



MABBOTT & COMPANY
BARRISTERS, SOLICITORS AND NOTARIES PUBLIC
#5, 201 GRAND BOULEVARD
COCHRANE, ALBERTA T4C 2G4
PHONE: (403) 932-3066 FAX: (403) 932-3076

PROBATE / ESTATE INFORMATION FORM

PERSONAL INFORMATION	
Date:	
Full name of Deceased (please include middle name if applicable):	
Also known as:	
Date and place of death:	
Address at time of death:	
Occupation or former occupation if retired:	
Full name(s) of Executor(s) / Executrix(es):	
Complete address(es) of Executor(s) / Executrix(es):	
Telephone number(s) of Executor(s) / Executrix(es) - home / business / cell:	

Occupation of Executor(s)/ Executrix(es):			
Date of Birth of Deceased:			
Place of Birth of Deceased:			
Date of Retirement (if applicable):			
Residence of Deceased during 6 years prior to death (list all if more than one during this time):			
Marital status:			
Date of Marriage:			
Previous Marriage(s) if applicable:			
Date of divorce or death that terminated previous marriage(s):			
Did the deceased enter into an Adult Interpersonal Relationship or Agreement?	YES	NO	
Did Deceased marry since date of Will?	YES	NO	
Full name of surviving spouse/Adult Interdependent Partner:			
Complete address of surviving spouse/Adult Interdependent Partner:			
Date of Birth of surviving spouse/Adult Interdependent Partner:			
Full Name of deceased Spouse/Adult Interdependent Partner:			
Date of Birth of deceased Spouse/Adult Interdependent Partner:			
Date of death of deceased Spouse/Adult Interdependent Partner:			
Children - include full name, date of birth and complete address:			
Date of death of any deceased children:			

Children of deceased children (grandchildren) - include full name, dated of birth and complete address:	
Date of death of any deceased grandchildren:	
Beneficiaries - include full name, date of birth, complete address, phone number:	
Social Insurance number of the Deceased:	
Social Insurance number of Surviving Spouse/Adult Interdependent Partner:	
Location of original Will - complete address:	
Age at date of execution of Will:	
Witnesses to Will/Codicil(s) - include full name, complete address, occupation, relationship to deceased:	
INVENTORY	
Real Estate - include mortgage(s), encumbrances and joint interest(s):	
Value of Real Estate:	
Location of Certified Certificate(s) of Title:	
Mortgage(s) etc. owed by the Deceased:	
Mines and minerals:	
Promissory Note(s):	
Cash on hand, cash on deposit, etc. - indicate financial institution, address, account number, type of account and include any joint interests and interest in common:	

Safety deposit box - indicate bank, box number, who has access and who has keys:		
Life Insurance on life of Deceased and policies owned on life of others - obtain policy details and name of agent:		
Annuities:		
Pensions:		
RRSP's and other tax deferred vehicles and contributions made in current year:		
Can further contributions be made in year of death?	YES	NO
Debts due to Deceased:		
Interest in other Estates/Trusts:		
Employer benefits due (salary, death benefits or other benefits):		
Shares, bonds, etc. owned by Deceased and location at death - indicate number of shares, type and location:		
Personal Belongings: (Inventory and / or appraisals may be required)		
Household goods and furniture: (Inventory and / or appraisals may be required)		
Automobile(s) - indicate make, model, serial no. and liens:		
Jewellery:		
Collections (coins, art, stamps etc.):		
Other property:		

Debts due by Estate (including any lease commitments):			
Mortgage obligations:			
Charge accounts to be cancelled:			
Subscriptions to be cancelled:			
INCOME TAX			
Year for which last Income Tax Return Filed:			
Income Tax Installments made:		YES	NO
List employer(s) of Deceased during the period from January 1 st prior to death:			
List previous employer(s) to determine any vested benefits payable:			
Income of deceased in year of death (salary, fees, investment income, etc.):			
GENERAL			
Was deceased a contributor to CPP		YES	NO
If YES, who will make application for Death Benefit and for Survivor's Benefit?			
Name and address of Doctor:			
Alberta Health Care and Blue Cross Numbers - indicate private and group coverage:			

