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Probate & Administration Form

When you need help to alleviate the burden of probate, we are here for you. As experienced counsel, we focus on the legal details to allow you time to grieve. Our probate and administration form should be completed by the executor who intends to engage our firm for assistance as it sets out the information that we will require to assist with the court filings. We recognize that an executor may not have all of the required information at hand and we recommend the executor to provide as much information as he or she does have so that our in person meetings can be focused on determining only those things we still require which will ultimately make the process faster and smoother.

Note: By completing this form, a solicitor client relationship should not be assumed as we are required to conduct a conflict check and provide you with an engagement letter as part of our regulatory and best practice requirements before we are fully engaged. While this form intends to gather the most relevant information, we reserve the right to ask for additional information which is necessary to provide effective counsel and assistance to you. Please note that as we are British Columbia lawyers and we assume that British Columbia law applies to you.

PLEASE PRINT CLEARLY. Fields marked with * are required

A. Executor/Administrator Information

First Name *:	Middle Name *:	Last Name *:
Street Address *:		
City *:	Province *:	Postal Code *:
Phone *:	Email *:	
Occupation *:	Employer Name *:	
Work Address *:		
Work Phone *:	Work Email:	

B. Information of the Deceased

First Name: *	Middle Name:	Last Name: *
Name variation(s) or other names used:		
Street Address: *		
City: *	Province: *	Postal Code: *
Social Insurance Number (SIN): *	Personal Health Number (PHN): *	Occupation: *
Date of Birth: *	City and Country of Birth: *	
Date of Death: *	Place of Death: *	

Do you have the original death certificate or will obtain it? ☐Yes ☐No

Did the Deceased die with a will? ☐Yes ☐No

If yes, please complete the following:

Date of the Will:	Date of any Codicils:
Do you have the original will and any codicils, or will obtain it? ○Yes ○No	

Marital status of the Deceased:

○Married ○Common Law ○Separated ○Divorced ○Widowed ○ Never Married

If married – Current Spouse:

Full Legal Name: Or: ○ Spouse Name Unknown

First Name:	Middle Name:	Last Name:

If **common law – Current Partner**:

Full Legal Name & Address: Or: ○ Partner Name Unknown ○ Partner Address Unknown

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Date of Common Law Relationship Started: Or: Date Unknown		

If **divorced**:

Date of Divorce:

If **widow – Widow's Partner**:

First Name:	Middle Name:	Last Name:
Date of Death:		

Did the deceased re-marry after the date of the will? ○Yes ○No

C. Children & Grandchildren

The word "child" includes a child of your marriage, a child born outside of marriage, and an adopted child.

Child 1

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Child 2

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Child 3

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

(Use additional Sheets if there are more children)

Grandchildren: complete ONLY if the grandchild's parent (the deceased's child) has died, or the grandchild is named as a beneficiary in the will. Otherwise leave this part blank.

Grandchild 1 – Parent Name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Grandchild 2 – Parent Name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Grandchild 3 – Parent Name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Great-grandchildren: complete ONLY if both the parent and the grandparent who connect them to the deceased have died, or the great-grandchild is named as a beneficiary in the will.

Great-Grandchild 1 – Parent Name:

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐ Has a Disability ☐ Deceased	
Street Address:		

City:	Province:	Postal Code:
Phone:	Email:	

(*Use additional sheets, if required*)

D. Parents of Deceased

Parents: complete ONLY if the deceased left no spouse and no living children, grandchildren or other descendants, or a parent is named as a beneficiary in the will.

Parent(s) of Deceased Alive? ○Yes ○No

If yes, please complete the following:

Parent 1

First Name:	Middle Name:	Last Name:
Date of Birth:		
Street Address:		
City:	Province:	Postal Code
Phone:	Email:	

Parent 2

First Name:	Middle Name:	Last Name:
Date of Birth:		
Street Address:		
City:	Province:	Postal Code
Phone:	Email:	

E. Other Family Information

If deceased has no spouse and no children, are there next of kin, if alive, such as parents or siblings?

○Yes (Please provide their details below) ○No

If deceased has **no spouse, no children, no siblings,** are there nephews/nieces, grand-nephews/nieces, or great-grand-nephews/nieces, if alive?

○Yes (Please provide their details below) ○No

If **none of the above,** are there grandparents, uncles, aunts, or cousins, if alive?

○Yes (Please provide their details below) ○ No

Other relatives: list ONLY the relatives who are next in line under the questions above (the first group with someone alive), and anyone named as a beneficiary in the will.

Family Member 1

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐Has a Disability ☐Has a committee ☐Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Relationship to Deceased:

If deceased

Date of Death:	Names of All Issue (children):

Family Member 2

First Name:	Middle Name:	Last Name:
Date of Birth:	Please check (if applicable): ☐Has a Disability ☐Has a committee ☐Deceased	
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Relationship to Deceased:		

If deceased

Date of Death:	Names of All Issue (children):

F. Financial Information

Did the Deceased own real estate/ real property (principal residence, recreational properties, or investment properties)? ○ Yes ○No

If yes, please complete the following:

Please describe your property:		
Street Address:		
City:	Province:	Postal Code:

Did the Deceased own vehicle(s)? ○Yes ○No

Vehicle Year, Make and Model	VIN Number	Registration Number	Value at Death
1.			
2.			

Assets

Bank Accounts:

Institution	Branch Number	Account Number	Estimated Amount
1.			
2.			
3.			

Tax Free Savings Account (TFSA):

Institution	Account Number	Estimated Amount	Beneficiary
1.			
2.			

Registered Retirement Savings Plan (RRSP):

Institution	Account Number	Estimated Amount	Beneficiary
1.			
2.			

Registered Retirement Income Fund (RRIF):

Institution	Account Number	Estimated Amount	Beneficiary
1.			
2.			

Non-Registered Investment Accounts:

Institution	Account Number	Estimated Amount	Beneficiary
1.			
2.			

Pensions:

Institution	Account Number	Estimated Amount	Beneficiary
1.			
2.			

Life Insurance:

Institution	Account Number	Estimated Amount	Beneficiary
1.			
2.			

Other Assets: (Please specify)

Debts

Mortgage:

Institution	Account Number	Estimated Amount	Notes
1.			
2.			

Line of Credit:

Institution	Account Number	Estimated Amount	Notes
1.			
2.			

Loans:

Institution	Account Number	Estimated Amount	Notes
1.			
2.			

Other Debts: (Please specify)

G. Additional Information

Did the Deceased own Any safe-deposit box? ○Yes ○No

Does the Deceased Qualify for CPP Death Benefit? ○Yes ○No

Did the Deceased receive CPP? ○Yes ○No

Did the Deceased receive OAS? ○Yes ○No

Additional Comments (if any):

Required Consent and Agreement *

☐ I consent to Cube Law Corporation's Privacy Policy and Terms of Use Disclaimer (available at https://cubelaw.ca/terms-and-conditions/ and https://terms.cubelaw.ca/)

Signature