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Name of Liquidator(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Deceased Person Information |
| Name of Deceased Person: |
| Date of Death: | Date of Birth: |
| Address: |
| SIN: | Citizenship: |
| Marital Status: |
| Occupation: | Employer: |
| Net Annual Salary $: | Annual Business Incomes $: |
| Annual Incomes from rents $: | Other incomes $:  |
| Spouse, Children & Other Dependants |
| 1. Name: | Relationship: | Dependant: Yes No | Age: |
| Address: |
| Phone No: | Email: |
| 2. Name: | Relationship: | Dependant: Yes No | Age: |
| Address: |
| Phone No: | Email: |
| 3. Name: | Relationship: | Dependant: Yes No | Age: |
| Address: |
| Phone No: | Email: |
| 4. Name: | Relationship: | Dependant: Yes No | Age: |
| Address: |
| Phone No: | Email: |

# **Professional Advisors**

|  |
| --- |
| **Accountant** |
| **Contact:** | **Company:** |
| **Address:** |
| **Phone No:** | **Email:** |
| **Notes:** |
|  |
|  |
| **Lawyer/Notary** |  |
| **Contact:** | **Company:** |
| **Address:** |
| **Phone No:** | **Email:** |
| **Notes:** |
|  |
|  |
| **Other (Health Specialists, Financial Advisors, etc.)** |
| **Contact:** | **Company:** |
| **Address:** |
| **Phone No:** | **Email:** |
| **Notes:** |
|  |
|  |
| **Contact:** | **Company:** |
| **Address:** |
| **Phone No:** | **Email:** |
| **Notes:** |
|  |

# **Asset Inventory**

This section of the form is here to help you create an inventory of the estate’s domestic and foreign assets. It is important to determine the market value of each estate asset at the date of death. To do so, you will have to review all records, including financial statements, insurance policies and tax returns to obtain market values. Certain items such as art works, antiques and other valuables may need to get an appraisal. You may want to retain the service of a professional to obtain an accurate market value for foreign assets.

# **Bank Account**

|  |  |
| --- | --- |
| Bank Accounts |  |
| 1. Financial Institution: | Contact: |
| Address: |
| Phone number: | Email: |
| Account No: | Sole\_\_\_\_ Joint\_\_\_\_ | Balance $: |
| Notes: |
|  |
| 2. Financial Institution: | Contact: |
| Address: |
| Phone number: | Email: |
| Account No: | Sole\_\_\_\_ Joint\_\_\_\_ | Balance $: |
| Notes: |
|  |
| 3. Financial Institution: | Contact: |
| Address: |
| Phone number: | Email: |
| Account No: | Sole\_\_\_\_ Joint\_\_\_\_ | Balance $: |
| Notes: |
|  |

**Bank Accounts Continued**

|  |  |
| --- | --- |
| 4. Financial Institution: | Contact: |
| Address: |
| Phone number: | Email: |
| Account No: | Sole\_\_\_\_ Joint\_\_\_\_ | Balance $: |
| Notes: |
|  |
| 5. Financial Institution: | Contact: |
| Address: |
| Phone number: | Email: |
| Account No: | Sole\_\_\_\_ Joint\_\_\_\_ | Balance $: |
| Notes: |
|  |

# **Safety Deposit Box**

|  |
| --- |
| Safety Deposit Box/Safekeeping |
| 1. Financial Institution: | Account No: |
| Address: |
| Note: |
| 2. Financial Institution: | Account No: |
| Address: |
| Note: |
| 3. Financial Institution: | Account No: |
| Address: |
| Note: |
| 4. Financial Institution: | Account No: |
| Address: |

# **Personal Investments**

Please include all pensions and annuities (Québec Pension Plan, Canada Pension Plan), group retirement plans, individual pension plans and other retirement investment plans (RRSP, RRIF, Locked-in RRSP, LRIF, SPP, etc.) in addition to all cash accounts, margin accounts, Tax Free Savings Accounts, Life Income Funds, and Registered Education Saving Plans.

For registered Accounts, indicate the beneficiary when necessary. If cash or margin account, indicate whether it is held in single name, joint tenancy with right of survivorship or tenancy in common. Please note that in Québec, there is no right of survivorship or tenancy in common.

|  |
| --- |
| Personal Investments |
| 1. Company: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |
| 2. Company: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |
| 3. Company: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |

**Personal Investments Continued**

|  |  |
| --- | --- |
| 4.Company: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |
| 5.Company: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |
| 6.Company: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |
| 7.Company | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Account Type: |
| Sole\_\_\_\_ Joint\_\_\_\_ | Beneficiary: | Market Value $: |
| Notes: |

# **Pension Plans**

|  |
| --- |
| Pension Plans (Includes, defined benefit, money purchase or defined contribution, DPSP or group RRSP, Canada Pension Plan, etc.) |
| 1. Company: | Phone No: |
| Plan Type: | Individual\_\_\_ Employer\_\_\_ Government\_\_\_\_ |
| Beneficiary: | Value $: |
| Notes: |
|  |
|  |
| 2. Company: | Phone No: |
| Plan Type: | Individual\_\_\_ Employer\_\_\_ Government\_\_\_\_ |
| Beneficiary: | Value $: |
| Notes: |
|  |
|  |
| 3. Company: | Phone No: |
| Plan Type: | Individual\_\_\_ Employer\_\_\_ Government\_\_\_\_ |
| Beneficiary: | Value $: |
| Notes: |
|  |
|  |
| 4. Company: | Phone No: |
| Plan Type: | Individual\_\_\_ Employer\_\_\_ Government\_\_\_\_ |
| Beneficiary: | Value $: |
| Notes: |
|  |
|  |

# **Insurance**

|  |
| --- |
| Life Insurance |
| 1. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Beneficiary: | Individual\_\_\_\_\_\_ Group\_\_\_\_\_\_ |
| Type: Term\_\_\_\_\_ Permanent\_\_\_\_ | Policy Number: |
| Death Benefit: | Face Value $: | Cash Surrender Value $: |
| Notes: |
|  |
| 2. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Beneficiary: | Individual\_\_\_\_\_ Group\_\_\_\_\_ |
| Type: Term\_\_\_\_ Permanent\_\_\_\_ | Policy Number: |
| Death Benefit: | Face Value $: | Cash Surrender Value $: |
| Notes: |
|  |
| 3. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Beneficiary: | Individual\_\_\_\_\_ Group\_\_\_\_\_ |
| Type: Term\_\_\_\_ Permanent\_\_\_\_ | Policy Number: |
| Death Benefit: | Face Value $: | Cash Surrender Value $: |
| Notes: |
|  |

**Insurance Continued**

|  |
| --- |
| Health Insurance |
| 1. Issuer: |
| Address: |
| Phone No: | Email: |
| Policy No: | Individual\_\_\_\_\_ Group\_\_\_\_\_  |
| Refund of Premiums: | Amount Owing to the Estate $: |
| Coverage Details: |
| Notes: |
|  |
|  |
| 2. Issuer: |
| Address: |
| Phone No: | Email: |
| Policy No: | Individual\_\_\_\_\_ Group\_\_\_\_\_  |
| Refund of Premiums: | Amount Owing to the Estate $: |
| Coverage Details: |
| Notes: |
|  |
|  |

**Insurance Continued**

|  |
| --- |
| Critical Illness/Disability Insurance |
| 1. Issuer: |
| Address: |
| Phone No: | Email: |
| Critical Illness\_\_\_\_\_\_ Disability\_\_\_\_\_\_ Private Disability\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_ |
| Person Insured: | Policy No: |
| Refund of Premiums: | Amount Owing to the Estate $: |
| Notes: |
|  |
| 2. Issuer: |
| Address: |
| Phone No: | Email: |
| Critical Illness\_\_\_\_\_\_ Disability\_\_\_\_\_\_ Private Disability\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_ |
| Person Insured: | Policy No: |
| Refund of Premiums: | Amount Owing to the Estate $: |
| Notes: |
|  |
| 3. Issuer: |
| Address: |
| Phone No: | Email: |
| Critical Illness\_\_\_\_\_\_ Disability\_\_\_\_\_\_ Private Disability\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_ |
| Person Insured: | Policy No: |
| Refund of Premiums: | Amount Owing to the Estate $: |
| Notes: |
|  |

**Insurance Continued**

|  |
| --- |
| Other Insurance Coverage (Life, Mortgage, etc.)  |
| 1. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Type: Credit Card\_\_\_\_ Travel**\_\_\_\_**\_ Other\_\_\_\_\_ | Policy No: | Death Benefit $: |
| Notes: |
| 2. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Type: Credit Card\_\_\_\_ Travel**\_\_\_\_\_** Other**\_\_\_\_\_** | Policy No: | Death Benefit $: |
| Notes: |
| 3. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Type: Credit Card\_\_\_\_ Travel\_\_\_\_ Other\_\_\_\_\_ | Policy No: | Death Benefit $: |
| Notes: |
| 4. Issuer: | Insured: |
| Address: |
| Phone No: | Email: |
| Type: Credit Card\_\_\_\_ Travel\_\_\_\_ Other\_\_\_\_\_ | Policy No: | Death Benefit $: |
| Notes: |

# **Business Interests**

|  |
| --- |
| Business Interests (Private Corporations, Partnerships, Sole Proprietorships) |
| 1. Business Name: | Contact: |
| Address: |
| Phone No: | Email: |
| Partnership\_\_\_\_ Shareholder\_\_\_\_ Other\_\_\_  | Percentage of Interest Held: |
| Type: |
| Notes: |
|  |
|  |
| 2. Business Name: | Contact: |
| Address: |
| Phone No: | Email: |
| Partnership\_\_\_\_ Shareholder\_\_\_\_ Other\_\_\_\_  | Percentage of Interest Held: |
| Type: |
| Notes: |
|  |
|  |
| 3. Business Name: | Contact: |
| Address: |
| Phone No: | Email: |
| Partnership\_\_\_\_\_ Shareholder\_\_\_\_ Other\_\_\_  | Percentage of Interest Held: |
| Type: |
| Notes: |
|  |
|  |

# **Private Loans & Mortgages**

This section is for private loans and mortgages where the deceased person was the lender. If necessary, list the place where the loan agreement is kept.

|  |
| --- |
| Private Loans & Mortgages |
| 1. Name of Borrower: |
| Address: |
| Phone No: | Email: |
| Private Loan\_\_\_\_\_ Mortgage\_\_\_\_\_  | Sole\_\_\_\_\_ Joint\_\_\_\_\_ |
| Original Amount $: | Balance Owing to the Estate $: |
| Notes: |
|  |
| 2. Name of Borrower: |
| Address: |
| Phone No: | Email: |
| Private Loan\_\_\_\_\_ Mortgage\_\_\_\_\_  | Sole\_\_\_\_\_ Joint\_\_\_\_\_ |
| Original Amount $: | Balance Owing to the Estate $: |
| Notes: |
|  |
| 3. Name of Borrower: |
| Address: |
| Phone No: | Email: |
| Private Loan\_\_\_\_\_ Mortgage\_\_\_\_  | Sole\_\_\_\_ Joint\_\_\_\_\_\_ |
| Original Amount $: | Balance Owing to the Estate $: |
| Notes: |
|  |

# **Interest in other Estates & Trusts**

This section covers assets registered in the deceased person’s name held on behalf of others (i.e. assets held by the deceased person as a trustee or assets held under a Power of Attorney).

|  |
| --- |
| Interest in other Estates & Trusts |
| 1. Name of Estate/Trust: | Name of LiquidatorTrustee: |
| Phone No: | Email: | Value of Distribution $: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Notes: |
|  |
|  |
| 2. Name of Estate/Trust | Name of Liquidator/Trustee: |
| Phone No: | Email: | Value of Distribution $: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Notes: |
|  |
|  |

# **Real Estate**

|  |
| --- |
| Real Estate |
| 1. Principal Residence Address: |
| Title Held By: |
| Purchase Price $: | Market Value $: |
| Origin of the Money for the Purchase: |
| Notes: |
|  |
| 2. Other Property Address: |
| Title Held By: |
| Purchase Price $: | Market Value $: |
| Origin of the Money for the Purchase: |
| Notes: |
|  |
| 3. Other Property Address: |
| Title Held By: |
| Purchase Price $: | Market Value $: |
| Origin of the Money for the Purchase: |
| Notes: |
|  |
| 4. Other Property Address: |
| Title Held By: |
| Purchase Price $: | Market Value $: |
| Origin of the Money for the Purchase: |
| Notes: |
|  |

# **Motor Vehicles**

List all automobiles, vans, trucks, motorcycles, ATVs, RVs and other motorized vehicle here

|  |
| --- |
| Motor Vehicles |
| 1. Make: | Model: | Year: |
| Vin # | Owner\_\_\_ Leased\_\_\_ Date: |
| Origin of the Money for the Purchase: |
| Intended Purpose of the Vehicle: |
| 2. Make: | Model: | Year: |
| Vin # | Owner\_\_\_ Leased\_\_\_ Date: |
| Origin of the Money for the Purchase: |
| Intended Purpose of the Vehicle: |
| 3. Make: | Model: | Year: |
| Vin # | Owner\_\_\_ Leased\_\_\_ Date: |
| Origin of the Money for the Purchase: |
| Intended Purpose of the Vehicle: |
| 4. Make: | Model: | Year: |
| Vin # | Owner\_\_\_ Leased\_\_\_ Date: |
| Origin of the Money for the Purchase: |
| Intended Purpose of the Vehicle: |
| 5. Make: | Model: | Year: |
| Vin # | Owner\_\_\_ Leased\_\_\_ Date: |
| Origin of the Money for the Purchase: |
| Intended Purpose of the Vehicle: |

# **Personal Effects & Other Assets**

List all personal items such as; art, jewelry, antiques, furniture, electronics, etc. Include items that may have been held in a safety deposit box or safekeeping.

Please list the address of their location, names and coordinates of the person who has the possession or who is the guardian of these properties (Telephone and email).

All invoices, receipts, checques must be annexed.

|  |
| --- |
| Personal Effects & Other Assets |
| Item Description: | Location: | Beneficiary: | Value $: |
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# **Liability Inventory**

Include the details of the estate’s domestic and foreign liabilities. You will require a valuation of each liability as of the date of death.

# **Mortgages**

|  |
| --- |
| Mortgages |
| 1. Financial Institution: | Contact: |
| Phone No: | Email: |
| Title Held By: |
| Account No: | Balance $: |
| Notes: |
|  |
|  |
| 2. Financial Institution: | Contact: |
| Phone No: | Email: |
| Title Held By: |
| Account No: | Balance $: |
| Notes: |
|  |
|  |
| 3. Financial Institution: | Contact: |
| Phone No: | Email: |
| Title Held By: |
| Account No: | Balance $: |
| Notes: |
|  |
|  |

# **Personal Loans & Lines of Credit**

|  |
| --- |
| Personal Loans & Lines of Credit |
| 1. Financial Institution: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Sole\_\_\_\_\_ Joint\_\_\_\_\_  | Balance $: |
| Notes: |
| 2. Financial Institution: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Sole\_\_\_\_\_ Joint\_\_\_\_\_  | Balance $: |
| Notes: |
| 3. Financial Institution: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Sole\_\_\_\_\_ Joint\_\_\_\_\_  | Balance $: |
| Notes: |
| 4. Financial Institution: | Contact: |
| Address: |
| Phone No: | Email: |
| Account No: | Sole\_\_\_\_\_ Joint\_\_\_\_\_  | Balance $: |
| Notes: |
| 5. Financial Institution | Contact |
| Address: |
| Phone No: | Email: |
| Account No: | Sole\_\_\_\_\_ Joint\_\_\_\_\_\_  | Balance $: |
| Notes: |

# **Credit Card**

|  |
| --- |
| Credit Cards |
| 1. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 2. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 3. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 4. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 5. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 6. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 7. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |
| 8. Credit Card Company: | Phone No: |
| Card No: | Balance $: |
| Notes: |

# **Other Liabilities**

|  |  |  |
| --- | --- | --- |
| Other Liabilities |  |  |
| Item Description: | Location: | Balance $: |
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List of all other debts (Hydro, cellphone, Internet, Rent, Insurance, suretyship)

**Notes**

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