

DANIEL LYONS LAW CORPORATION

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\*\*\*\*\* **A RETAINER OF \$1,500.00 WILL BE REQUIRED TO OPEN A FILE** \*\*\*\*\*

(paid by cheque - Daniel Lyons Law Corp. In Trust or by e-transfer - use lyonslaw for password)

**PLEASE READ the Requirement for Banking Info on page 5  
A FILE WILL BE OPENED WHEN PAGE 7 HAS BEEN SIGNED AND THE RETAINER  
RECEIVED**

\*\*\*If the form is missing significant information, it will be returned to be completed\*\*\*

\*\*\*\*\*Executor Checklist Attached as last page\*\*\*\*\* **DO NOT RETURN THIS FORM IF STILL WAITING FOR INFORMATION\*\*\*\*\***

**TO BE COMPLETED BY EXECUTOR/ADMINISTRATOR FILL IN ALL INFORMATION APPLICABLE ACCURATELY. THIS FORM IS USED TO PREPARE COURT DOCUMENTATION ONLY WHEN THE form is completed, please arrange an appointment to review it with the lawyer.**

**Please DO NOT email the form to our office unless you have already met with the lawyer. A file will be opened once you have reviewed it with the lawyer and the retainer received. \*\*\*\*\*Estates generally take 3 months to 1 year before a Grant of Probate is issued, depending on the complexity and delays in obtaining information, and the Court's review and approval of the documents. This is a lengthy process and you must give it time. This office cannot expedite your application\*\*\*\*\***

**\*\*Probate fees will be required at the time of signing in order to forward the documents to Court Registry\*\***

**These ARE NOT our fees. All estates over \$25,000.00 are subject to probate fees payable to the Court REQUIRED \*\*\*\*\* an original death certificate (will be returned) and the ORIGINAL Will (if applicable - will not be returned)**

**EXECUTOR INFORMATION: (must provide executor's information in full) PLEASE PRINT LEGIBLY**

FULL LEGAL NAME: \_\_\_\_\_

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

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

**DAY** Phone No. (where you can be reached or for voice mail msg: \_\_\_\_\_

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

\*\*\*\*\*If Land/House/Mobile to be transferred to Executor, provide the following:\*\*\*\*\*

Your SIN \_\_\_\_\_ Your Date of Birth \_\_\_\_\_

**DECEASED'S INFORMATION: (Please complete in full) Full Legal Name:**

Occupation of Deceased as at date of death: \_\_\_\_\_

If retired, give year of Retirement: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Marital Status: (widowed, never married, divorced)

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

Date of Birth: \_\_\_\_\_ If divorced, provide date of divorce & last contact

Place of Birth (**Town & Province**): \_\_\_\_\_ spouse: \_\_\_\_\_

Address of Deceased: (mailing) \_\_\_\_\_

(last residential address) \_\_\_\_\_

Maiden name of spouse: \_\_\_\_\_ Deceased Spouse's name: \_\_\_\_\_

Date of Death of Deceased Spouse: \_\_\_\_\_ **If Deceased Spouse's name still registered on Title, we will require an original Certificate of Death of Deceased Spouse (will be returned**

**CHILDREN - - - (PLEASE USE FULL LEGAL NAMES & COMPLETE MAILING ADDRESSES)**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

**Mailing Address** of Child \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

**Mailing Address** of Child \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

**Mailing Address** of Child \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

**Mailing Address** of Child \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

**Mailing Address** of Child \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birth date of Child: \_\_\_\_\_

**\*\*\*\*If any child is deceased, please provide the date of death and names and addresses of their children: Names/addresses of deceased child's children:**

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

**Please provide the Mailing Address for any Beneficiaries listed in the Will. If minor children, (under 19) provide the mailing address of the parent/guardian and birthdate of the minors. Notice will have to be given to the Public Guardian and Trustee to obtain their Consent to your application. A cheque for \$315.00 will be required, payable to the Public Guardian and Trustee:** \_\_\_\_\_

**RELATIVES ALIVE AT DEATH:**

	yes/no	Mother _____	Father _____
Husband _____		Children _____	
Wife _____		Children of a Deceased Child _____	
<b>Any Deceased Children?</b> _____		<b>Addresses of Children of Deceased Child required</b>	

\_\_\_\_\_

Ex Spouse \_\_\_\_\_ Date of Separation \_\_\_\_\_

If separated less than one year, provide mailing address of Ex Spouse:

\_\_\_\_\_

Brothers & Sisters \_\_\_\_\_ how many \_\_\_\_\_ **If no spouse & no children, provide names & mailing addresses of brothers & sisters** \_\_\_\_\_

\_\_\_\_\_

**WAS THE DECEASED A NISGA'A CITIZEN Y/N \_\_\_\_\_ WAS THE DECEASED A MEMBER OF A TREATY FIRST NATION? Y/N \_\_\_\_\_ (If Yes, name of treaty first nation \_\_\_\_\_)**

**REAL ESTATE** Please provide us with details of legal description in full as well as market value of property as at date of death. Legal Description (**must include the PID**): \_\_\_\_\_

Amount owing on mortgage **as at the day of death**: \_\_\_\_\_

Market Value: \_\_\_\_\_ (**Please provide the Market Value as determined by either an appraiser or a real estate agent**) (Please discuss with lawyer which value should be listed)

\*\*\*\*\*How was the market value determined? \_\_\_\_\_ (Name of Realtor or Appraiser)

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

Name(s) of Registered Owners: \_\_\_\_\_

**(please complete)**

**AGREEMENTS FOR SALE, LEASES OR RENTALS**

If Deceased had any monies owing to him/her under an agreement for sale, leases or rentals, please provide details:

Amount owing as **on the day of death**: \_\_\_\_\_

**STOCKS OR SHARES** - - - If Deceased had any stocks or shares, please complete the following:

Name of Company: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Location of Corporate Records \_\_\_\_\_ No. of Shares: \_\_\_\_\_

Value of Shares **as at the date of death**: \_\_\_\_\_ (check with company accountant)

Name of Company: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Location of Corporate Records \_\_\_\_\_ No. of Shares: \_\_\_\_\_

Value of Shares **as at the date of death**: \_\_\_\_\_ (check with company accountant)

**BONDS OR DEBENTURES** - - - -If Deceased had any Bonds or Debentures, please complete the following:

Name of Company & Address: \_\_\_\_\_

Debenture or Bond No. \_\_\_\_\_ Face Value of Bond or Debenature \_\_\_\_\_

Maturity Date: \_\_\_\_\_ Interest Rate \_\_\_\_\_

If **CANADA SAVINGS BONDS** - Complete below Exact Name in  
Bond No. Maturity Date Amount of Bond Which Bond is Registered

**FINANCIAL**

Did Deceased have any uncashed cheques in his/her possession at date of death Y/N \_\_\_\_\_

If so, from whom? \_\_\_\_\_ Amount: \_\_\_\_\_

Did the Deceased have any cash in his/her possession at date of death Y/N \_\_\_\_\_

If so how much? \_\_\_\_\_

Are there any unpaid salaries owing to the Deceased? **Y/N** \_\_\_\_\_

If so, from what Company \_\_\_\_\_ Appx. Amount \_\_\_\_\_

List below all **BANK or CREDIT UNION** accounts which were in the **Deceased's name only** at the date of death: (not joint accounts) **Please complete this section.**

Name & Address of Financial Institution	Account No.	Type of Account (Checking/Savings)	Balance of Funds (inclusive of interest) <b>AS AT THE DATE OF DEATH</b>

**INVESTMENT ACCOUNTS - - RRSP's, TFSA's, GIC's, RIF, (in Deceased's name only, not joint)**

Name & Address of Financial Institution	Account No.	Type of Account	Is it Beneficiary Designated & to Whom (is it the estate)	If No, Balance in account <b>AS AT THE DATE OF DEATH</b> (inclusive of interest)

**MORTGAGE INFORMATION**

Name & Address of Mortgage Company	Legal Description of Property & PID	Balance owing <b>AS AT THE DATE OF DEATH</b> on the Mortgage (inclusive of interest)	Name(s) the Mortgage is registered in

**LINE OF CREDIT**

Name & Address of Financial Institution	Account No.	Balance <b>AS AT THE DATE OF DEATH</b> (inclusive of interest)	Was it secured?? Yes or No

**\*\*\*You will need to make an appointment at the Bank(s) with someone to obtain this information. If accounts were held at RBC or with other Banks with branches in PG, (TD, ScotiaBank) you will need to schedule an appointment there.** Some Financial Institutions have made it an extremely difficult and tedious process for this office to obtain this information as some local branches will not provide it. If you have copies of bank statements for the month of death, that will also suffice.

Without this information, we may not be able to assist you with your application\*\*\*\*

Were there any amounts owing to the Deceased under a loan or Promissory Note? If so, please list:

Owing By: \_\_\_\_\_ Amount Owing as at date of death \_\_\_\_\_

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

Did Deceased have any money coming to him/her from an estate? Y/N \_\_\_\_\_

\*\* If so, please provide details: \_\_\_\_\_

**PENSIONS** (Fill in every line or mark N/A)

\*\*\*\*\***Old Age Pension** amount for month of death \_\_\_\_\_  
DATE the amount was deposited and to which account \_\_\_\_\_

\*\*\*\*\*Did Deceased receive Guaranteed Income Supplement \_\_\_\_\_  
 Amount for **month of death** \_\_\_\_\_ DATE the amount was received \_\_\_\_\_

\*\*\*\*\***CPP** amount for month of death \_\_\_\_\_  
DATE the amount was deposited and to which account \_\_\_\_\_

\*\*\*\*\*Will Deceased receive **Canada Pension Plan Death Benefit** \_\_\_\_\_  
 If so, what amount? \_\_\_\_\_ Has the cheque been deposited/received? \_\_\_\_\_  
 If so, where? \_\_\_\_\_

\*\*\*\*\*Did Deceased receive any **other type of Pensions?** \_\_\_\_\_  
 If yes from what company \_\_\_\_\_ Address: \_\_\_\_\_  
 Amount for **month of death** \_\_\_\_\_ Contact Person \_\_\_\_\_  
DATE the amount was deposited and to which account \_\_\_\_\_

Is the pension Beneficiary Designated? Y/N \_\_\_\_\_ If yes to whom? \_\_\_\_\_

Is it the estate? \_\_\_\_\_ Pension Plan No. \_\_\_\_\_

\*\*\*\*\*Does the Pension terminate with the death of the Deceased? Y/N \_\_\_\_\_

If a lump sum will be paid out to the Estate, provide the payout amount \_\_\_\_\_  
Will there be continuing payments to a surviving spouse or dependent children \_\_\_\_\_

**MISCELLANEOUS**

Did the Deceased have a Membership Account, solely in their name, with **FOUR RIVERS CO-OP**?  
Y/N \_\_\_\_\_ **Membership Account No.** \_\_\_\_\_

Did the Deceased have **LIFE INSURANCE**? Provide following details: Policy No. \_\_\_\_\_  
Name/Address of Insurance Company \_\_\_\_\_  
\_\_\_\_\_ Contact Person \_\_\_\_\_

Who is the Beneficiary named on the Policy? \_\_\_\_\_ Is it the estate? Y/N \_\_\_\_\_

Did Deceased file Income Tax Returns: \_\_\_\_\_ If so, for what year was last return filed? \_\_\_\_\_  
Did Deceased have a Safety Deposit Box? \_\_\_\_\_ If so, where is it located? \_\_\_\_\_  
\_\_\_\_\_ What is the box number? \_\_\_\_\_

**\*\*Go to Bank/Credit Union & have the contents of the safety box listed & provide a copy of the listing\*\***

**AUTOMOBILE(S)** Please provide the following details: (*fill in every line*)

Year _____	Make _____	Year _____	Make _____
Model _____	Value _____	Model _____	Value _____
VIN _____		VIN _____	
Registered Owner _____		Reg. Owner _____	
Is there an Auto Loan on the vehicle? Y/N _____		Account No. _____	
Finance Company name & address _____			
Full amount owing as at the date of death _____		Contract No. _____	

**OTHER ASSETS** - Please list any other ASSETS below, giving full details and value of each item:  
including serial and/or licence plate numbers, (if any ATV's or trailers) Year, Make/Model and Value

\_\_\_\_\_

Please advise of the **value** (approximate) of all of the Deceased's PERSONAL EFFECTS, furniture & jewellery

\_\_\_\_\_

It is not necessary to list items separately along with their values. A total value is sufficient.

**ANY REAL PROPERTY OR TANGIBLE ASSETS OUTSIDE OF BC** (eg. vehicles, furniture, physical items)  
please list & provide values \_\_\_\_\_

**LIABILITIES** (only secured/registered debts need to be listed)(if not already listed)

List any LOANS owing by the Deceased, Amount is to be amount owing **as at date of death**

To \_\_\_\_\_ Loan # \_\_\_\_\_ Amount \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_

OUR FEES: \$2,000.00 + taxes and disbursements TOTAL \$2,710.00 (appx.)

Depending on the complexity of the Estate, further fees may be incurred if a significant amount of time is required in obtaining information and resolving unexpected issues.

Extra Charges: Land Transmission - \$350.00 (appx.)

Mobile Home Transmission \$165.00 (appx.)

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\*\*\*\*The information requested on this form is not optional. Missing and incomplete information may lead to delays and extra fees incurred for our office to obtain the missing information\*\*\*\*

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### TERMS AND CONDITIONS

Our base rate fee for an average estate file is \$2,000.00 (+taxes & disbursements)

However, as noted above, extra fees may be applied if considerable extra time is required in dealing with larger financial institutions, the Public Guardian and Trustee, pension and life insurance companies etc.,

We aim to attend to your file in a timely fashion as reasonably possible. As the assistant generally is responsible for dozens of files at any given time, and all our clients are valuable to us, we try to prepare files in order received.

Our office has implemented the following policy out of necessity:

Our team is here to prepare and finalize your file as smoothly as possible. We realize that conflicts or delays may arise, and we aim to work with you to resolve such issues in a timely and efficient manner.

Absolutely no aggressive behavior, rude and/or foul language, threats or any verbal abuse toward our team members will be tolerated in any measure. Our office has the right to terminate our services at any point if such an incident arises and you will be asked to leave our premises and such incident may be reported.

Your signature is required to open a file:

DATE:

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## **EXECUTOR CHECKLIST**

- Determine if deceased had a Will, if so, locate the original Will
- Determine who will act as Executor or Administrator of the Estate
- Obtain a death certificate - BC Vital Statistics Agency 1.888.876.1633  
<http://www2.gov.bc.ca/gov/content/life-events/death-and-bereavement>
- Contact financial institutions - to remove deceased's name from joint accounts or to determine if they require a Grant of Probate/Administration to deal with accounts solely in the name of the deceased
- Determine if there is land, property/mobile home solely in the name of the deceased. A Grant of Probate/Administration will be required to deal with the property/mobile home if solely in deceased's name. If held in joint tenancy, contact a lawyer/notary to have deceased's name removed from title
- Contact credit card companies to remove deceased's name from accounts or to cancel accounts
- Notify phone and utility companies to change the name on bills or change the service
- Notify insurance agency (house insurance) and get vacancy coverage if needed
- Notify life insurance company to deal with the policy and any payout
- Call Service Canada to notify of the death and to obtain information regarding Canada Pension Plan, Old Age Security and related benefits | 1.800.277-9914 or  
<https://www.canada.ca/en/services/benefits/publicpensions/cpp/cancel-cpp.html>
- If the deceased was receiving GST rebates, contact CRA  
1.800.959.8281 or [www.cra-arc.gc.ca/tx/ndvdl/lf-vnts/dth/menu-eng.html](http://www.cra-arc.gc.ca/tx/ndvdl/lf-vnts/dth/menu-eng.html)
- If the deceased was receiving Child Tax Benefit contact CRA 1.800.387.1193. or 1-800-959-8281  
[www.cra-arc.gc.ca/tx/ndvdl/lf-vnts/dth/menu-eng.html](http://www.cra-arc.gc.ca/tx/ndvdl/lf-vnts/dth/menu-eng.html)
- Cancel deceased's Driver's License at local ICBC Driver Licensing office 1.800.950.1498 or  
<http://www.icbc.com/driver-licensing/getting-licensed/Pages/cancel-retire-licence.aspx>
- Contact local ICBC Autoplan broker, or private insurer if applicable, to cancel or change car insurance and contact finance company if there's a loan on the vehicle
- If the deceased was receiving veteran's benefits, call Veteran's Affairs Canada  
1.866.522.2122 or [www.vac-acc.gc.ca/clients/sub.cfm?source=bereavement/death](http://www.vac-acc.gc.ca/clients/sub.cfm?source=bereavement/death)
- If the deceased was receiving the senior's supplement/disability benefits, call the BC Seniors Line  
1.866.866.0800 or <http://www.eia.gov.bc.ca/programs/other.htm>
- Contact Medical Services Plan to confirm MSP coverage has been terminated  
1-604-683-7151 or 1-800-663-7100 or [www.health.gov.bc.ca/msp/infoben/faqas.html#death](http://www.health.gov.bc.ca/msp/infoben/faqas.html#death)
- If the deceased received pension benefits or extended health benefits from a pension plan, advise the plan administrator of the death; determine eligibility for continued benefit coverage for dependents
- Contact Passport Canada to cancel deceased's passport  
by mailing Passport and copy of Certificate of Death to: Canadian Passport Program,  
Gatineau, Quebec, Canada K1A 0G3
- Contact Social Insurance Registration to cancel deceased's Social Insurance Number  
1.800.206.7218 or [www.servicecanada.gc.ca/eng/sin/protect/death.shtml](http://www.servicecanada.gc.ca/eng/sin/protect/death.shtml)
- Search Unclaimed Property for any unclaimed balances <http://unclaimedpropertybc.ca/>
- Notify post office to redirect mail, if applicable  Locate & list the contents of safety deposit box
- Contact an accountant to complete and submit an income tax Clearance Certificate to CRA  
<http://www.cra-arc.gc.ca/tx/ndvdl/lf-vnts/dth/clrnc-eng.html>