

Probate & Administration Intake Form

Losing a loved one is hard enough. We are here to help alleviate the burden of probate or administration. Please (executor or administrator) complete this form as thoroughly as possible so we can review the essential information and identify the items for discussion with you.

Please note: This form is for use in connection with a British Columbia probate and administration. This form may not elicit from you all the information you wish to give us or that we will wish to obtain from you. This form assumes that only 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 and 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:
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Do you have the original will and any codicils, or will obtain it? Yes No

Marital status

Married Common Law Separated Divorced Widowed Never Married

If married – Current Spouse:

Full Legal Name: Or: Spouse Name Unknown

First Name:	Middle Name:	Last Name:
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If common law – Current Partner:

Full Legal Name & Address: Or: Partner Name Unknown Partner Address Unknown

First Name:	Middle Name:	Last Name:
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Street Address:

City:	Province:	Postal Code:
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Date of Common Law Relationship Started: Or: Date Unknown

If divorced:

Date of Divorce:

If widow – Widow's Partner:

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

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

Children & Grandchildren

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): Has a Disability Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

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:
Phone:	Email:	

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:
Phone:	Email:	

Grandchild 1

Full Legal name:

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

Grandchild 2

Full Legal name:

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

Great-Grandchild 1

Full Legal name:

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

Parents of Deceased

Parent(s) of Deceased Alive? Yes No

If yes, please complete the following:

Parent 1

Full Legal name:

First Name:	Middle Name:	Last Name:
Date of Birth:		
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Parent 2

Full Legal name:

First Name:	Middle Name:	Last Name:
Date of Birth:		
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Other Family Information

If deceased has **no spouse and no children**, are there next of kin, if alive, such as parents or siblings?

Yes (Please provide their details below) No

If deceased has **no spouse, no children, no siblings**, are there nephews/nieces, grand-nephews/nieces, or great-grand-nephews/nieces, if alive?

Yes (Please provide their details below) No

If **none of the above**, are there grandparents, uncles, aunts, or cousins, if alive?

Yes (Please provide their details below) No

Family Member 1

Full Legal name:

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

If deceased:

Date of Death:	Names of All Issue:
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Family Member 2

Full Legal name:

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

If deceased:

Date of Death:	Names of All Issue:
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C. Financial Information

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

If yes, please complete the following:

Please describe your property:		
Street Address:		
City:	Province:	Postal Code:

Did the Deceased own vehicle(s)? Yes No

Assets

Bank Accounts:

Institution	Branch Number	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):

Please note: The provision of information to our office does not mean that you are represented. While Open Door Law Corporation is glad to be able to assist you with your matter, our engagement will only begin once we have confirmed that we are acting for you or if there is contact to work on the file. If you have any questions, please feel free to contact us at info@opendoorlaw.com or 604-689-3667.