 (e.g. credit cards, lines of credit, promissory notes, etc.) | | | | | | | | | |
| **Balance (including accrued interest) at death** | **Creditor’s Name** | | | **Address** | | | | **Due Date** | |
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| Deceased’s Debts | | | | | | | | | |
| Date of Last Income Tax Return: | | | | | | | | | |
| Location of Income Tax Returns for Last Five Years: | | | | | | | | | |
| Name and Contact Information for Accountant: | | | | | | | | | |
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**If you have any questions about this form please contact Peter Bonny or one of his assistants, Jacqueline Gaffney or Carolyn Egerszegi, at 604-988-5201.**

**Please email, mail or fax (604-988-1452) this form to:**

**Ratcliff & Company LLP**

**500 – 221 West Esplanade**

**North Vancouver, BC V7M 3J3**

**Attention: Peter Bonny**

[**pbonny@ratcliff.com**](mailto:pbonny@ratcliff.com)

**With a copy to:**

**Jacqueline Gaffney (Paralegal)** [**jgaffney@ratcliff.com**](mailto:jgaffney@ratcliff.com) **or**

**Carolyn Egerszegi (Legal Assistant)** [**cegerszegi@ratcliff.com**](mailto:cegerszegi@ratcliff.com)