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The information requested in this questionnaire is required in order to obtain the necessary personal information of the deceased and information on assets owned by the deceased for probate purposes. Please complete this questionnaire to the best of your ability.

PART I: PERSONAL AND FAMILY

PERSONAL

Name in full:

Other names in use:

Name at birth
(if different from above):

Date of death:

Place of death:

Date of birth:

Place of birth:

Occupation:

Citizenship:

Residence
(including postal code):

Social Insurance
Number:

DECEASED'S PRESENT SPOUSE

Name of spouse:

Married

Date of marriage:

Common-law

Date of **commencement** of
relationship:

Address (including postal code):

Home phone:

Cell phone:

Date of birth:

Citizenship:

Email:

If separated, date of separation:

Marriage agreement Yes

No

If yes, date of agreement:

Separation agreement Yes

No

If yes, date of agreement:

SWAINSON MIKI PESKETT_{LLP}**PREVIOUS MARRIAGES / COMMON-LAW RELATIONSHIPS**

Name of former spouse:

 Married

Date of marriage:

 Common-law

Date of Commencement of relationship:

Address (including postal code):

Home phone:

Cell Phone:

Date of birth:

Citizenship:

Cause of relationship termination:

Death: Yes No

If yes, date of death:

Divorce: Yes No

If yes, date of divorce:

PROVISIONS FOR FAMILY LAW AGREEMENTS OR ORDER*Please state the nature of the provision, whether it is under an agreement or an order, and the date of the agreement or order. If available, please provide a copy of the agreement or order.*

Maintenance:

Support:

Custody / Access:

OTHER MATTERS1. Was the deceased the personal representative of any unadministered estates? Yes No

If yes, provide details:

2. Did the deceased grant the power of attorney to anyone? Yes No

If yes, provide details:

Name(s) of attorney:

Address(es):

3. Did the deceased have a trustee?

If yes, provide details:

Name(s) of trustee:

Address(es):

4. Deceased's cause of death:

DECEASED'S CHILDREN

Please fill out the following information for all children, adopted children, and children born outside of marriage. Any special circumstances relating to disability, adoption, custody, and whether they predeceased the deceased should be noted.

1. Name in full:

Address (including postal code):

Date of birth:

Citizenship:

Occupation:

Predeceased: Yes No

If yes, date of death:

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details:

Does this child have a disability? Yes No

If yes, provide details:

Does this child have guardian or trustee? Yes No

If yes, provide details:

2. Name in full:

Address (including postal code):

Date of birth:

Citizenship:

Occupation:

Predeceased: Yes No

If yes, date of death:

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details:

Does this child have a disability? Yes No

If yes, provide details:

Does this child have a guardian or trustee? Yes No

If yes, provide details:

3. Name in full:

Address (including postal code):

Date of birth:

Citizenship:

Predeceased: Yes No

If yes, date of death:

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details:

Does this child have a disability? Yes No

If yes, provide details:

Does this child have a guardian or trustee? Yes No

If yes, provide details:

4. Name in full:

Address (including postal code):

Date of birth:

Citizenship:

Predeceased: Yes No

If yes, date of death:

If predeceased, did he or she die leaving any children of their own? Yes No

If yes, provide details:

Does this child have a disability? Yes No

If yes, provide details:

Does this child have a guardian or trustee? Yes No

If yes, provide details:

PART II: INTESTATE SUCCESSORS

NEXT OF KIN

If the names and information pertaining to the successor was already provided in a previous section, this section does not need to be completed.

If the deceased did not have any children, please provide information pertaining to the parents and siblings of the deceased. For any deceased siblings, please provide information pertaining to the deceased's sibling's children (being nieces and nephews of the deceased).

Information required per person listed: full name, address, date of birth, relationship to the deceased, email address, whether such person has a disability and if so, provide details.

PART IV : ASSETS OF THE DECEASED

REAL ESTATE

1. Principal Residence Recreational

Civic address:

Legal description (if known):

Market value (approx.): \$

Current assessed value: \$

Name(s) on title:

Owned as: Joint Tenants Tenants in Common

Mortgage on property? Yes No Amount of mortgage: \$

Mortgage life insured? Yes No Holder of mortgage:

Insurance company:

Insurance policy number:

Expiry date:

Is property vacant? Yes No Is insurer aware of vacancy? Yes No

Rental Status of lease:
Who collects rent?

If there are additional properties, please provide the additional information on a separate sheet of paper and attached to questionnaire.

ASSETS

Important: Please note that all values and market values must be provided as of the deceased's date of death

Bank Accounts, Investment Accounts, Registered Retirement Savings Plans (RRSP), Registered Retirement Income Funds (RRIF) & Tax Free Savings Account (TFSA)

1. Bank:

Address:

Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

2. Bank:

Address:

Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

3. Bank:
 Address:
 Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

4. Bank:
 Address:
 Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

5. Bank:
 Address:
 Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

6. Bank:
 Address:
 Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

7. Bank:
 Address:
 Type of Account: Value: \$

Joint Account: Yes No Registered owner(s):

Life Insurance Policies

List Policies held by the deceased on own life or others

1. Insurer:
 Address:
 Type of policy: Value: \$

Policy number: Death benefit? Yes No

Registered owner(s):

Beneficiary(ies):

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2. Insurer:
- Address:
- Type of policy: Value: \$
- Policy number: Death benefit? Yes No
- Registered owner(s):
- Beneficiary(ies):

Stocks, Bonds & Shares in Private Companies

1. Insurer:
- Address:
- Number of shares: Type of share:
- Cost base per share: Current value per share:
2. Insurer:
- Address:
- Number of shares: Type of share:
- Cost base per share: Current value per share:

Motor Vehicles, Boats, RVs, Farm Equipment, Etc.

1. Year, make & model:
- Registered owner(s):
- Registration number: VIN:
- Market Value:
2. Year, make & model:
- Registered owner(s):
- Registration number: VIN:
- Market Value:
3. Year, make & model:
- Registered owner(s):
- Registration number: VIN:
- Market Value:

Personal Effects of Significant Value*(Household furnishings, clothing, jewelry, etc.)*

- | | | |
|----|-------|-----------|
| 1. | Item: | Value: \$ |
| 2. | Item: | Value: \$ |
| 3. | Item: | Value: \$ |
| 4. | Item: | Value: \$ |

Other Substantial Assets

- | | | |
|----|-------|-----------|
| 1. | Item: | Value: \$ |
| 2. | Item: | Value: \$ |
| 3. | Item: | Value: \$ |
| 4. | Item: | Value: \$ |

Pension / Annuity Income*(Canada Pension Plan, Old Age Security, Etc.)*

- | | | |
|----|--|-----------|
| 1. | Pension provider: | Value: \$ |
| | Survivor benefits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Value: \$ |
| 2. | Pension provider: | Value: \$ |
| | Survivor benefits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Value: \$ |
| 3. | Pension provider: | Value: \$ |
| | Survivor benefits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Value: \$ |

Safety Deposit Box

Location:

Registered owner(s):

Joint? Yes No

Box number:

Date contents listed:

Provide details of contents:

Property Outside of AlbertaDid the deceased own property outside of Alberta? Yes No

If yes, provide details:

PART V: LIABILITIES OF THE DECEASED

LIABILITIES AS OF DATE OF DEATH

Major Liabilities

List liabilities as of the date of death, other than any mortgages listed above

- | | | |
|----|-------|-----------|
| 1. | Item: | Value: \$ |
| 2. | Item: | Value: \$ |
| 3. | Item: | Value: \$ |
| 4. | Item: | Value: \$ |

Guarantees / Indemnities

- | | | |
|----|-------|-----------|
| 1. | Item: | Value: \$ |
| 2. | Item: | Value: \$ |
| 3. | Item: | Value: \$ |

LIABILITIES INCURRED SINCE DEATH

Liabilities

Include the funeral expenses and provide a copy of the invoice, if available.

- | | | |
|----|-------|-----------|
| 1. | Item: | Value: \$ |
| 2. | Item: | Value: \$ |
| 3. | Item: | Value: \$ |
| 4. | Item: | Value: \$ |

LITIGATION

List any litigation that the deceased was involved in at death or which has arisen or may arise as a consequence of death. Please provide copies of any documents you may have.

Provide details:

PART VI: INCOME TAX

Last tax return filed:

Who filed last return?

Who will file terminal return?

Who will file estate return?

PART VII: PROFESSIONAL ADVISORS

- | | | |
|----|-----------------------|---------------|
| 1. | Financial advisor: | Telephone No. |
| | Address: | |
| 2. | Life insurance agent: | Telephone No. |
| | Address: | |
| 3. | Accountant: | Telephone No. |
| | Address: | |
| 4. | Other lawyer: | Telephone No. |
| | Address: | |
| 5. | Other: | Telephone No. |
| | Address: | |

Thank you for taking the time to complete this questionnaire.

Please mail, fax, or email (using button below) your completed questionnaire to our office.

Email this Form