



Estate Probate/Administration Information Questionnaire

Alberta

The information that you provide in this document will assist us to complete your Estate Probate/Administration Application with the Court of Queen’s Bench of Alberta, Surrogate Matters. All information provided will be strictly confidential. Please fill-in all the required formfields clearly. If you are uncertain as to a specific term, or if it does not apply, please insert “N/A” or leave it blank and raise the matter with us.

File No.: _____

Client Name(s): _____

Mailing Address(es): _____

Email Address(es): _____

Phone Number(s): _____
(home/cell/work) _____

Court File Number: _____

Date Application Filed: _____

Date Grant Issued: _____

DECEASED INFORMATION

Full Name of Deceased:

Last: _____

First: _____

Middle: _____

Any other names known by
(maiden name, nicknames): _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Date of Death: _____

Place of Death: _____

Address at Death: _____

Occupation (or former, if retired): _____
(for purposes of pension payout)

Residence(s) for 6 years prior to death:

SPOUSE INFORMATION

Full Name of Spouse/Adult Interdependent Partner:

Last: _____

First: _____

Middle: _____

Any other names known by
(maiden name, nicknames): _____

Address: _____

Date of Birth: _____

Date of Marriage: _____

Former Spouse(s): _____

Date of Divorce/Death: _____

Former Spouse(s): _____

Date of Divorce/Death: _____

Did deceased marry since date of will? YES / NO _____

(If YES, complete spouse information above)

Was deceased separated at date of death? YES / NO _____

If YES, date of separation: _____

CHILDREN

Full Name(s) of Child(ren) of Deceased:

Last: _____

First: _____

Middle: _____

Birthdate: _____

Address: _____

Is the child a minor? YES/NO _____

If yes, name and address of parent/guardian: _____

Last: _____

First: _____

Middle: _____

Birthdate: _____

Address: _____

Is the child a minor? YES/NO _____

If yes, name and address of parent/guardian: _____

Please indicate if any of the following apply:

- The child's name is written differently in the Will
- A child who has predeceased the deceased, and if so, the date of death
- A child from a former spouse(s)
- A child adopted, and if so, please provide adoption particulars
- A grandchild who has lived with/was supported by the deceased
- Any child who is disabled and/or receiving government funding

Notes/details on children of the deceased:

PERSONAL REPRESENTATIVE(S)

Full Name(s) of Personal Representatives(s):

Last: _____

First: _____

Middle: _____

Birthdate: _____

Address: _____

Email Address: _____

Phone Number(s) _____

Last: _____

First: _____

Middle: _____

Birthdate: _____

Address: _____

Email Address: _____

Phone Number(s) _____

Please indicate if any of the following apply:

- The personal representative’s name is written differently in the Will
- The personal representative has predeceased the deceased, and if so, the date of death
- The personal representative wishes to renounce (does not wish to act in such capacity)

BENEFICIARIES

Full Name(s) of Beneficiaries of Deceased:

Last: _____

First: _____

Middle: _____

Birthdate: _____

Address: _____

If a minor, name and address of parent/guardian: _____

Last: _____

First: _____

Middle: _____

Birthdate: _____

Address: _____

If a minor, name and address of parent/guardian: _____

Please indicate if any of the following apply:

- The beneficiary's name is written differently in the Will
- The beneficiary has predeceased the deceased, and if so, the date of death
- The beneficiary is disabled and/or receiving government funding

FINANCIAL INFORMATION

REAL PROPERTY

Municipal Address: _____

Legal Description: _____

Name(s) on Title: _____

Value of Property: _____

Encumbrances/Liens: _____

BANK ACCOUNTS

Bank Address: _____

Name(s) on Account: _____

Account Description/Number: _____

Account Balance as at Date of Death: _____

Bank Representative/Contact Information: _____

Bank Address: _____

Name(s) on Account: _____

Account Description/Number: _____

Account Balance as at Date of Death: _____

Bank Representative/Contact Information: _____

STOCKS AND BONDS

Description	Location	Value as at Date of Death	Transferable

PENSIONS AND ANNUITIES

Description	Company Carrying Policy	Value as at Date of Death	Beneficiary

SAFETY DEPOSIT BOX

Location	Box Number	Registered Name(s)	Location of Keys	Contents

LIFE INSURANCE POLICIES

Insurance Company	Beneficiary(ies)	Amount

RRSPs AND OTHER TAX SAVING PLANS

Description	Beneficiary(ies)	Amount	Institute

BUSINESS INTERESTS: (particulars including shares, promissory notes, lien notes, agreements for sale, mortgage interests, leasehold interests, private companies, partnership, sole proprietorship)

1. _____
2. _____
3. _____

VALUABLE PERSONAL PROPERTY (e.g. motor vehicles, mobile homes, boats, heirlooms, jewellery, crystal/china, silverware, electronics, tools, collections, paintings, etc.)

Description	Location

Interest in any assets outside of Alberta?

YES /NO If yes, what and where? _____

Interest in any assets outside of Canada?

YES /NO If yes, what and where? _____

Liabilities:

Creditor Name/Address	Amount Owing as at Date of Death

Funeral Home Name/Address	Total Cost of Funeral (including Headstone)