



Dear Madam/Sir:

First of all, I would like to express my great sorrow and sympathy for your loss. I am here to help you with probate and with the administration of estates.

When a loved one passes away, several scenarios below may arise;

- There is a valid Will, but obtaining a Grant of Probate may not be necessary (i.e. assets are owned in joint tenancy with another or when assets have their own Designated Beneficiaries – life insurance, RRSP, etc.); or
- There is a valid Will, but obtaining a Grant of Probate is required. A Grant of Probate is a Court Order that acknowledges and confirms the persons named as Personal Representatives or Executors or Executrix or Trustees to have authority to administer and distribute the estate of the deceased or
- There is a valid Will, but the Will did not appoint any Personal Representative or Executor; or if there were appointments, the named persons are unable or unwilling to act; or if the Will does not address the disposition of the entirety of the estate; or
- There is a Will, but the court has not declared it valid; or
- There is no Will at all which means that no person has the authority to deal with the intestate estate of the Deceased person.

The first situation is straightforward; the estate property may pass by operation of law. The second scenario would require obtaining a Grant of Probate, and the third to fifth situations will require obtaining a Grant of Administration.

Moreover, it is to be noted that different grants may be granted depending on the contextual circumstances in each file. The grants may range from general, unlimited, and unrestricted to restricted and limited in purpose and time.

My fee for the Application for a Grant of Probate is \$2,250.00, and for a Grant of Administration is \$2,500.00 plus GST and expense recovery for disbursements that occur (court filing fees, courier costs, etc.).

Most other law firms charge a minimum flat fee plus a percentage of the estate, which can result in significant legal fees for even a simple estate. I do not apply a percentage of the estate but rather bill according to any additional work done, such as transfers of land (see real estate fee schedule) or disbursement of assets.

I have enclosed a questionnaire. Once filled out, please return it to our office by email to my assistant ([assistant@ridleylaw.ca](mailto:assistant@ridleylaw.ca)) /fax/mail or pop into the office (see all our contact info above). Once received, I will follow up with you to proceed with your matter.

Please contact my office if you have any questions throughout the process.

Yours truly,

**Diane Ridley**  
Barrister and Solicitor



4740-50 Avenue,  
P.O. Box 389,  
Calmar, Alberta, T0C 0V0  
Phone 780-666-2351  
Fax 780-761-3651

## Estate Questionnaire

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1. Full name of Personal Representative(s)/Executor(s)/Administrator(s): \_\_\_\_\_

Complete address: \_\_\_\_\_  
Box#/Street Address/Municipality/Province/Postal Code

Relationship to deceased: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_

cell ( ) \_\_\_\_\_ fax ( ) \_\_\_\_\_

Email address you regularly check: \_\_\_\_\_

Wishes to renounce? ( ) Yes ( ) No

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2. Full name of Personal Representative(s)/Executor(s) /Administrator(s) (if more than one):

Complete address: \_\_\_\_\_  
Box#/Street Address/Municipality/Province/Postal Code

Relationship to deceased: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_

cell ( ) \_\_\_\_\_ fax ( ) \_\_\_\_\_

Email address you regularly check: \_\_\_\_\_

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**\*\*IF MORE THAN 2 PERSONAL REPRESENTATIVES, PLEASE CONTINUE ON BACK OF PAGE OR A NEW SHEET OF PAPER\*\***

# Deceased

Deceased's full legal name (eg. Robert Allan Jones): \_\_\_\_\_

Deceased's AKA Estate Name(s) (include surname at birth, etc.) leave blank if none:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*the deceased left...*

a Will  Yes  No                      one or more codicils  Yes  No

## **BIOGRAPHICAL DETAILS**

Deceased's last residence address (in full)

\_\_\_\_\_  
\_\_\_\_\_

Habitual province or state of residence: \_\_\_\_\_

Deceased's gender:  Male  Female

Deceased's Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of death : \_\_\_\_\_

Was a list of personal effects (memorandum) found?

Yes (if yes, please provide a copy)  No

**DECEASED'S MARITAL/COMMON-LAW SPOUSE DETAILS**

**\*\*IMPORTANT, we require information for all former (and current) spouses or adult interdependent partners (common-law relationships) and this information is required by the Court.**

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**SURVIVING SPOUSE**

Full name of surviving spouse: \_\_\_\_\_

Full mailing address of surviving spouse: \_\_\_\_\_

Phone number(s) of surviving spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Surname at birth of surviving spouse: \_\_\_\_\_

Birthdate of surviving spouse: \_\_\_\_\_

Was the deceased separated from his/her spouse? ( ) Yes ( ) No

If yes, provide date of separation: \_\_\_\_\_

Was the deceased separated from his/her spouse and involved in common-law relationship?

( ) Yes ( ) No

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**SURVIVING ADULT INTERDEPENDENT (COMMON-LAW) PARTNER (IP)**

Full name of surviving interdependent partner: \_\_\_\_\_

Full mailing address of ip: \_\_\_\_\_

Phone number(s) of interdependent partner: \_\_\_\_\_

Birthdate of surviving ip: \_\_\_\_\_ Date commenced cohabitation: \_\_\_\_\_

Did deceased execute an adult interdependent partnership agreement? \_\_\_\_\_

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**DECEASED SPOUSE**

Full name of deceased spouse: \_\_\_\_\_

Birthdate of deceased spouse: \_\_\_\_\_ Date of death of deceased spouse: \_\_\_\_\_

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**DECEASED ADULT INTERDEPENDENT (COMMON-LAW) PARTNER**

Full name of deceased partner: \_\_\_\_\_

Birthdate of deceased partner: \_\_\_\_\_ Date of death of deceased partner: \_\_\_\_\_

**IF EVER DIVORCED**

Full name of divorced spouse: \_\_\_\_\_

Birthdate of divorced spouse: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Address of divorced spouse if not divorced more than two years:

\_\_\_\_\_

**IF EVER SEPARATED FROM ADULT INTERDEPENDENT (COMMON-LAW) PARTNER**

Full name of partner: \_\_\_\_\_

Birthdate of partner: \_\_\_\_\_ Date of separation: \_\_\_\_\_

Address of partner if not separated for more than two years:

\_\_\_\_\_

**AGREEMENTS**

Did the deceased, **during his/her lifetime**, ever enter into any agreement with anyone regarding his/her property and/or his/her disposition of property in his/her will including, but not limited to:

- |   |  |
|---|--|
| <input type="checkbox"/> Cohabitation Agreement/Pre-Nuptial Agreement         | <input type="checkbox"/> Separation Agreement (with spouse or common-law spouse)             |
| <input type="checkbox"/> Mutual Wills Agreement (spouse or common-law spouse) | <input type="checkbox"/> Domestic/Property Agreement for Wills (spouse or common-law spouse) |
| <input type="checkbox"/> Divorce & Matrimonial Property Agreement             | <input type="checkbox"/> Minutes of Settlement (with spouse or common-law spouse)            |
|   | <input type="checkbox"/> Lease / Life Estate Interest  |

Explain and provide copies, if possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPENDENTS**

Does the deceased have any **minor children** with physical or mental disabilities? ( ) Yes ( ) No

If yes, provide name and details: \_\_\_\_\_  
\_\_\_\_\_

Does the deceased have any **adult children** with physical or mental disabilities? ( ) Yes ( ) No

If yes, provide name and details: \_\_\_\_\_  
\_\_\_\_\_

Does the deceased have any **adult children** that have a **guardian and/or trustee** appointed for them pursuant to a court order? ( ) Yes ( ) No If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Does the deceased have any **adult children** that have an **agent or attorney** appointed for them pursuant to an enduring power of attorney or personal directive? ( ) Yes ( ) No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

**Did the deceased have care and control of his/her grandchild(ren) or great-grandchild(ren)**

- under the age of 18,
- and in respect of whom the deceased, during life, demonstrated a settled intention to treat as his/her own child,
- whose primary home, since birth or for at least 2 years immediately before the grandparent's death, was with the grandparent, and
- whose primary financial support, since birth or for at least 2 years immediately before the grandparent's death, was provided by the grandparent?

If so, name of child: \_\_\_\_\_

Relationship:  grandchild  great-grandchild date of birth: \_\_\_\_\_

Person(s) with whom the child is now residing: \_\_\_\_\_

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

Ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_

**CHILDREN OF THE DECEASED (include any deceased children)**

**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable) \_\_\_\_\_

If a child of deceased, did he/she die leaving children? \_\_\_\_\_ if so, same info needed

**Is this child a beneficiary of the estate?**  yes  no

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**OTHER BENEFICIARIES NAMED IN THE WILL (include deceased beneficiaries)**

**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable): \_\_\_\_\_

If this person is a minor - who should Notices and Releases be served on?

( ) Parent ( ) Guardian ( ) Trustee ( ) Attorney

Serve Notice to a second parent/guardian at different address? ( ) Yes ( ) No

Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

Second Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable): \_\_\_\_\_

If this person is a minor - who should Notices and Releases be served on?

( ) Parent ( ) Guardian ( ) Trustee ( ) Attorney

Serve Notice to a second parent/guardian at different address? ( ) Yes ( ) No

Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

Second Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_ work ph: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable): \_\_\_\_\_

If this person is a minor - who should Notices and Releases be served on?

Parent     Guardian     Trustee     Attorney

Serve Notice to a second parent/guardian at different address?  Yes  No

Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

Second Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

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**Full name:** \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

Res ph: (  ) \_\_\_\_\_ cell: (  ) \_\_\_\_\_ work ph: (  ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death (if applicable): \_\_\_\_\_

If this person is a minor - who should Notices and Releases be served on?

Parent     Guardian     Trustee     Attorney

Serve Notice to a second parent/guardian at different address?  Yes  No

Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

Second Parent/Guardian/Trustee/Attorney's Name and address: \_\_\_\_\_

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*(If more than 4 additional beneficiaries please add a page or continue on back of page)*

**Void gifts**

Are any gifts in the will void because the beneficiary (please check):

- at the time the Will was made the beneficiary was a spouse or adult interdependent partner of a witness to the Will.
- the Will was made after February 1, 2012 and the beneficiary signed the Will on behalf of the deceased.
- the Will was made after February 1, 2012 and at the time the Will was made the beneficiary was a spouse or adult
- interdependent partner of the person who signed the Will on behalf of the deceased.
- the Will was made after February 1, 2012 and the beneficiary was an interpreter who provided translation services
- in respect of the making of the Will.
- the Will was made after February 1, 2012 and at the time the Will was made the beneficiary was the spouse or adult interdependent partner of the interpreter who provided translation services in respect of the making of the Will.

**If so, name of beneficiary(ies):** \_\_\_\_\_

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**Revoked Gifts**

Are any gifts in the will revoked because:

The deceased and \_\_\_\_\_ were divorced on a date that occurred:

- (a) after the Will was made, and
- (b) on or after February 1, 2012

**OR**

The deceased and \_\_\_\_\_ ceased to be adult interdependent partners on a date that occurred:

- (a) after the Will was made, and
- (b) on or after February 1, 2012

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**Specific gifts disposed of prior to deceased's death**

Are there any specific gifts in the will that the deceased disposed of prior to death?

ie) transferred land, closed bank account and gave money to an individual or transferred to another account, gave item away, sold the item, etc. Please explain in detail: \_\_\_\_\_

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**DETAILS OF PROPERTY AND DEBTS**

**DETAILS OF PROPERTY AND DEBTS AT DECEASED'S DATE OF DEATH**

<b>Real estate including leasehold interests</b>		
<b>Note: IS THIS PROPERTY SUFFICIENTLY INSURED? _____</b>		
<b>(Personal Representative should check in vacancy insurance)</b>		
legal description and municipal address	All registered owners	Value at date of death
		\$
		\$
		\$
<b>MOBILE HOME</b>		
YEAR: MAKE: MODEL: SERIAL NO.	WHERE SITUATED (municipal address and/or legal description):	Value at date of death
		\$
<b>Mortgages</b> on real estate property? (yes/no)	Mortgagee (bank, mortgage co.)	Balance at date of death
		\$
		\$
		\$

<b>Mines and minerals, and if producing, amount of royalties in the past 12 months:</b>				
Description		Legal Description		Amount
				\$
				\$
				\$
<b>Cash on hand</b>	total cash including Canadian and any foreign currency		Amount:	
<b>BANK ACCOUNTS/INVESTMENTS</b>				
Bank Name	Bank Address	Account number	Account type	Balance at date of death
				\$
				\$
				\$
				\$
<b>INVESTMENTS/LIFE INSURANCE POLICIES FOR WHICH NO BENEFICIARIES HAVE BEEN NAMED</b>				
NAME OF COMPANY			VALUE AT DATE OF DEATH	
			\$	
			\$	

	\$
	\$

**List any other Bonds, Pensions, Annuities, Shares etc. on a separate sheet and provide with a current statement where possible.**

**BUSINESS OR FARMING INTERESTS**

Description:	Value:

**DOES THE DECEASED HAVE A SAFE DEPOSIT BOX? YES ( ) NO ( )**

If yes: Location	Contents (list items and values)
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**PERSONAL VEHICLES/ RECREATIONAL VEHICLES / HOLIDAY TRAILER /  
QUADS / BOATS / SKI JETS**

Year	Make/model	Serial no.	Value
			\$
			\$
			\$
			\$
			\$

**FARMING MACHINERY/EQUIPMENT/CROPS/TOOLS/LIVESTOCK/CROPS etc.  
Or  
CORPORATE EQUIPMENT & INVENTORY**

Description including year, make/model/serial number where applicable	Value
	\$
	\$
	\$
	\$
	\$

<b>HOUSEHOLD CONTENTS &amp; FURNISHINGS / GARDENING TOOLS / LAWN MOWERS, PERSONAL EFFECTS and any other assets</b>	General Value of all: \$
Description of any item worth over \$2,000.00	Value
	\$
	\$
	\$
	\$
	\$

## LIABILITIES

AS AT THE DATE OF DEATH AND FUNERAL EXPENSES

\*\*THESE DO NOT INCLUDE EXPENSES IN ADMINISTERING THE ESTATE\*\*

Description <b>(do not include mortgages on the deceased's property – they were included in property schedules)</b> <ul style="list-style-type: none"> <li>• vehicle loans, personal loans (owed to family or friends), lines of credits</li> <li>• credit card balances</li> <li>• vehicle insurance, house insurance</li> <li>• income tax, property tax</li> <li>• utilities/fuel/phone/cell/internet/cable/satellite</li> <li>• judgments/spousal support/child support/bankruptcy</li> <li>• rent/accommodations</li> </ul>				
Type of Debt	Name/Address of Creditor	Is the Debt Joint? With whom	Other information	Amount owing
				\$
				\$
				\$



				\$
				\$

WHICH FUNERAL HOME PROVIDED SERVICES? \_\_\_\_\_

**\*IF YOU HAVE NOT ALREADY DONE SO, PLEASE PROVIDE YOUR LAWYER WITH A COPY OF THE FUNERAL INVOICE\***

LOCATION OF FUNERAL HOME: \_\_\_\_\_ COST OF FUNERAL: \_\_\_\_\_

HOW WILL THE FUNERAL ACCOUNT BE PAID? \_\_\_\_\_

WILL A NOTICE TO CREDITORS & CLAIMANTS BE PUBLISHED BY SOLICITOR'S OFFICE? \_\_\_\_\_

\_\_\_\_\_  
 WAS THERE AN ENDURING POWER OF ATTORNEY **or** PERSONAL DIRECTIVE IN EFFECT?

\_\_\_\_\_  
 IF THERE WAS AN ENDURING POWER OF ATTORNEY IN EFFECT, WILL THE ATTORNEY BE CLAIMING FEES OR OUT-OF-POCKET EXPENSES FROM THE ESTATE?

**IF YOU HAVE NOT ADVISED THE FOLLOWING OFFICES OF THE DECEASED DEATH AND PROVIDED THEM WITH INFORMATION THEY REQUIRE, YOU SHOULD DO SO IMMEDIATELY (where applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> CANADA PENSION OFFICE          | <input type="checkbox"/> BLUE CROSS & ALBERTA HEALTH  |
| <input type="checkbox"/> SATELLITE/CABLE COMPANY        | <input type="checkbox"/> PHARMACY   |
| <input type="checkbox"/> HOME INSURANCE CO.             | <input type="checkbox"/> FARMING EQUIPMENT INSURANCE CO.  |
| <input type="checkbox"/> OLD AGE PENSION OFFICE         | <input type="checkbox"/> EMPLOYMENT PENSION OFFICE  |
| <input type="checkbox"/> GAS/PROPANE COMPANY            | <input type="checkbox"/> FAMILY PHYSICIAN   |
| <input type="checkbox"/> VEHICLE INSURANCE CO.          | <input type="checkbox"/> LIFE INSURANCE COMPANY   |
| <input type="checkbox"/> ALBERTA SENIORS BENEFIT OFFICE | <input type="checkbox"/> LEASE COMPANIES  |
| <input type="checkbox"/> ELECTRICAL COMPANY             | <input type="checkbox"/> BANKRUPTCY TRUSTEE (if required)   |
| <input type="checkbox"/> RV INSURANCE CO.               | <input type="checkbox"/> MAINTENANCE ENFORCEMENT & SPOUSE/COMMONLAW SPOUSE (where child/spousal support an issue) |
| <input type="checkbox"/> OTHER GOV'T PENSION OFFICE     |   |
| <input type="checkbox"/> ACCOUNTANT                     |   |
| <input type="checkbox"/> CROP INSURANCE CO.             |   |