# ESTATE CHECKLISTS

## INDEX

# ESTATE CHECKLIST

## INFORMATION FROM CLIENT – PAGE 1

| **Estate of:** | | |
|---|---|---|
| Interview with: | | Date: |
| Address: | Tel. No. Home: | |
| | Work: | |
| Deceased: Testate ☐ Intestate ☐<br>**If Testate – go to section E on page 4** | E-mail: | |
| | Interviewer: | |

## A. DECEASED'S VITAL STATISTICS AND BACKGROUND INFORMATION

| | |
|---|---|
| Full legal name of Deceased: | |
| Any aliases: | |
| Last address: | |
| Date and place of birth: | |
| Date and place of death: | |
| Cause of death: | |
| Length of last illness: | |
| Social Insurance No.: | |
| Province of Domicile: | |
| Occupation: | |
| Name and address of employer: | |
| Contact: | |
| Death benefits or pension: | |
| Was the Deceased a Nisga'a citizen or member of treaty first nation? | Yes ☐ No ☐ If yes, name: ___________________________ |
| Name and address of funeral home: | |
| Accountant(s)<br>Name<br>Address:<br>Contact person | |
| Last income tax return filed for: | |

# ESTATE CHECKLIST

## INFORMATION FROM CLIENT – Page 2

## B. DECEASED'S MARITAL STATUS

| | |
|---|---|
| Marital status: | |
| Name of spouse:<br>(including common-law spouse or any marriage-like or other committed relationship) | |
| Maiden (or previous) name of spouse: | |
| Spouse's SIN No.: | |
| Address of spouse: | |
| Spouse's date and place of birth: | |
| Date and place of marriage (or when cohabitation started) | |
| Marriage contract: N.A. | Date of marriage contract: |
| If divorced, dated of Final Order | |
| If separated, date of separation | Separation Agreement date: |
| If widowed, spouse's date and place of death: | |

## C. NEXT OF KIN / INTESTATE SUCCESSORS (set out the Deceased's family tree)

Note: If intestate successor is a minor, include name and address of Guardian.

| | |
|---|---|
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |

Did any deceased children leave descendants who have survived the Deceased? Yes ☐ No ☐

If yes, list names: ______________________________________________________________

# ESTATE CHECKLIST
## INFORMATION FROM CLIENT – Page 3

### D. BENEFICIARIES UNDER THE WILL (include all contingent beneficiaries)

Notes: If a beneficiary is a minor, include name and address of guardian in the "address" box.

If the beneficiary is or may be a mentally incompetent person or has a representative or a committee, include the name and address of such committee or personal representative.

| | |
|---|---|
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |
| **Name:** | Date of Birth: |
| Address: | Tel: H W |
| | Relationship to Deceased: |

# ESTATE CHECKLIST
## INFORMATION FROM CLIENT – Page 4

## E. TESTAMENTARY INSTRUMENT

| | |
|---|---|
| **Date of Will**: | **Location of Will**: |
| **Codicil**: N.A. ☐ or date: | **Location of Codicil**: |
| **Execution:** Are witnesses beneficiaries or spouses of beneficiaries: Yes ☐ No ☐ | |
| **Any other testamentary documents** (e.g Memorandum referred to in the Will) Yes ☐ No ☐ | |
| If yes: Describe: | |

## F. PERSONAL REPRESENTATIVES

**If Testate:** **Executor(s)** ☐ **If Intestate:** **Administrator(s)** ☐

| | |
|---|---|
| **Name**: | Renouncing: Yes ☐ No |
| Relationship to Deceased: | If Administrator: Bondable Yes No |
| Address: | Tel: Home Work |
| | Email: |
| Occupation: | Citizenship |
| S.I.N. | Date of Birth: |
| **Name**: | Renouncing: Yes ☐ No |
| Relationship to Deceased: | If Administrator: Bondable Yes No |
| Address: | Tel: Home Work |
| | Email: |
| Occupation: | Citizenship |
| S.I.N. | Date of Birth: |
| **Name**: | Renouncing: Yes ☐ No |
| Relationship to Deceased: | If Administrator: Bondable Yes No |
| Address: | Tel: Home Work |
| | Email: |
| Occupation: | Citizenship |
| S.I.N. | Date of Birth: |

Add list if space insufficient.

# ESTATE CHECKLIST

## INFORMATION FROM CLIENT – Page 5

## G. ASSETS

### 1. REAL ESTATE N.A. ☐

| Street Address | Legal description | Market Value | Mortgage approx. outstanding | Interest (e.g. Joint Tenancy) | Nature (*) |
|---|---|---|---|---|---|
| | | | (**) | | (***) |
| | | | | | |

(*) **(residential, recreational or investment)**
(**) **Is mortgage life insured?**
(***) **If this was the Deceased's residence, provide the following information:**

- **Who resided on the property prior to the death of the Deceased?**
- **Who currently resides on the property? For how long: years ____ months _____?**
- **Is there more than one improvement on the property (e.g. two houses, a house and a mobile home)? Yes/No.? If yes, describe: ____________________.**
- **Do the improvements contain a commercial portion? If yes, will it continue to be used as commercial? Yes/No.?**

Land Title Office searches obtained: Date: ______________

### 2. MORTGAGES, AGREEMENTS FOR SALE

Property address and legal description: ______________________________________________

______________________________________________________________________

Mortgagor/Purchaser:______________________________________________________

Balance owing: $___________________________________________________________

### 3. SECURITIES, BONDS, SHARES

Name, address and telephone number of Broker: ____________________________________

______________________________________________________________________

(Describe shares on attached list if insufficient space) ________________________________

______________________________________________________________________

______________________________________________________________________

# ESTATE CHECKLIST

**INFORMATION FROM CLIENT – Page 6**

## 4. CASH ON HAND (cheques, salary, Old Age Pension, pensions, etc.)

______________________________________________

______________________________________________

______________________________________________

## 5. BANK ACCOUNTS

| **Bank:** | **Type of account** | **Account No.** |
|---|---|---|
| Address: | | |
| | | |
| Safety deposit box: Yes ☐ No. ☐ | | |
| **Bank:** | **Type of account** | **Account No.** |
| Address: | | |
| | | |
| Safety deposit box: Yes ☐ No. ☐ | | |
| **Bank:** | **Type of account** | **Account No.** |
| Address: | | |
| | | |
| Safety deposit box: Yes ☐ No. ☐ | | |

## 6. LIFE INSURANCE POLICIES

| **Name of Company:** | **Policy No.** |
|---|---|
| Address: | Amount: |
| | |
| Designated beneficiary: | |
| **Name of Company:** | **Policy No.** |
| Address: | Amount: |
| | |
| Designated beneficiary: | |

## 7. PENSIONS

Canada Pension: Yes ☐ No ☐

Other pensions: N.A. ☐ or list pensions

# ESTATE CHECKLIST
## INFORMATION FROM CLIENT – Page 7

### 8. OTHER BUSINESS INTERESTS
**(attach schedule if necessary)**

*(List interests in any business, e.g. sole proprietorship, partnership, private company)*

Name: ______________________________

Value: ______________________________

Accountants: ______________________________

### 9. AUTOMOBILES

| Year | Model | Serial Number | Value | Ownership: |
|---|---|---|---|---|
| | | | | Joint ☐ Individual ☐ |
| | | | | Joint ☐ Individual ☐ |

### 10. OTHER PERSONAL PROPERTY
**(household effect and other – describe)**

______________________________

______________________________

______________________________

Listing or valuation/appraisal required: Yes: ☐ No: ☐

### 11. DEBTS, EXPENSES AND LIABILITIES

| CREDITORS | | | |
|---|---|---|---|
| **Creditor – Name and Address** | **Amount** | **Paid** | **Unpaid** |
| Funeral Home: Name:<br>Address: | $ | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |

# PRE-APPLICATION WORKSHEET
# {NAME OF THE DECEASED}

| **Information / Documents to be received:** | | **N/A** | **Requested** | **Received** |
|---|---|---|---|---|
| 1. | Completed Estate Checklist | | | |
| 2. | Land Title Office search(es) | | | |
| 3. | Will Notice Search (wait until all LTO searches obtained) | | | |
| 4. | Death Certificate | | | |
| 5. | Letters requesting information re: assets mailed out | | | |
| 6. | Information regarding beneficiaries/next-of-kin/intestate successors received | | | |
| | | | | |
| **To be done:** | | | **Done** | **Date** |
| 7. | Retainer and instruction letter to personal representative | | | |
| 8. | Notices of Proposed Application in Relation to Estate mailed: by client ☐ by solicitor ☐<br>See separate checklist in the **Notice** directory | | | |
| 9. | Notice to Public Guardian and Trustee (if required) | | | |
| 10. | Application documents prepared | | | |
| 11. | Application documents executed | | | |
| 12. | Application filed with probate registry | | | |
| 13. | Application approved and probate fees confirmed | | | |
| 14. | Probate fees requested | | | |
| 15. | Probate fees received and paid to probate registry | | | |
| 16. | Grant received | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# ESTATE DISTRIBUTION

(When there is a Will)

## ESTATE OF {NAME OF THE DECEASED}

| STATEMENT OF DISTRIBUTION | | | |
|---|---|---|---|
| **Name of Beneficiary** | **Relationship to Deceased** | **Description of Asset Passing to Beneficiary** | **Paragraph Reference in Will** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I/We **{NAME[S] OF APPLICANT[S]}** confirm that the distribution of the state as set out above is correct.

Dated:

______________________________

**{NAMES OF APPLICANTS}**

# ESTATE DISTRIBUTION
(Intestacy)

## ESTATE OF {NAME OF THE DECEASED}

| **STATEMENT OF DISTRIBUTION**<br>**INTESTACY** | | |
|---|---|---|
| **Name of Intestate Successor** | **Relationship to Deceased** | **Property passing to Intestate Successor** |
| | ◆Spouse | |
| | ◆Son/Daughter | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I/We **{NAME[S] OF APPLICANT[S]}** confirm that the distribution of the estate as set out above is correct.

Dated:

______________________________
**{NAMES OF APPLICANT}**

______________________________
**{NAMES OF APPLICANT}**

# POST-GRANT WORKSHEET

## ESTATE OF {NAME OF THE DECEASED}

| | | N/A | Required | Completed *(date)* |
|---|---|---|---|---|
| 1. | Report to personal representative | | | |
| 2. | Advertise for creditors | | | |
| 3. | Prepare notarial copies of grant | | | |
| 4. | Complete insurance/annuity/pension claims | | | |
| 5. | Arrange for transmission/transfer/sale of specific assets to meet cash needs | | | |
| 6. | Assets held in joint tenancy and with designated beneficiary transferred to surviving joint tenant or appropriate beneficiary | | | |
| 7. | Arrange for payment of cash legacies/specific bequests | | | |
| 8. | Arrange for payment of debts | | | |
| 9. | Arrange for transmissions/transfer/sale of remaining assets | | | |
| 10. | Arrange for preparation and filing of all Income Tax Returns<br>Name of Accountants: ◆ | | | |
| 11. | Apply for Clearance Certificate | | | |
| 12. | Clearance Certificate received | | | |
| 13. | Reserve funds for:<br>Personal Representative fee $___________<br>Solicitor's billing $___________<br>Accountants billing $___________<br>Income Tax $___________ | | | |
| 14. | Prepare Trust Reconciliation Statement | | | |
| 15. | Prepare Releases and Receipts | | | |
| 16. | Letter to residuary beneficiaries with Releases | | | |
| 17. | Received all Releases and paid residue of estate | | | |
| 18. | Account for tax reserve or other holdback – if applicable | | | |
| 19. | Final account to client | | | |
| 20. | Final report to client | | | |
| 21. | Close file | | | |
| 22. | | | | |

# TRUST RECONCILIATION STATEMENT

(Excel Spreadsheet)

| | | | |
|---|---|---|---|
| | | | |
| **ESTATE OF XXX,** | | | |
| | | | |
| | | | |
| **FUNDS RECEIVED** | | | |
| Bank XXX | | $ - | |
| Bank XXX | | $ - | |
| | | | |
| | | | |
| **TOTAL RECEIVED IN TRUST** | | | $ - |
| | | | |
| **DISBURSED** | | | |
| | | | |
| Law Firm's accounts | | | |
| No. XXX dated XXX | $ - | | |
| No. XXX dated XXX | $ - | | |
| No. XXX dated XXX | $ - | | |
| | | $ - | |
| Accounting invoices of XXX | | $ - | |
| XXX {describe disbursement} | | $ - | |
| XXX {describe disbursement} | | $ - | |
| XXX {describe disbursement} | | $ - | |
| XXX {describe disbursement} | | $ - | |
| XXX {describe disbursement} | | $ - | |
| XXX {describe disbursement} | | $ - | |
| XXX {describe disbursement} | | $ - | |
| | | | |
| | | | |
| **TOTAL DISBURSED** | | | $ - |
| | | | |
| **HOLDBACK FOR XXX** | | | $ - |
| | | | |
| **TOTAL AVAILABLE FOR DISTRIBUTION** | | | $ - |
| | | | |
| **DISTRIBUTION** | | | |
| XXX {NAME OF BENEFICIARY} | | $ - | |
| XXX {NAME OF BENEFICIARY} | | $ - | |
| XXX {NAME OF BENEFICIARY} | | $ - | |
| | | | |
| **BALANCE IN TRUST** | | | **$ -** |