

If yes, what is its Location, and has it been Listed?

MARRIAGES / AIP RELATIONSHIPS

Name of Surviving Spouse / AIP: _____

Address: _____

Phone # (Res): _____ Phone # (Other): _____

Date of Marriage: _____ Place of Marriage: _____
MMM DD YYYY

Social Insurance Number: _____

Name(s) and Date(s) of death or divorce (indicate which) of all previous Marriages and Adult Interdependent Partnerships:

Name:

Date of Death or Divorce:

MMM DD YYYY

IMMEDIATE FAMILY

Surviving Children:

1. Name: _____

Birthdate: _____

Address with postal code:

Email Address: _____

Phone: _____

(If there is no Will and if the nearest relative is unable or unwilling to act, list the names, addresses, occupations and phone numbers of each relative nearer in blood to the Deceased than the applicants. List them in the following priority: spouse, children, grandchildren, parents, brothers and sisters, etc.)

BENEFICIARIES

(Other than spouse or children. Please show full name.)

1. Name: _____ Relationship: _____

Address with postal code:

Phone: _____

Email Address: _____

Birthdate: _____

DETAILS OF ASSETS

(All values to be given as at the date of death. Attach schedule if necessary.)

Real Property	
Principal Property:	Municipal Address:
	Names on Title:
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Property	Municipal Address:
	Names on Title:
	Is your mortgage Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Accounts			
Bank	Location	Joint	Account Number
		Yes	
		Yes	
		Yes	

Guaranteed Investments Certificates and Term Deposits			
Bank	Location	Maturity Date	Amount

RRSP or RRIF or Tax Free Savings Account			
Bank	Location	Amount	Beneficiary

Life Insurance Policies				
Bank	Location	Amount	Beneficiary	Term or Permanent
				Term
				Term
				Term

Pension Plans			
Bank	Location	Amount	Beneficiary

**Shares in Public Corporations, Non RRSP Mutual Funds,
Bonds, and Debentures**

(do not list all shares in portfolio if it changes regularly)

Describe:

Business Interests

(private companies, partnerships, sole proprietorship, etc.)

Describe:

Valuable Personal Property

(automobiles, mobile homes, boats, heirlooms, etc.)

Description	Location	Current Amount

Other

Do the deceased have an interest in any of the following:

Farm Land, farming business or a farm corporation? Yes No

Mines and Minerals Yes No

Safety deposit box location:

Deceased Debts

Creditor	Type of Liability	Security	Amount Owning