

Compliments of:
FEDEWICH & WITT

Notaries Public
5661 - 176A Street
Surrey, BC V3S 4G8
Tel: (604) 576-9468
Email: info@fedewichwitt.com

ESTATE INFORMATION FOR EXECUTORS/ATTORNEIES

Date: _____

Full Legal Name: _____

Location of Original Will: _____

Marital Status: _____ If divorced, state year of divorce _____

Prenuptial, Cohabitation Agreement: _____ If widowed, state year of death _____

SIN: _____

Occupation: _____ Employer: _____

EXECUTOR

Name of Executor: _____

Address: _____

Telephone: _____ Occupation: _____

Name of Alternate or Co-Executor: _____

Address: _____

Telephone: _____ Occupation: _____

FAMILY HISTORY

SPOUSE

Name of Spouse: _____

CHILDREN

•Name: _____ Age: _____

Address: _____ ph # _____

•Name: _____ Age: _____

Address: _____ ph # _____

•Name: _____ Age: _____

Address: _____ ph # _____

•Name: _____ Age: _____

Address: _____ ph # _____

Did any children predecease? If so, please list his/her surviving children.

BENEFICIARIES

•Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____

•Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____

•Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____

•Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____

•Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____

ASSETS

Land & Buildings: _____

Bank Accounts: _____

(bank, branch & account nos.)

Location of Safety Deposit Box: _____

(bank & branch)

Box No.: _____ Location of key: _____

GIC/ Terms / Bonds / Stocks: _____

(specify where located)

RRSP / RIF: _____

(specify where located)

Pensions: _____

(specify where located)

Life Insurance Policies: _____

Automobiles/Boats/Trailers: _____
(specify year, make & model)

Time Share(s): _____

Other Assets: _____
(including limited companies/ family trusts/ etc).

DEBTS

KEY PEOPLE

Investment Advisor: _____
Insurance Agent: _____
Accountant: _____

DIRECTION RE: PETS

Veterinarians name: _____
Special needs: _____
Who may make a good home: _____

FUNERAL WISHES

Burial or Cremation: _____

Pre-Arrangements: _____

People to assist in arranging funeral: _____

Organ Donation: Yes / No _____

Specific Wishes: _____

ANY OTHER INFORMATION

Password(s): _____

Rewards Program(s) (eg: Airmiles, Aeroplan): _____
