



**DAY + BORG LLP**  
Lawyers  
93 Queen Street South  
Mississauga, ON L5M 1K7  
Tel: (905) 826-5670  
Fax: (905) 826-5673  
Email: mday@dayborg.com

**ESTATE ADMINISTRATION INTAKE FORM**

**DATE:** \_\_\_\_\_

**Who referred you to our firm?**

- |  |  |
|--|--|
| <input type="checkbox"/> Current Client                    | <input type="checkbox"/> Family / Friend                     |
| <input type="checkbox"/> Prepaid Legal Assistance Plan     | <input type="checkbox"/> Former Client of Richard T. Bennett |
| <input type="checkbox"/> Website / Noticed Office Location | <input type="checkbox"/> Other: _____                        |

**ESTATE INFORMATION:**

Name of the Deceased: \_\_\_\_\_  
(also known as): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Death Certificate Available?  Yes  No

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Residence at time of death: \_\_\_\_\_

Name and Location of funeral home - arrangements for payment of fees:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estate Trustee(s) named in the Will:**

(1) Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Beneficiaries:**

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ASSETS:**

**Safety Deposit Box(es):**

Registered Name:	Location of Key:	Inventory:

**Real Estate:**

(1) Principal Residence

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Registered Owners: \_\_\_\_\_

Mortgage Particulars: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Is coverage adequate?  Yes  No

Fair Market Value: \_\_\_\_\_

What is to be done with residence? \_\_\_\_\_

(2) Secondary Residence

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Mortgage Particulars: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Is coverage adequate?  Yes  No

Fair Market Value: \_\_\_\_\_

What is to be done with residence?: \_\_\_\_\_

(3) Other Property

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Mortgage Particulars: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Is coverage adequate?  Yes  No

Fair Market Value: \_\_\_\_\_

**Insurance:**

(1) Private Coverage

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_

Beneficiary Designation: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_

Beneficiary Designation: \_\_\_\_\_

(2) Group Coverage

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_

Beneficiary Designation: \_\_\_\_\_

**Bank Accounts:**

(1) Name of Bank: \_\_\_\_\_

Branch Location and Transit Number: \_\_\_\_\_

Account Type and Number: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Owner: \_\_\_\_\_

(2) Name of Bank: \_\_\_\_\_

Branch Location and Transit Number: \_\_\_\_\_

Account Type and Number: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Owner: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

(3) Name of Bank: \_\_\_\_\_

Branch Location and Transit Number: \_\_\_\_\_

Account Type and Number: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Owner: \_\_\_\_\_

Which bank will be used for Estate's bank account? \_\_\_\_\_

**Stocks and Bonds:**

Registered Name:	Location:	Details:

Are they to be cashed in or transferred?: \_\_\_\_\_

**Household Items:**

Items to be Specifically Distributed: \_\_\_\_\_

Total Value of Remaining Items or Valuation Needed: \_\_\_\_\_

Remaining Items to be Divided or Sold: \_\_\_\_\_

**Vehicles (Automobiles, Boats, etc.):**

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Is coverage adequate? \_\_\_\_\_

What is to be done with the vehicles?: \_\_\_\_\_

Did the deceased have a driver's licence?: \_\_\_\_\_

**Pension Plans, RRSPs, RIF, LIF etc.**

(1) Description: \_\_\_\_\_

Amount: \_\_\_\_\_

Named Beneficiary (if any): \_\_\_\_\_

(2) Description: \_\_\_\_\_

Amount: \_\_\_\_\_

Named Beneficiary (if any): \_\_\_\_\_

**Old Age Security (OAS):**

Was the Deceased Receiving OAS?: \_\_\_\_\_

Last Cheque Received: \_\_\_\_\_

Notification of Death Completed: \_\_\_\_\_

**Canada Pension Plan (CPP):**

Was the Deceased Receiving or Contributing to CPP? \_\_\_\_\_

Last Cheque Received: \_\_\_\_\_

Notification of Death Completed? \_\_\_\_\_

Is Surviving Spouse Entitled to Benefits: \_\_\_\_\_

Spouse's Full Name, including Name at Birth: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Spouse's SIN: \_\_\_\_\_

**Debts:**

Creditor:	Amount:	Details:

Is it necessary to advertise for creditors?  Yes  No

**CALCULATION OF PROBATE FEE (If Required) (to be completed by Day + Borg LLP)**

Total Value of Real Estate \$ \_\_\_\_\_

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Less Registered Encumbrances (\$ \_\_\_\_\_)

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Total Value of Personal Property \$ \_\_\_\_\_

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Probate (Estate Administration Tax) Fee Due \$ \_\_\_\_\_

Other Comments

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[Revised Nov 2020]