TANYA MURRAY
WILLS & ESTATES LAW

ESTATE ADMINISTRATION QUESTIONNAIRE

The following Estate Administration Questionnaire will provide Tanya Murray Law Corporation 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
- ☐ 2 pieces of the executor's identification, one with photo (e.g. Driver's License, BC ID, or passport).

ESTATE ADMINISTRATION QUESTIONNAIRE

TANYA MURRAY
WILLS & ESTATES LAW

Date: _____ Referred by: _____

A. THE DECEASED

1. **Full Legal Name**: _____

   Other names used by deceased: _____

   Last Residential Address: _____

   SIN: _____ Postal Code: _____

   Date of Birth: _____ Place of Birth: _____

   Date of Death: _____ Place of Death: _____

   Citizenship(s): _____

   Residency for Tax purposes: _____

   Relationship Status at death (check all that applied):
   ☐ Single ☐ Married ☐ Engaged ☐ Co-habiting ☐ Divorced ☐ Separated ☐ Widow(er)

2. **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 same: _____

   ☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

   ☐ Mentally Incapable – Name and address of person legally appointed to manage financial and legal affairs (eg. 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.

3. **Previous Spousal Relationships**
   a) Does the deceased have continuing financial obligations from a previous spousal relationship? Yes ☐ No ☐
      If yes, please provide a copy of the court order or agreement.
   b) If the spouse predeceased, did the deceased have an ongoing interest in the spouse's estate? Yes ☐ No ☐
      If yes, please bring a copy of the spouse's will.

4. **Children**: *"Child" includes an individual that the deceased legally adopted, but does not include a non-adopted step child.*

   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.

(a) Full Name: _____

   Current 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 (eg. attorney, committee, representative), if any: _____

   _____

   Residency for Tax purposes: _____

(b) Full Name: _____

Current 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 (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(c) Full Name: _____

Current 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 (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(d) Full Name: _____

Current 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 (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

5. 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 4). Attach an extra page if you need more room.

Full Name	**Address**	**Over 19?/Mentally Capable?**	**Relationship**

B. 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.

1. The Document

(a) Is there a Will? Yes ☐ No ☐

(b) If so, where is the original Will (and codicils) located? _____

(c) 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. Yes ☐ No ☐

(d) 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. Yes ☐ No ☐

(e) 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.

(f) Is there currently, or do you anticipate, someone contesting the will or initiating a Wills Variation Claim? Yes ☐ No ☐

2. 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).

(a) Full Name: _____

Address: _____

Occupation: _____ Postal Code: _____

Telephone: Home: _____ Office/Cell: _____

E-mail: _____ Can we send documents by e-mail? _____

Residency for Tax purposes: _____

(b) Full Name: _____

Address: _____

Occupation: _____ Postal Code: _____

Telephone: Home: _____ Office/Cell: _____

E-mail: _____ Can we send documents by e-mail? _____

Residency for Tax purposes: _____

(c) Full Name: _____

Address: _____

Occupation: _____ Postal Code: _____

Telephone: Home: _____ Office/Cell: _____

E-mail: _____ Can we send documents by e-mail? _____

Residency for Tax purposes: _____

Have any of the named executors **predeceased** the deceased? If so, provide their death certificate. Yes ☐ No ☐

Is it anticipated that any of the executors will not act or will be unable or unwilling to act? If so, whom and why:

_____

_____

3. 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.

(a) Full Name: _____

Current address: _____

Age (if under 19, provide date of birth): _____ Relationship to Deceased _____

☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

☐ Mentally Incapable – Name and address of a person legally appointed to manage financial and legal affairs (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(b) Full Name: _____

Current address: _____

Age (if under 19, provide date of birth): _____ Relationship to Deceased _____

☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

☐ Mentally Incapable – Name and address of a person legally appointed to manage financial and legal affairs (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(c) Full Name: _____

Current address: _____

Age (if under 19, provide date of birth): _____ Relationship to Deceased _____

☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

☐ Mentally Incapable – Name and address of a person legally appointed to manage financial and legal affairs (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(d) Full Name: _____

Current address: _____

Age (if under 19, provide date of birth): _____ Relationship to Deceased _____

☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

☐ Mentally Incapable – Name and address of a person legally appointed to manage financial and legal affairs (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(e) Full Name: _____

Current address: _____

Age (if under 19, provide date of birth): _____ Relationship to Deceased _____

☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

☐ Mentally Incapable – Name and address of a person legally appointed to manage financial and legal affairs (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

(f) Full Name: _____

Current address: _____

Age (if under 19, provide date of birth): _____ Relationship to Deceased _____

☐ Living and mentally capable. ☐ Predeceased – Date of death: _____

☐ Mentally Incapable – Name and address of a person legally appointed to manage financial and legal affairs (eg. attorney, committee, representative), if any: _____

_____

Residency for Tax purposes: _____

C. DECEASED'S ASSETS

1. **Real Estate:**

Address	Registered Owner (indicate if joint)	Approx. Value At Death	Approx.Mortgage/LOC Outstanding

Did the Deceased own any real estate outside of BC or Canada that you have not mentioned above? Please list below.

_____

_____

2. **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	Approx. Value at Date of Death

3. **Safety Deposit Box** - *If you've completed the listing of the Safety Deposit Box, bring a copy.*

   Number and location: _____

   Name(s) on title to Safety Deposit Box: _____

4. **Registered Savings Plans (RSPs/RIFs):**

Owner	Financial Institution / Advisor	Beneficiary	Approx. Value at Date of Death

5. **Tax Free Savings Accounts (TFSAs):**

Owner	Financial Institution / Advisor	Beneficiary	Approx. Value at Date of Death

6. **Investment Accounts (non-registered accounts holding publicly traded stocks/bonds):**

Owner (indicate if joint)	Financial Institution / Advisor	Approx. Value at Date of Death

7. **Registered Education Savings Plans (RESPs):**

Owner (indicate if joint)	Financial Institution / Advisor	Beneficiary	Approx. Value at Date of Death

8. **Life Insurance:**

Owner of policy	Name of Insurer	Who is Insured?	Beneficiary	Death Benefit Amt

9. **Pension Plans and/or Annuities**

Pension Owner	Name of Employer/Trustee/Holder	Beneficiary	Death Benefit/ Settlement Terms

10. **Canada Pension Plan:**

Did the deceased contribute? Yes ☐ No ☐

If so, have you applied for the Death Benefit and Survivor's Benefits? Yes ☐ No ☐

11. **Shares of a Private Company:**

Name of Company	Number & Class of Shares	Registered Owner	Fair Market Value At Date of Death

(a) Are there dividends declared to the deceased that were unpaid at death? Yes ☐ No ☐

(b) Does the deceased have any other interest in the company such as shareholder's loans, promissory notes owed by the company etc.? Yes ☐ No ☐

(c) Does the company hold life insurance on the deceased's life? Yes ☐ No ☐
If so, provide details.

(d) Was the deceased an officer or director of the company? Yes ☐ No ☐

(e) Are there other shareholders? Yes ☐ No ☐
If so, provide a copy of the shareholder agreement.

Please provide a copy of the most recent financial statement for the company.

12. **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)/shareholder(s) ☐ Yes ☐ No. *If yes, please provide a copy.*

13. Automobile, Boats, R.V.s – Indicate if deceased owned alone or jointly with another.

Year, Make, Model	ID Number (Serial or VIN)	Financing on title – Name of Co. + Balance

14. Cheques in Name of Deceased Uncashed At Death

Payor	Amount	Date
(a) _____	$_____	_____
(b) _____	$_____	_____
(c) _____	$_____	_____

15. Cash found in home: *Please specify currency.*

_____

_____

16. Personal Effects of Significant Value (eg. 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 Will, use description in the Will)	Approx. Value at Date of Death	Listed in Will?
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

17. Other Assets and Issues:

(a) Did the deceased have any interest in any existing estates or trusts? (please provide a copy) Yes ☐ No ☐

(b) Was the deceased acting as committee, attorney, or representative for anyone? Yes ☐ No ☐

(c) Was the deceased acting as an Executor when s/he died? Yes ☐ No ☐

(d) Did the deceased own any assets outside BC or Canada that you have not mentioned above? Yes ☐ No ☐

(e) Does anyone owe the deceased money? Yes ☐ No ☐

(f) Are there any legal actions pending by or against the Deceased? Yes ☐ No ☐

(g) Are there any other assets of the deceased we should know about? E.g. royalties, accrued holiday pay, 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.

D. DECEASED'S DEBTS

1. **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	_____

2. **Guarantees Outstanding**

Outstanding Balance at Date of Death including accrued but unpaid interest	Creditor's Name and Address	Amount of Debt Guaranteed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a possibility that a debtor will default resulting in the deceased's Estate being liable for the debt? ☐ Yes ☐ No

3. **Other Debts over $10,000** (e.g. credit cards, lines of credit, promissory notes, etc.)

Balance (incl. accrued interest) at death	Creditor's Name	Address	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. INCOME TAX:

1. Date of Last Income Tax Return: _____
2. Location of Income Tax Returns for Last 5 Years: _____
3. Name and Contact Information for Accountant: _____

WHEN SOMEONE PASSES AWAY

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WILLS & ESTATES LAW

- ☐ Contact funeral service provider to make funeral arrangements.
- ☐ Consider publishing an obituary - Vancouver Sun and The Province:
  - 604-605-7355 Ext. 1
  - http://tinyurl.com/jj6ybrq
- ☐ Determine if the deceased left a Will or other document that expresses the deceased's testamentary intensions and, if applicable:
  - locate original Will;
  - determine who is appointed as the executor(s) in the Will;
  - review Will to determine the deceased's instructions.
- ☐ Ask lawyer to conduct a Wills Notice Search to confirm that no later Wills were signed.
- ☐ If there is no Will, determine who will apply to be the court appointed administrator.
- ☐ Locate and secure estate assets.
- ☐ Ensure adequate insurance coverage is placed on the deceased's real estate and its contents.
- ☐ Locate deceased's safety deposit box and complete an inventory/listing with bank.
- ☐ Arrange with Canada Post for mail to be redirected to the executor/administrator's address.
- ☐ BC Vital Statistics will notify Medical Services Plan of the death and cancel the deceased's medical plan coverage – you will not need to unless the deceased died outside of BC.
- ☐ BC Vital Statistics will notify the Social Insurance Registry to cancel the deceased's SIN number – you will not need to unless the deceased died outside of BC.
- ☐ Contact Service Canada (1-800-277-9914) to:
  - cancel Canada Pension Plan benefits;
  - cancel Old Age Security and related benefits; and
  - apply for benefits after death.

  See also: http://www.servicecanada.gc.ca/eng/lifeevents/loss.shtml
- ☐ Contact Passport Canada to cancel passports or citizenship/immigration cards/certificates.
  - Tel.: 1.800.567.6868
  - http://www.cic.gc.ca/english/passport/help/general.asp#passport_deceased
- ☐ Notify Canada Revenue Agency (CRA) - Tel: 1-800-959-8281
  - to cancel GST credit, child tax benefit, or other applicable benefits; and
  - to return any cheques issued after the month in which the deceased died.

Continues on next page…

- ☐ Contact pension plan administrators, if applicable, to advise of the death and to determine eligibility for continued benefit coverage for survivors or dependents.
- ☐ Contact Veterans Affairs Canada, if applicable, to cancel veteran's benefits and coordinate other services (1-866-522-2122 or http://www.veterans.gc.ca/)
- ☐ Cancel deceased's Driver's License at local ICBC Driver Licensing Office, if applicable.
- ☐ Contact local ICBC Autoplan broker, or private insurer, to change vehicle insurance.
- ☐ Notify phone and utility companies to change the name on accounts or cancel services.
- ☐ Contact credit card companies to cancel the deceased's cards.
- ☐ Contact financial institutions with whom the deceased did business to procure information about the deceased's accounts.
- ☐ Contact life insurance co. and make application for life insurance benefits, if applicable.
- ☐ If the deceased was receiving the Senior Supplement or disability benefits for seniors, contact Service BC (1-800-663-7864).
- ☐ Contact BC Gazette and perhaps a local newspaper to arrange for publication of notices to deceased's creditors, if appropriate.
    - Tel: 1-800-663-6105
    - https://www.crownpub.bc.ca/Home/Gazette
- ☐ Contact a lawyer to determine whether it is necessary to obtain a Grant of Probate or a Grant of Administration.