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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| |  |  |  | | --- | --- | --- | | **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) |