Ambassador
REAL ESTATE AND LEGAL SERVICES

PROBATE AND ESTATE ADMINISTRATION INFORMATION FORM

Date: _____

PART 1-THE DECEASED, FAMILY AND ASSOCIATES

DECEASED INFORMATION:

NAME -FULL LEGAL NAME:
(include any other name variations you use with your banks, on your home registration, your vehicle, or anything else): _____

ADDRESS: *{Principal Residence as well as any alternate address if you split your residence among one or more than one place):*

SOCIAL INSURANCE NO.: _____ DOB: _____

CITIZENSHIP
OCCUPATION:
ADDRESS AT DEATH:

PLACE OF BIRTH:

DOMICILE:

DATE OF DEATH: _____ PLACE OF DEATH: _____

CAUSE OF DEATH: _____ DOCTOR'S INFORMATION: _____

I - SPOUSE/ COMMON LAW PARTNER: *(PLEASE COMPLETE IF APPLICABLE)*

NAME-FULL LEGAL NAME:
(include ony other name variations you use with your banks, on your home registration, your vehicle, or anything else): _____

TELEPHONE: (HOME) _____ (OFFICE) _____

(MOBILE) (FAX)

SOCIAL INSURANCE NO. _____ _____

DOMICILE:

EMAIL/S: _____ _____

DO YOU CONSENT TO RECEIVING COMMUNICATION BY E-MAIL: 0 YES O NO

DATE OF BIRTH: PLACE OF BIRTH:

OCCUPATION: _____ ARE YOU ADOPTED? _____

CITIZENSHIPS: _____

II. **MARRIAGE DETAILS:** ***(PLEASE COMPLETE IF APPLICABLE)***

0 LEGALLY MARRIED

0 LIVING IN A COMMON LAW RELATIONSHIP

Date of Marriage: _____ Place: _____

Country and Province/State of residence at time of marriage if different from place of marriage·

Did you sign a marriage agreement?	**0** YES D NO
Have you signed a separation agreement?	DYES ONO
Are there any on-going family law proceedings?	DYES ONO
Community of property jurisdiction:	DYES **D** NO
Do you have maintenance obligation with respect to this former marriage?	☐YES ONO
Deceased previously married?	DYES ONO
Maintenance obligation with respect to this former marriage?	**0** YES ONO

Please provide us with acopy of any marriage, separation or property settlement agreements.

III. **COMMON LAW RELATIONSHIPS:** *(BOTH COMMON LAW AND SAME SEX MARRIAGE-LIKE RELATIONSHIP)*

Duration of relationship? _____

Cohabitation Agreement? DYES ☐ NO *If yes, please provide us with a copy.*

FROMER SPOUSE/ COMMON LAW PARTNER: *(PLEASE COMPLETE IF APPLICABLE)*

NAME-FULL LEGAL NAME:
(Include any other name variations you use with your banks, on your home registration, your vehicle, or anything else):

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DURATION OF C/L RELATIONSHIP: _____

CAUSE OF TERMINATION:

DEATH: DYES ONO DATE: PLACE OF DEATH:_____

SEPARATED: ☐YES ONO DATE:

DIVORCE ☐YES ONO DATE:

IV. **CHILDREN:** ***(PLEASE COMPLETE IF APPLICABLE)***

[PLEASE LIST YOUR CHILDREN {AND YOUR SPOUSES' CHILDREN) INCLUDE ANY LEGALLY ADOPTED CHILDREN]

CHILD'S FULL LEGAL NAME:

DATE OF BIRTH: CITIZENSHIP/DOMICILE:

ADDRESS:

TELEPHONE/EMAIL ADDRESS:

GUARDIANSHIP/COMMITTEE:

PARENTS CUSTODY: **0** NATURAL 0 LEGALLY ADOPTED **0** STEP CHILD

ALIVE/DECEASED
DATE OF DEATH:
CHILD'S FULL LEGAL NAME: _____

DATE OF BIRTH: _____
CITIZENSHIP/DOMICILE:
ADDRESS:

TELEPHONE/EMAIL ADDRESS:
GUARDIANSHIP/COMMITTEE:
PARENTS/ CUSTODY:

☐ NATURAL ☐ LEGALLY ADOPTED ☐STEPCHILD

ALIVE/DECEASED
DATE OF DEATH:

CHILD'S FULL LEGAL NAME:
DATE OF BIRTH: CITIZENSHIP/DOMICILE: _____
ADDRESS: _____
TELEPHONE/EMAIL ADDRESS:
GUARDIANSHIP/COMMITTEE:
PARENTS/ CUSTODY:

☐ NATURAL ☐ LEGALLY ADOPTED ☐STEPCHILD

ALIVE/DECEASED
DATE OF DEATH:

CHILD'S FULL LEGAL NAME:
DATE OF BIRTH: CITIZENSHIP/DOMICILE:
ADDRESS:
TELEPHONE/EMAIL:
GUARDIANSHIP/COMMITTEE:
PARENTS/ CUSTODY:

☐ NATURAL ☐ LEGALLY ADOPTED ☐STEPCHILD

ALIVE/DECEASED
DATE OF DEATH:

Reproductive Moteriol:

Did the deceased store any reproductive material? ☐ YES ☐ No
Where? Who has access to it under terms of consent?

V. OTHER LEGAL OBLIGATIONS

Deceased granted someone a Power of Attorney?	☐YES ☐No
Deceased appointed as Committee of an incapacitated adult?	0 YES ☐ No
Deceased appointed as an Executor or Administrator of an Estate?	☐ YES 0 No

Deceased appointed someone as a representative pursuant to a representation agreement?	☐YES ONO
Deceased appointed as an Attorney pursuant to an Enduring Power of Attorney?	☐ YES ☐ NO
Deceased have a committee?	☐ YES ☐NO
Deceased have any other planning documents?	☐ YES ONO
Didthe deceased have a parent who is/was a U.S. citizen?	☐YES ONO

If you answered 'yes' to any of the above, please provide details:

_____

_____

_____

_____

PART 2-THE WILL

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 **D** NO RESULT:

WIII(S), CODICIL(S), AND OTHER TESTAMENTARY DOCUMENTS:

Document Type:
Date of
document:
Location:

A. Executors and Trustees:

Name and Alive/Dead	Address	Tel/Email:	Occupation	Relationship	Primary, Joint, Alternate

B. Other Trustees/Guardians Named in Will

Name Living/Dead	Address and Contact Information	Occupation	Relationship	Trustee/Guardian

C. Witness to Will

Name Living/Dead	Address	Occupation	Relationship	Telephone/Email

D. Additional Witnesses to Will(s) or Codicil(s) ☐ YES ☐NO

PART 3: BENEFICIARIES AND INTESTATE SUCCESSORS:

A. Beneficiaries under Will:

Name:	Address:	Relationship	Contact Jnformation	DOB/Living/Dead

B. Minor? ☐YES ☐No
Name of Guardian/Parent

C. **Intestate Successors:**

Name:	Address:	Relationship and Degree of Kinship	Contact Information	DOB/Living/Dead

D. **Minor?** ☐ YES ☐ No
Name of Guardian/Parent

E. **Notice to the Public Guardian and Trustee required? (yes/no) Date:**

F. **Property Passing Under Will:**

Item(s):

Value(s):

PART 4 -ASSETS

A. **REAL ESTATE:**

PROPERTY TYPE: ☐RESIDENCE ☐ RECREATIONAL ☐ INVESTMENT ☐ OTHER

REGISTERED OWNER(S): ☐ DECEASED ☐ BOTH AS TENANTS IN COMMON

☐ DECEASED'S SPOUSE/PARTNER ☐ BOTH AS JOINT TENANTS

☐ WITH OTHER PERSON *(PROVIDE DETAILS)*: _____

STREET ADDRESS: _____

LEGAL DESCRIPTION: _____

VALUE *(ESTIMATE)*: _____ MORTGAGE BALANCE (EST.) _____

IS MORTGAGE LIFE INSURED? ☐YES☐ NO MORTGAGE HOLDER: _____

ACQUISITION DATE: _____ ACQUISITION COST: _____

PROPERTY TYPE: 0 RESIDENCE 0 RECREATIONAL 0 INVESTMENT 0 OTHER

REGISTERED OWNER(S): ☐you 0 BOTH AS TENANTS IN COMMON
0 YOUR SPOUSE/PARTNER 0 BOTH AS JOINT TENANTS
0 WITH OTHER PERSON */PROVIDE DETAILS):* _____

STREET ADDRESS: _____

LEGAL DESCRIPTION: _____

VALUE *(ESTIMATE):* _____ MORTGAGE BALANCE (EST.) _____

IS MORTGAGE LIFE INSURED?☐YES☐NO MORTGAGE HOLDER: _____

ACQUISITION DATE: _____ ACQUISITION COST: _____

Other interests in real estate:

Did the deceased grant any option to anyone to buy your real estate? 0 YES 0 NO

DID THE DECEASED HAVE ANY LEASEHOLD INTERESTS? 0 YES ☐NO

Did the deceased grant any options to buy any other real estate? 0 YES ☐NO

Did the deceased receive a life interest or long-term lease on any property? 0 YES ☐No

Has the deceased sold any property by way of an ongoing agreement for sale? 0 YES 0 NO

B. BUSINESS INTERESTS

BC INCORPORATED COMPANY ☐ INTEREST IN A PARTNERSHIP ☐ OTHER☐--------

NAME OF BUSINESS: _____

NAME OF OWNER(S): _____

☐you 0 YOUR SPOUSE/PARTNER 0 BOTH

NET VALUE OF BUSINESS (EST.): _____ ORIGINAL COST OR ACB (EST.): _____

SHAREHOLDER/PARTNERSHIP AGREEMENT? 0 YES ☐ NO IF YES, PLEASE PROVIDE A COPY.

IS THE INTEREST LIFE INSURED? 0 YES ☐ NO

C. CASH AND SECURITIES:

BANK ACCOUNTS AND TERM DEPOSITS:

/Please list-where accounts are in more than one name, please indicate nature of interest, i.e. joint tenants or purely signing for convenience)

Name of Bank	Account Number	Approximate Current Balance	Name(s) on Account

SECURITIES/BONDS/SHARES (PUBLIC COMPANIES):
(Please list-where held in brokerage account please indicate by)*

Issuer	**Curren t Value**	**Account No. (if applicable)**	**Name(s) on Account or Share Certificate**	**Origina I Cost**	**Restrictions**

Pension Plans & **Annuities** */PLEASE COMPLETE IF APPLICABLE)*

A. interest in any Pension Plans? 0 YES ONO
Name of the Pension Provider? _____
Name of the Beneficiary(ies) on your death? _____
B. owner of any Annuities? 0 YES ONO
Name of the Annuity provided by? _____
Name of the Beneficiary(ies)? _____

RRSP, RRIF and LIFE (PLEASE UST):

Description and Policy No.	**.Estimated Value**	**Owner**	**Beneficiary Beneficiary/Designed In Will or Policy**	**Contact Information**

TFSA (PLEASE UST):

Description and Policy No.	Estimated Value	Owner	Beneficiary Beneficiary/Designed In Will or Policy	Contact Information •

RESP (PLEASE UST):

Description and Policy No.	Estimated Value	Owner	Beneficiary Beneficiary/Designed In Will or Policy	Contact Information

Life Insurance (PLEASE LIST)

On deceased life:

Description and Policy No.	Estimated Value	Owner	Beneficiary/Designed In Will or Policy

Owned by Deceased on lives of others:

Description and Policy No.	Estimated Value	Owner	Beneficiary/Designed In Will or Policy	Contact Information

Personal Items and Effects (Please list any personal items of specific monetary or sentimental value)

Description	Value	Owner	Details

Advances Made by Deceased to Beneficiary(ies) (PLEASE LIST).

Before a beneficiary takes their share, any funds advanced to him/her is to bring into account and Hotchpot*, with or without out interest *[describe the gift and, if appropriate, the date at which itis to be valued]*.

Benefidary	Value of Advance	Date Advanced	
			I] Forgive Advance I] Hotchpot
			I] Forgive Advance I] Hotchpot

**Note: You may wish to consider providing an "Equahzation Gift" to other Benefic1ary(ies) instead of Hotchpot*

Debts and Loans Owed to Deceased (PLEASE LIST).

Description	Value at Death	Borrower(s)	Original Amt	Interest

Interest in any estates or trusts? 0 YES ☐ NO

If yes (PLEASE LIST):

		timated Value	

Foreign Assets (PLEASE LIST ALL ASSETS LOCATED OUTSIDE OF B.C.)

Description & Location	Value	Owner(s)

Other Assets (PLEASE LIST, INCLUDING ALL MOTOR VEHICLES, WATER CRAFT),

Description	Value	Owner(s)

VI. LIABILITIES AT DEATH AND AFTER

Deceased's outstanding debts other than mortgage debts? ☐ YES ☐NO

If Yes, please provide information:

Naine of Lender	Amount Owed	Debtor(s).	Details: Before or After Death

Guarantee of any loans or provided an indemnity for someone else? ☐ YES ☐ NO

If Yes, please provide information:

Name of Lender	Principal Debtor	Guarantor/Indemnitor	Amount

VII. OTHER ESTATE INFORMATION:

Accountant? *If yes, provide his/her name, address, phone number and email?*

Financial Advisor? *Ijyes, provide is his/her name, address, phone number and email?*

PART 5. MISCELLANEOUS

A. Filing of last income tax return

Date when filed:

B. Safety Deposit Box

Location:

C. Contracts, Orders, Etc.

Details:

D. Litigation

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

E. **Online Identity**
List online financial sites and secure payment sites, social networks, subscriptions, email accounts Website:
Username:
Password:

VIII. MISCELLANEOUS NOTES/ COMMENTS:

_____
_____
_____
_____
_____
_____