Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years to file : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Identification of deceased person □ M. □ Mme**  |  | **Identification – Partner □ M. □ Mme**  |
| First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social insurance number : \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ App. :\_\_\_\_City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. : \_\_\_\_ Postal Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : (JJ/MM/AA) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Date of death : \_\_\_\_\_\_\_\_\_  |  | First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social insurance number : \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ App. :\_\_\_\_City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. : \_\_\_\_ Postal Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : (JJ/MM/AA) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Civil Status** |
| □ Single □ Common law partner □ Married □ Separated □ Divorced □ Widow |
| - Have you lived alone (without roommates) during the full year? **(excluding dependent person)** □ YES □ NO - Do you own more than 100 000$ of foreign assets (including if held here)? □YES □ NO |
| **Status** |
| □ Salaried worker □ Self-employed □ Annuitant □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| **DRUG INSURANCE** |  |  |
| Insurance covering drugs (Indicate for which months):With the government (RAMQ) From \_\_\_\_\_\_ to \_\_\_\_\_\_ My own group insurance From \_\_\_\_\_\_ to \_\_\_\_\_\_My partner/parents insurance From \_\_\_\_\_\_ to \_\_\_\_\_\_ Exception : Working Holiday Program From \_\_\_\_\_\_ to \_\_\_\_\_\_ |  |  |

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| - Lived alone (no roommates, really alone) all year? □ **YES** □ **NO** **(dependents do not count)** - I own more than 100 000$ of foreign assets (including investments in a Canadian bank) □ **YES** □ **NO**- Did the deceased person owned stocks / shares at death? □ **YES** □ **NO**- Did the deceased person owned buildings / real estate at death? □ **YES** □ **NO**- Did the deceased person owned a principal residence at death? □ **YES** □ **NO** |
| **Patrimoine laissé au décès (comptes bancaires, immeubles, résidence principale, placements, etc.)** |
| 1. Fair market of RRSP at death? #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$

#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$1. Fair market of principal residence at death?

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$1. Fair market value of building at death?

#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$ | 1. Stocks / shares (do not include RRSP, RRIF or TFSA), please give fair market value at death (FMV) and adjusted cost base (ACB)
2. #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACB ………………$

 FMV ………………$#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACB ………………$ FMV ………………$#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACB ………………$ FMV ………………$1. Other assets (please give detail):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………$ |

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| **Testamentary executors (if there’s more than 2, please provide information on a separate sheet)** |
| First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social insurance number : \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_Telephone : (\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ App. :\_\_\_\_City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. : \_\_\_\_ Postal Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social insurance number : \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_Telephone : (\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ App. :\_\_\_\_City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. : \_\_\_\_ Postal Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **List of documents to bring** |
| * Standard list of documents to bring (the usual list)
* 2 copies to be joined with the income tax reports :
* Certificate of testamentary research Barreau du Québec (Lawyer association of Quebec)
* Certificate of testamentary research Chambre des notaires (Notary association)
* Will
* Principal residence disposition questionnaire for presumed disposition
* Validate all assets, investments, land because all of them are considered sold at the moment of death.

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| **For firm use only : List of documents to be produced** |
| * T1 - Déclaration finale
* Déclarations facultatives
* T3 - Déclarations des revenus des fiducies
* MR 14-A : Avis de distribution de biens dans le cas d’une succession
* TX19 : Demande d’un certificat de décharge (peut être inclus dans T3)
* Désignation de résidence principale (même si aucun gain imposable)
 |