



ESTATE ADMINISTRATION – Client Profile

SECTION A - GENERAL

1. WILL/CODICIL

The Deceased died leaving:	Will _____	Codicil _____	None _____
Date of Will or Codicil:			
Do you have the Originals:	Yes _____	No _____	
Affidavit of Witness Completed:	Yes _____	No _____	
If no, please provide name and contact info for each witness if known:			
Witness 1:			
Witness 2:			

2. 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:	

3. APPLICANT(S) INFO

- Named in the Will as the Personal Representative(s) (Executor(s))
- 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:	

4. BENEFICIARIES AS LISTED IN THE WILL

Full Legal Name:	
Other Names:	
Date of Birth:	
Complete Mailing Address:	
Complete Physical Address:	
*Email Address:	
Phone Number:	
Relationship to the Deceased:	
Gift as set out in Will:	
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:	
Gift as set out in Will:	
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:	
Gift as set out in Will:	
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:	
Gift as set out in Will:	
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:	
Gift as set out in Will:	
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:	
Gift as set out in Will:	
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:	
Gift as set out in Will:	
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 ____	

5. 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:

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:

6. PERSONS WITH POTENTIAL CLAIMS AGAINST THE ESTATE

1. Are any of the persons listed in #5 above physically disabled?
 - a. Yes ____ No ____ Who _____
2. Are any of the persons listed in #5 above mentally disabled?
 - a. Yes ____ No ____ Who _____
3. Are any of the persons listed in #5 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

