

ESTATE INFORMATION FOR EXECUTORS & ATTORNEYS

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: _____

E-mail: _____

Telephone: _____ Occupation: _____

Name of Alternate or Co-Executor: _____

Address: _____

E-mail: _____

Telephone: _____ Occupation: _____

FAMILY HISTORY

SPOUSE:

Name of Spouse: _____

CHILDREN:

• Name: _____ Age: _____

Address: _____ ph # _____

E-mail: _____

• Name: _____ Age: _____

Address: _____ ph # _____

E-mail: _____

• Name: _____ Age: _____

Address: _____ ph # _____

E-mail: _____

• Name: _____ Age: _____

Address: _____ ph # _____

E-mail: _____

• Name: _____ Age: _____

Address: _____ ph # _____

E-mail: _____

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

If no children, who is your next of kin, besides your spouse?

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

For Vital Statistics Purposes, record your parents' full legal names and places of birth
(this information is requested at the time of your death to issue a death certificate)

Father: _____

Mother: _____

BENEFICIARIES

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

• Name: _____ Age: _____

Address: _____ Relationship: _____

Telephone # _____ Email _____

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)

TFSA: _____

(specify where located)

RRSP / RRIF: _____

(specify where located)

Pensions: _____

(specify where located)

Life Insurance Policies: _____

Automobiles/Boats/Trailers: _____

(specify year, make & model)

Other Assets: _____
(including limited companies, family trusts, time shares, annuities, 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: _____

Final resting place for the remains: _____

Pre-Arrangements: _____

People to assist in arranging funeral: _____

Obituary: Yes / No _____

Memorial Service: Yes / No _____

Specific Wishes: _____

ANY OTHER INFORMATION

Organ Donation: Yes / No _____

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

Compliments of:

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