

APPENDIX "B"

LIST OF INFORMATION TO COLLECT

This list should be used to record information about the deceased, the will, people who may be entitled under a will or on an intestacy, and the deceased's assets and liabilities. It may be used as the basis for designing a form to give to the personal representative to complete.

INFORMATION FORM

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I. THE DECEASED, THE FAMILY, AND ASSOCIATES

A. DECEASED

Full legal name:

Other names used:

Date of birth:

Place of birth:

Social insurance number:

Citizenship:

Occupation:

Marital status:

Address at death:

Residence:

Domicile:

Date of death:

Place of death:

Cause of death:

Doctor's name:

Doctor's address:

Doctor's telephone:

B. DECEASED'S PRESENT SPOUSE

Name:

Date of birth:

Place of birth:

Date of marriage:

Place of marriage:

Social insurance number:

Citizenship:

Occupation:

Address:

Telephone:

Domicile:

If separated, date of separation:

Marriage agreements: (yes/no)

Separation agreements: (yes/no)

Application of *Family Relations Act*:

Community of property jurisdiction:

Date:

Date:

(yes/no)

(yes/no)

Specify:

Specify:

C. DECEASED'S PREVIOUS MARRIAGES

[Complete for each former spouse.]

Name of former spouse:

Date of marriage:

Place of marriage:

Cause of termination:

Death: (yes/no)

Date of death:

Place of death:

Divorce: (yes/no)

Date of divorce:

D. DECEASED'S COMMON-LAW PARTNER

Name:

Date of birth:

Place of birth:

Duration of relationship:

From:

To:

Social insurance number:

Citizenship:

Marital status:

Address:

Telephone:

Domicile:

E. CHILDREN

[Complete for each child, including adopted children and children born outside marriage.]

Name:

Date of birth:

Citizenship:

Residence:

Occupation:

Address:

Telephone:

Date of death of any child who is dead:

Guardianship or committee: (yes/no)

Provide details:

F. PROVISIONS OF FAMILY LAW AGREEMENTS OR ORDERS

[Specify nature of provision, whether it is under an agreement or order, and the date of the agreement or order.]

Maintenance:

Support:

Custody/Access:

Other:

G. OTHER

Was the deceased the sole executor of any unadministered estates? (yes/no)

Specify:

Had the deceased granted a power of attorney to anyone? (yes/no)

Name:

Address:

Details:

Had the deceased appointed a representative pursuant to a representation agreement? (yes/no)

Name:

Address:

Details:

Did the deceased have a committee? (yes/no)

Name:

Address:

Details:

II. THE WILL

A. WILL SEARCH

Has application been made to the Vital Statistics Agency for each version of the name on the will, the death certificate, and on any land title documents?

(yes/no)

Result:

B. WILL(S) AND CODICIL(S)

[Complete for each document.]

Date of document:

Location:

C. EXECUTOR(S) NAMED IN WILL

[Complete for each executor.]

Name:

Citizenship:

Residence:

Occupation:

Address:

Telephone:

If deceased, date and place of death:

D. OTHER TRUSTEE(S) OR GUARDIAN(S) NAMED IN WILL

[Complete for each.]

Name:

Citizenship:

Residence:

Occupation:

Address:Telephone:

Fax:

E. FIRST WITNESS TO WILL

Name:

Relationship to deceased:

Relationship to named beneficiary:

Occupation:

Address:

Telephone:

F. SECOND WITNESS TO WILL

Name:
Relationship to deceased:
Relationship to named beneficiary:
Occupation:
Address:
Telephone:

G. ADDITIONAL WITNESSES TO WILL(S) OR CODICIL(S)

[Complete same information as in E and F above.]

III. BENEFICIARIES AND INTESTATE SUCCESSORS

A. BENEFICIARIES UNDER WILL

[Complete information for each beneficiary.]

Name:
Relationship to deceased:
Citizenship:
Residence:
Occupation:
Address:
Telephone:

Date of birth:
Date of death if not living:

For minors:
Name of parent/guardian:
Address:

If person has a representative or committee:
Name:
Address:
Details:

Property passing under will:
Item(s):
Value(s):

B. INTESTATE SUCCESSORS

[Complete information for each intestate successor, even if there is a will.]

Name:
Date of birth:
Relationship to deceased:
Degree of kinship *[see table of consanguinity at §1.105]:*
Citizenship:
Residence:
Occupation:
Address:
Telephone:

Date of birth:
Date of death if not living:

For minors:
Name of parent/guardian:
Address:

If person has a committee:
Name:
Address:
Details:

Property passing under will:
Item(s):
Value(s):

Consent and/or renunciation regarding letters of administration:
(yes/no) Date:

IV. ASSETS

A. BANK ACCOUNTS, TERM DEPOSITS, ETC.

[Complete for each account, deposit, etc.]

Name of financial institution:
Branch:
Address:
Telephone:
Fax:

Account or certificate number:
Type of account (savings, chequing, term deposit, etc.):
Name(s) in which account is held:
Is it held jointly? (yes/no) Balance at death:
Accrued interest at death:

B. UNCASHED CHEQUES

Old	Age	Pension:	(yes/no)	Amount:	Month:
Canada	Pension	Plan:	(yes/no)	Amount:	Month:
Other	pensions:	(yes/no)	Amount:	Amount:	Month:
Other cheques:	(yes/no)	Amount:	Amount:	Month:	Month:

C. INSURANCE ON DECEASED (LIFE OR ACCIDENT)

[Complete for each policy.]

Company name:
Address:
Telephone:
Fax:

Type of insurance: Policy number:
Policy owner: Date of policy:
Designated beneficiary (if none, put "payable to estate"):

Designated in: (policy/will)

Loans:

Dividends:

Written confirmation of dividends and loans:

D. INSURANCE OWNED BY DECEASED ON LIVES OF OTHERS

[Complete for each policy.]

Company name:

Address:

Telephone:

Fax:

Type of insurance:

Policy number:

Policy owner:

Date of policy:

Designated beneficiary (if none, put "payable to estate"):

Designated in: (policy/will)

Loans:

Dividends:

Written confirmation of dividends and loans:

E. SHARES

[Complete for all shares.]

Company name:

Number and type of shares:

Certificate number:

Registered owner:

Transfer agent:

Address:

Telephone:

Fax:

Market value at date of death:

Adjusted cost base:

F. BONDS

[Complete for all bonds.]

Name of issuer:

Issue or series:

Certificate number:

Registered number:

Owner:

Due date:

Face value:

Adjusted cost base:

Market value per \$100:

Interest rate:

Interest accrued at death:

Coupons attached: (yes/no)

Specify:

Matured coupons: (yes/no)

Specify:

Value at death (market value + accrued interest + matured coupons):

G. RRSPS, RRIFs, ANNUITIES, PENSIONS, DEATH BENEFITS, ETC.

[Complete for any pension (other than Canada Pension Plan), annuity, RRSP, RRIF, other retirement savings plan, income fund, or death benefit.]

Name of company or institution:

Address:

Type of benefit:

Plan, certificate, annuity, or benefit number:

Owner:

Designated beneficiary (if none, put "payable to estate"):

Designated in: (plan/will)

Present value:

Terms of payment:

H. CANADA PENSION PLAN

Death benefits:

Spouse survivor pension:

Spouse's name:

Orphans' benefits:

Names and ages of orphans:

I. DEBTS DUE TO THE DECEASED

[Complete information for each debt.]

Borrower:

Lender (payee):

Type of debt:

Original amount:

Date:

Interest rate:

Balance due at death:

J. BUSINESS OWNERSHIP OR PARTNERSHIP

[Complete for each interest. Attach financial for each company.]

Name of business:

Type of business:

Nature of interest in business:

Address:

Telephone:

Fax:

Value of business:

Value of assets of business:

K. REAL PROPERTY

[Complete information for each property.]

Fee Simple

Civic address:

Legal description:

Registered owner(s):

Joint tenancy or tenancy in common:

Assessed value

Land:

Improvements:

Total value:

Market value:

Mortgage:

Principal due:

Interest rate:

Interest owing and unpaid:

Balance due on mortgage at death:

Value at death (market value – mortgage due):

Other registered charges:

Insurance:

Property insurance company:

Policy number:

Expiry date:

Notification to insurance company:

Remarks:

(For example: If residence is vacant and unsupervised, have police been notified? If property is leased, are rents being collected?)

Mortgages (as Assets)

[Complete for each.]

Civic address:

Legal description:

Registered owner/mortgagor:

Mortgagee(s):

Name(s):

Are mortgagees joint tenants?

Registration number:

Date of registration:

Principal amount:

Interest rate:

Interest owing and unpaid:

Balance due at death (principal + interest due):

Terms of repayment:

Remarks:

Agreements for Sale (Deceased Buying)

[Complete for each.]

Civic address:

Legal description:

Vendor(s):

Purchaser(s):

Are purchasers joint tenants?

Date of agreement:

Registration number:

Date of registration:

Total actual value (B.C. Assessment Authority):

Market value:

Principal amount:

Interest rate:

Interest due and unpaid:

Balance due at death (principal + interest due):

Terms of repayment:

Value at death (market value – balance due at death):

Remarks:

Agreements for Sale (Deceased Selling)

[Complete for each.]

Civic address:

Legal description:

Vendor(s):

Are vendors joint tenants?

Purchaser(s):

Date of agreement:

Registration number:

Date of registration:

Principal amount:

Interest rate:

Interest due and unpaid:

Balance due at death (principal + interest due):

Terms of repayment:

Remarks:

L. MOTOR VEHICLES

[Complete for each.]

Type and model:

Make and year:

Licence number:

Registration number:

Identification (serial) number:

Registered owner(s):

Is ownership joint?

Market value:

Loan:

Name of lender:

Address of lender:

Principal amount of loan:

Interest rate:

Interest due and unpaid:

Balance due on loan at death (principal + interest due):

Value at death (market value – balance due on loan):

Insurance:

Name of insurer:
Address of insurer:
Policy number:
Expiry date:
Notification to insurance company:

M. BOATS

[Complete for each.]

Type of boat:
Size in feet:Fuel type:
Berthing location:
Registered owner(s):
Is ownership joint?

Licence number:
Registration number:
Market value of boat (and trailer, if any):

Loan:

Name of lender:
Address of lender:
Principal amount of loan:
Interest rate:
Interest due and unpaid:
Balance due on loan at death (principal + interest due):
Value at death (market value – balance due on loan):

Insurance:

Name of insurer:
Address of insurer:
Policy number:
Expiry date:
Notification to insurance company:

N. HOUSEHOLD GOODS AND PERSONAL EFFECTS

[Complete for any particularly valuable items, including furniture, art, and jewellery.]

Description:
Value:

O. OTHER

[Complete for any significant assets not listed previously, such as assignable amounts accumulated under airline bonus point plans.]

Description:
Value:

V. DEBTS

A. DEBTS EXISTING AT DEATH

[Complete for each debt.]

Creditor's name:
Creditor's address:
Item:
Amount due:
Date due:
Insured?

B. DEBTS INCURRED AFTER DEATH

[Complete for each debt.]

Creditor's name:
Creditor's address:
Item:
Amount due:
Date due:
Insured?

VI. MISCELLANEOUS

A. LAST INCOME TAX RETURN

When filed:

B. SAFETY DEPOSIT BOX

Location:

Name of financial institution:
Branch:
Address:
Telephone:
Fax:
Number:
Owner(s):
Contents:

Is it held jointly? (yes/no)

C. ACCOUNTANT

Name:
Address:
Telephone:
Fax:

D. FINANCIAL ADVISER

Name:
Address:
Telephone:
Fax:

E. STOCK BROKER

Name:
Address:
Telephone:
Fax:

F. CONTRACTS, ORDERS, ETC.

[List any to which the deceased was a party that are not mentioned previously.]

Details:

G. LITIGATION

[List any litigation in which the deceased was involved at death or which has arisen or may arise as a consequence of death.]

Details: