

Probate & Administration Form

When you need help to alleviate the burden of probate, we are here for you. As experienced counsel, we focus on the legal details to allow you time to grieve. Our probate and administration form should be completed by the executor who intends to engage our firm for assistance as it sets out the information that we will require to assist with the court filings. We recognize that an executor may not have all of the required information at hand and we recommend the executor to provide as much information as he or she does have so that our in person meetings can be focused on determining only those things we still require which will ultimately make the process faster and smoother.

Note: By completing this form, a solicitor client relationship should not be assumed as we are required to conduct a conflict check and provide you with an engagement letter as part of our regulatory and best practice requirements before we are fully engaged. While this form intends to gather the most relevant information, we reserve the right to ask for additional information which is necessary to provide effective counsel and assistance to you. Please note that as we are British Columbia lawyers and we assume that British Columbia law applies to you.

PLEASE PRINT CLEARLY. Fields marked with * are required

A. Executor/Administrator Information

| | | |
|-------------------|--------------|--------------|
| First Name: * | Middle Name: | Last Name: * |
| Street Address: * | | |
| City: * | Province: * | Postal Code: |
| Phone: * | Email: * | |
| Occupation: * | | |

B. Information of the Deceased

Full Legal Name:

| | | |
|--|--------------|--------------|
| First Name: * | Middle Name: | Last Name: * |
| Name variation(s) or other names used: | | |
| Street Address: * | | |
| City: * | Province: * | Postal Code: |

| | | |
|--------------------------------|-------------------------------|-------------------|
| Social Insurance Number (SIN): | Personal Health Number (PHN): | Occupation: |
| Date of Birth: | City of Birth: | Country of Birth: |
| Date of Death: | Place of Death: | |

Do you have the original death certificate or will obtain it? ☐ Yes ☐ No

Did the Deceased die with a will? ☐ Yes ☐ No

If yes, please complete the following:

| | |
|---|-----------------------|
| Date of the Will: | Date of any Codicils: |
| Do you have the original will and any codicils, or will obtain it? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Marital status

☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married

If married or common law – Current Spouse or Partner:

Full Legal Name: Or: ☐ Spouse/Partner Name Unknown ☐ Spouse/Partner Address Unknown

| | | |
|-----------------|--------------|--------------|
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | Province: | Postal Code: |

If common law:

| |
|--|
| Date of Common Law Relationship Started: Or: <input type="checkbox"/> Date Unknown |
|--|

If widow – Widow's Partner:

| | | |
|----------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
| Date of Death: | | |

Did the deceased re-marry after the date of the will? ☐ Yes ☐ No

If divorced:

Date of Divorce:

Children of the Deceased

The word "child" includes a child of your marriage, a child born outside of marriage, and an adopted child.

Child 1

Full Legal name:

| | | |
|-----------------|--|--------------|
| First Name: | Middle Name: | Last Name: |
| Date of Birth: | Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased | |
| Street Address: | | |
| City: | Province: | Postal Code: |

Child 2

Full Legal name:

| | | |
|-----------------|--|--------------|
| First Name: | Middle Name: | Last Name: |
| Date of Birth: | Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased | |
| Street Address: | | |
| City: | Province: | Postal Code: |

Child 3

Full Legal name:

| | | |
|-----------------|--|--------------|
| First Name: | Middle Name: | Last Name: |
| Date of Birth: | Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Deceased | |
| Street Address: | | |
| City: | Province: | Postal Code: |

Note: If there more children, please write their information on a separate page and attach it with your form submission.

Other Family Information

If deceased has **no spouse and no children**, are there any surviving parents?

☐ Yes (*Please provide their details below*) ☐ No

If deceased has **no spouse, no children, and no surviving parents**, are there any surviving siblings?

☐ Yes (*Please provide their details below*) ☐ No

If deceased has **no spouse, no children, no surviving parents, and no surviving siblings**, are there any surviving next of kins?

☐ Yes (*Please provide their details below*) ☐ No

Family Member 1

Full Legal name:

| | | |
|---------------------------|---|--------------|
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | Province: | Postal Code: |
| Relationship to Deceased: | Please check (<i>if applicable</i>): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Has a Committee <input type="checkbox"/> Minor | |

Family Member 2

Full Legal name:

| | | |
|---------------------------|---|--------------|
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | Province: | Postal Code: |
| Relationship to Deceased: | Please check (<i>if applicable</i>): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Has a Committee <input type="checkbox"/> Minor | |

Family Member 3

Full Legal name:

| | | |
|---------------------------|---|--------------|
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | Province: | Postal Code: |
| Relationship to Deceased: | Please check (<i>if applicable</i>): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Has a Committee <input type="checkbox"/> Minor | |

Family Member 4

Full Legal name:

| | | |
|---------------------------|--|--------------|
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | Province: | Postal Code: |
| Relationship to Deceased: | Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Has a Committee <input type="checkbox"/> Minor | |

Family Member 5

Full Legal name:

| | | |
|---------------------------|--|--------------|
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | Province: | Postal Code: |
| Relationship to Deceased: | Please check (if applicable): <input type="checkbox"/> Has a Disability <input type="checkbox"/> Has a Committee <input type="checkbox"/> Minor | |

Note: If there more surviving family members, please write their information on a separate page and attach it with your form submission.

C. Financial Information

Did the Deceased own real estate or real property (principal residence, recreational properties, or investment properties)? ☐ Yes ☐ No

If yes, please provide details (address and market value) of the property(ies):

| |
|--|
| |
|--|

Did the Deceased own vehicle(s)? ☐ Yes ☐ No

If yes, please provide details and market value of the vehicle(s):

| |
|--|
| |
|--|

Assets

Bank Accounts:

| Institution | Branch Address | Account Number | Estimated Amount |
|-------------|----------------|----------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Tax Free Savings Account (TFSA):

| Institution | Estimated Amount | Beneficiary |
|-------------|------------------|-------------|
| 1. | | |
| 2. | | |

Registered Retirement Savings Plan (RRSP):

| Institution | Estimated Amount | Beneficiary |
|-------------|------------------|-------------|
| 1. | | |
| 2. | | |

Registered Retirement Income Fund (RRIF):

| Institution | Estimated Amount | Beneficiary |
|-------------|------------------|-------------|
| 1. | | |
| 2. | | |

Non-Registered Investment Accounts:

| Institution | Estimated Amount | Beneficiary |
|-------------|------------------|-------------|
| 1. | | |
| 2. | | |

Pensions:

| Institution | Estimated Amount | Beneficiary |
|-------------|------------------|-------------|
| 1. | | |
| 2. | | |

Life Insurance:

| Institution | Estimated Amount | Beneficiary |
|-------------|------------------|-------------|
| 1. | | |
| 2. | | |

Other Assets: *(Please specify)*

| |
|----|
| 1. |
| 2. |
| 3. |

Debts

Mortgage:

| Institution | Estimated Amount | Notes |
|-------------|------------------|-------|
| 1. | | |
| 2. | | |

Line of Credit:

| Institution | Estimated Amount | Notes |
|-------------|------------------|-------|
| 1. | | |
| 2. | | |

Loans:

| Institution | Estimated Amount | Notes |
|-------------|------------------|-------|
| 1. | | |
| 2. | | |

Other Debts: *(Please specify)*

| |
|----|
| 1. |
| 2. |
| 3. |

D. Additional Information

Did the Deceased own Any safe-deposit box? ☐ Yes ☐ No

Does the Deceased Qualify for CPP Death Benefit? ☐ Yes ☐ No

Did the Deceased receive CPP? ☐ Yes ☐ No

Did the Deceased receive OAS? ☐ Yes ☐ No

Additional Comments (if any):

| |
|--|
| |
|--|

Required Consent and Agreement *

☐ I consent to Open Door Law Corporation's Privacy Policy and Terms of Use Disclaimer (www.opendoorlaw.com/privacy-disclaimer).