



Estate Administration Worksheet

Date: _____

Name of Deceased			
AKA			
Last Address (street, city, postal)			
Occupation		Jurisdiction	
Place of Death		Date of Death	
Marital Status (circle all that apply)	Never married Married Separated Divorced Common Law Widow(er)	SIN #	
Did the deceased have support obligations at the date of death? No <input type="checkbox"/> Yes <input type="checkbox"/> Provide court order/separation agreement.			
Date of Will		Codicil	
Prepared by		Prepared by	
Estate Trustees			
Name		Relationship	
Address			
Gender	Female Male	Occupation	
Telephone (H)		Telephone (B)	
Sign docs at	Ottawa <input type="checkbox"/> or	Email	
Photo I.D. Copied <input type="checkbox"/>	E.T. has will? <input type="checkbox"/> No <input type="checkbox"/> Yes		Copy requested <input type="checkbox"/>
Name		Relationship	
Address			
Gender	Female Male	Occupation	
Telephone (H)		Telephone (B)	
Sign docs at	Ottawa <input type="checkbox"/> or	Email	
Photo I.D. Copied <input type="checkbox"/>	E.T. has will? <input type="checkbox"/> No <input type="checkbox"/> Yes		Copy requested <input type="checkbox"/>
Name		Relationship	
Address			
Gender	Female Male	Occupation	
Telephone (H)		Telephone (B)	
Sign docs at	Ottawa <input type="checkbox"/> or	Email	
Photo I.D. Copied <input type="checkbox"/>	E.T. has will? <input type="checkbox"/> No <input type="checkbox"/> Yes		Copy requested <input type="checkbox"/>

Are there any unborn or unascertained persons entitled to a share of the estate? Yes No

Beneficiaries **Include all beneficiaries possible if Henson Trust**

Name			
Address			
Gender	Female Male	Relationship	
Telephone (H)		Telephone (B)	
Telephone (fax)		Email	
Date of Birth if not 18 or older		Mentally incapacitated	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Sign docs at		Estimated Value	
Name			
Address			
Gender	Female Male	Relationship	
Telephone (H)		Telephone (B)	
Telephone (fax)		Email	
Date of Birth if not 18 or older		Mentally incapacitated	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Sign docs at		Estimated Value	
Name			
Address			
Gender	Female Male	Relationship	
Telephone (H)		Telephone (B)	
Telephone (fax)		Email	
Date of Birth if not 18 or older		Mentally incapacitated	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Sign documents at		Estimated Value	
Name			
Address			
Gender	Female Male	Relationship	
Telephone (H)		Telephone (B)	
Telephone (fax)		Email	
Date of Birth if not 18 or older		Mentally incapacitated	No <input type="checkbox"/> Yes <input type="checkbox"/> _____
Sign documents at		Estimated Value	

