

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 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:

Date of marriage:

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 MATTERS**

1. 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?  Yes  No

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 they 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:

2. Name in full:

Address (including postal code):

Date of birth:

Citizenship:

Occupation:

Predeceased:  Yes  No

If yes, date of death:

If predeceased, did they 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:

Occupation:

Predeceased:  Yes  No

If yes, date of death:

If predeceased, did they 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:

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4. Name in full:

Address (including postal code):

Date of birth:

Citizenship:

Occupation:

Predeceased:  Yes  No If yes, date of death:If predeceased, did they 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:

*If there are additional children, please provide the additional information on a separate sheet of paper and attach to the questionnaire.***PART II: DETAILS OF THE WILL AND CODICILS****WILLS, CODICILS AND MEMORANDUM OF WISHES***Please complete for each document. We require the original of each document. If Swainson Miki Peskett LLP has the original documents, this section does not need to be completed.*

<input type="checkbox"/>	Will	<input type="checkbox"/>	Codicil	<input type="checkbox"/>	Memorandum	Date of document:
						Location of original:
<input type="checkbox"/>	Will	<input type="checkbox"/>	Codicil	<input type="checkbox"/>	Memorandum	Date of document:
						Location of original:
<input type="checkbox"/>	Will	<input type="checkbox"/>	Codicil	<input type="checkbox"/>	Memorandum	Date of document:
						Location of original:

**PERSONAL REPRESENTATIVE(S) NAMED IN THE WILL**

1. Name:

Address (including postal code):

Date of birth:

Relationship to the deceased:

Occupation:

Citizenship:

Home phone:

Cell phone:

Work phone:

Email:

2. Name:

Address (including postal code):

Date of birth:

Relationship to the deceased:

Occupation:

Citizenship:

Home phone:

Cell phone:

Work phone:

Email:

**TRUSTEE(S) OR GUARDIAN(S) NAMED IN THE WILL**1. Role:  Trustee  Guardian Name:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Cell phone:

Work phone:

Email:

2. Role:  Trustee  Guardian

Name:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Cell phone:

Work phone:

Email:

3. Role:  Trustee  Guardian

Name:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Cell phone:

Work phone:

Email:

*If there are additional personal representatives, trustees and / or guardians, please provide the additional information on a separate sheet of paper and attach to the questionnaire.*

**PART III: BENEFICIARIES****BENEFICIARIES OF THE WILL**

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

1. Name in full:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Email:

Predeceased:  Yes  No If yes, date of death:Does this person have a disability?  Yes  No

If yes, provide details:

Does this person have a guardian or trustee?  Yes  No

If yes, provide details:

2. Name in full:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Email:

Predeceased:  Yes  No If yes, date of death:Does this person have a disability?  Yes  No

If yes, provide details:

Does this person have a guardian or trustee?  Yes  No

If yes, provide details:

3. Name in full:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Email:

Predeceased:  Yes  No If yes, date of death:Does this person have a disability?  Yes  No

If yes, provide details:

Does this person have a guardian or trustee?  Yes  No

If yes, provide details:

4. Name in full:

Address (including postal code):

Date of birth:

Relationship to deceased:

Occupation:

Citizenship:

Home phone:

Email:

Predeceased:  Yes  No If yes, date of death:Does this person have a disability?  Yes  No

If yes, provide details:

Does this person have a guardian or trustee?  Yes  No

If yes, provide details:

*If there are additional beneficiaries, please provide the additional information on a separate sheet of paper and attach to the questionnaire.***PART IV: ASSETS OF THE DECEASED****REAL ESTATE**1.  Principal address  Recreational

Civic address:

Legal description (if known):

Market value (approx.) \$

Current assessed value: \$

Name(s) on title:

Owned as:  Joint tenants  Tenants in commonMortgage 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  NoIs 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 attach to the questionnaire.*

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## 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 Accounts (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:

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Type of policy:

Policy number:

Registered owner(s):

Beneficiary(ies):

Value: \$

Death benefit:  Yes  No

2. Insurer:

Address:

Type of policy:

Policy number:

Registered owner(s):

Beneficiary(ies):

Value: \$

Death benefit:  Yes  NoStocks, Bonds & Shares in Private Companies

1. Insurer:

Address:

Number of shares:

Cost base per share:

Type of shares:

Current value per share:

2. Insurer:

Address:

Number of shares:

Cost base per share:

Type of shares:

Current value per share:

Motor Vehicles, Boats, RVs, Farm Equipment Etc.

1. Year, make &amp; model:

Registered owner(s):

Registration number:

Market value:

VIN:

2. Year, make &amp; model:

Registered owner(s):

Registration number:

Market value:

VIN:

3. Year, make &amp; model:

Registered owner(s):

Registration number:

Market value:

VIN:

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

1. Item:

Value: \$



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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:  Yes  No Value: \$

2. Pension provider: Value: \$

Survivor benefits:  Yes  No Value: \$

3. Pension provider: Value: \$

Survivor benefits:  Yes  No Value: \$

Safety Deposit Box

Location:

Registered owner(s):

Joint?  Yes  No

Box number:

Date contents listed:

Provide details of contents:

Property Outside of Alberta

Did 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 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.

**PART VI: INCOME TAX**

Last tax return filed:

Who filed last return?

Who will file terminal return?

Who will file estate returns?

**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