



ESTATE ADMINISTRATION – Client Profile

SECTION A - GENERAL

1. DECEASED INFO

Full Legal Name:	
Other Names:	
Date of Birth:	
Date of Death:	
Resident of Alberta:	Yes ____ No ____
Complete Mailing Address at date of death:	
Complete Physical Address at date of death:	

2. APPLICANT(S) INFO

- No Will, but would like to act as the Personal Representative(s) (Administrator(s))

Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address	
Phone Number:	
Relationship to the Deceased:	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address	
Phone Number:	
Relationship to the Deceased:	

3. BENEFICIARIES WHEN THERE IS NO WILL (Intestacy)

*List persons in the following order:

1. Spouse/Adult Interdependent Partner of Deceased;
2. Children of the Deceased, including Children from previous relationships;
3. If any children have died prior to the Deceased, list that child's children (the Deceased Grandchildren) if any:

4. If no spouse or children, list the Deceased parent's; or
5. If no parents, list the Deceased's siblings.

Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____ or a trustee under a court order? Yes ____ No ____	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
Has Capacity: If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____ or a trustee under a court order? Yes ____ No ____	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____	

or a trustee under a court order? Yes ____ No ____	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____ or a trustee under a court order? Yes ____ No ____	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____ or a trustee under a court order? Yes ____ No ____	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____ or a trustee under a court order? Yes ____ No ____	
Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
If adult: Has Mental Capacity?	Yes ____ No ____
If no, are they represented under an Enduring Power of Attorney: Yes ____ No ____ or a trustee under a court order? Yes ____ No ____	

4. RELATIONSHIP INFO OF THE DECEASED

Was the Deceased married at date of death:	Yes _____ No _____
If yes, please provide the following:	
Full Legal Name of Spouse:	
Other Names:	
Date of Marriage:	
Children together:	Yes _____ No _____
If yes, please provide the following:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

Did the Deceased have any former Marriages ended by separation, divorce, or death:	Yes ____ No ____
If yes, please provide the following:	
Full Legal Name:	
Other Names:	
Date of Marriage:	
Date of Separation/Divorce:	
Date of Death:	
Legal Agreement Signed:	Yes _____ No _____
Children together:	Yes _____ No _____
If yes, please provide the following:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

Was the Deceased in an Adult Interdependent Relationship (Common-Law) at the date of death:	Yes _____ No _____
If yes, please provide the following:	
Full Legal Name:	
Other Names:	
Date started living together:	
Legal Agreement signed:	Yes _____ No _____
Children together:	Yes _____ No _____
If yes, please provide the following:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

Name:	Date of Birth:
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Did the Deceased have any former Adult Interdependent Relationships ended by separation or death:	Yes ___ No ___
If yes, please provide the following:	
Full Legal Name:	
Other Names:	
Date Started Living Together:	
Date of Separation:	
Date of Death:	
Legal Agreement Signed:	Yes ___ No ___
Children together:	Yes ___ No ___
If yes, please provide the following:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

5. PERSONS WITH POTENTIAL CLAIMS AGAINST THE ESTATE

1. Are any of the persons listed in #4 above physically disabled?
 - a. Yes ___ No ___ Who _____
2. Are any of the persons listed in #4 above mentally disabled?
 - a. Yes ___ No ___ Who _____
3. Are any of the persons listed in #4 in post-secondary school and under the age of 22?
 - a. Yes ___ No ___ Who _____
4. Were any minor grandchildren or great grandchildren dependent upon the deceased?
 - a. Yes ___ No ___ Who _____
5. Was the deceased a legal guardian of any minor who was not his child?
 - a. Yes ___ No ___ Who _____

SECTION B - INVENTORY OF ASSETS

1. Land & Property:

Land/Property in Alberta: Yes ___ No ___	
If yes, please provide the following:	
Legal Land Description:	
Owners:	
Value:	
Mortgage:	Yes ___ No ___ Life Insured: Yes ___ No ___
Amount owing:	
Names on Mortgage:	
Legal Land Description:	
Owners:	
Value:	
Mortgage:	Yes ___ No ___ Life Insured: Yes ___ No ___
Amount Owing:	
Names on Mortgage:	
Legal Land Description:	
Owners:	
Value:	
Mortgage:	Yes ___ No ___ Life Insured: Yes ___ No ___
Amount Owing:	
Names on Mortgage:	
Land/Property outside of Alberta: Yes ___ No ___	
If yes, please provide the following:	
Legal Land Description:	
Owners:	
Value:	
Mortgage:	Yes ___ No ___ Life Insured: Yes ___ No ___
Amount Owing	
Names on Mortgage:	
Legal Land Description:	
Owners:	
Value:	
Mortgage:	Yes ___ No ___ Life Insured: Yes ___ No ___
Amount Owing:	
Names on Mortgage:	
Legal Land Description:	
Owners:	
Value:	
Mortgage:	Yes ___ No ___ Life Insured: Yes ___ No ___
Amount Owing:	
Names on Mortgage:	

2. Banks and Investment Accounts in Alberta:

Financial Institution Name:			
Address:			
Phone/Email:			
Account/Investment Description:			
Account Number:			
Amount of funds at date of death:			
Sole Owner:		Yes ___ No ___	
Joint owners:		Yes ___ No ___	
If yes, please provide the following for each joint owner:			
Name:		Name:	
Address:		Address:	
Email Address:		Email Address:	
If account/investment is jointly owned with someone other than the deceased Spouse or Adult Interdependent Partner, do you think the asset is part of the Estate? Pick one of the following:			
Joint asset to form part of the Estate:		Yes ___ No ___	
Joint asset to pass outside of the Estate:		Yes ___ No ___	
If yes, please provide beneficiary or right of survivorship details:			
Name:			
Financial Institution Name:			
Address:			
Phone/Email:			
Account/Investment Description:			
Account Number:			
Amount of funds at date of death:			
Sole Owner:		Yes ___ No ___	
Joint owners:		Yes ___ No ___	
If yes, please provide the following for each joint owner:			
Name:		Name:	
Address:		Address:	
Email Address:		Email Address:	
If account/investment is jointly owned with someone other than the deceased Spouse or Adult Interdependent Partner, do you think the asset is part of the Estate? pick one of the following:			
Joint asset to form part of the Estate:		Yes ___ No ___	
Joint asset to pass outside of the Estate:		Yes ___ No ___	
If yes, please provide beneficiary or right of survivorship details:			
Name:			
Financial Institution Name:			
Address:			
Phone/Email:			
Account/Investment Description:			
Account Number:			
Amount of funds at date of death:			
Sole Owner:		Yes ___ No ___	
Joint owners:		Yes ___ No ___	
If yes, please provide the following for each joint owner:			

Name:		Name:	
Address:		Address:	
Email Address:		Email Address:	
If account/investment is jointly owned with someone other than the deceased Spouse or Adult Interdependent Partner, do you think the asset is part of the Estate? pick one of the following:			
Joint asset to form part of the Estate:		Yes ____ No ____	
Joint asset to pass outside of the Estate:		Yes ____ No ____	
If yes, please provide beneficiary or right of survivorship details:			
Name:			
Financial Institution Name:			
Address:			
Phone/Email:			
Account/Investment Description:			
Account Number:			
Amount of funds at date of death:			
Sole Owner:		Yes ____ No ____	
Joint owners:		Yes ____ No ____	
If yes, please provide the following for each joint owner:			
Name:		Name:	
Address:		Address:	
Email Address:		Email Address:	
If account is jointly owned with someone other than the deceased Spouse or Adult Interdependent Partner, do you think the asset is part of the Estate? pick one of the following:			
Joint asset to form part of the Estate: Yes ____ No ____			
Joint asset to pass outside of the Estate:		Yes ____ No ____	
If yes, please provide beneficiary or right of survivorship details:			
Name:			
Financial Institution Name:			
Address:			
Phone/Email:			
Account/Investment Description:			
Account Number:			
Amount of funds at date of death:			
Sole Owner:		Yes ____ No ____	
Joint owners:		Yes ____ No ____	
If yes, please provide the following for each joint owner:			
Name:		Name:	
Address:		Address:	
Email Address:		Email Address:	
If account is jointly owned with someone other than the deceased Spouse or Adult Interdependent Partner, do you think the asset is part of the Estate? pick one of the following:			
Joint asset to form part of the Estate: Yes ____ No ____			
Joint asset to pass outside of the Estate:		Yes ____ No ____	
If yes, please provide beneficiary or right of survivorship details:			
Name:			

3. Shares in Public or Private Corporations:

Company Name:	Shareholder/Director:	Number and Type of Shares:	Value of Shares:

4. Annuities, Pensions and Benefits Payable to the Estate:

Company Name:	Address/Phone:	Amount:

5. Life Insurance:

Company Name:	Address/Phone:	Amount:	Beneficiary: Person or Estate

6. Household Goods and Personal Effects of Significant Value:

Description	Value

7. Other Property:

Description	Value

SECTION C - INVENTORY OF LIABILITIES (DEBTS)

Description of Debt	Lender Name & Address	Amount of Debt at Date of Death	Sole or Joint	Life Insured: Name of Insurer:

DOCUMENTS REQUIRED

Original Funeral Directors Statement of Death
Original Will/Codicil
Any legal agreements involving current or past Spouse's and/or Adult Interdependent Partners
Any Guardianship/Trustee Orders of minors relating to the Deceased
Bank Statements
Investment Statements
Life Insurance Statements
Credit Card Statements
Mortgage Statements
Loan Statements
Corporate Financial Statements
Annuities, Pension and Benefit Statements
Property Tax Statements