

**Name of Applicant(s)**

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| --- | --- | --- | --- | --- | --- |
|  | Name ofApplicant | Mailing Address | EmailAddress | Date of Birth | SocialInsurance Number |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |

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| --- | --- |
| Type of Bond Required: |  |
| Administration |[ ]
| Foreign Executor |[ ]
| Waiver of Probate |[ ]
| Guardianship |[ ]

1. Occupation of Applicant (if retired previous occupation):

1. Business Address of Occupation:
2. Give names and addresses of references:

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| --- | --- | --- |
| Name | Occupation | Full Address |
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1. Has an application for the bond been made to any other company?

YES [ ]  NO [ ]

If yes, why was it declined?

1. Have you or another person provided a bond for this estate previously?

YES [ ]  NO [ ]

If yes, please provide the details.

1. Is application to replace an existing bond?

YES [ ]  NO [ ]

If yes, why?

1. Is the applicant replacing a previous administration/executor? (if yes, please provide the reason)

YES [ ]  NO [ ]

If yes, please provide the reason

1. Relationship of Applicant to deceased or incapable:

1. Applicant’s share in estate:
2. Are you indebted to the estate?

YES [ ]  NO [ ]

If yes, provide full particulars:

1. Name and address of solicitor you will employ:
2. Does the deceased or incapable have a will? (If yes, please attach copy)

YES [ ]  NO [ ]

1. Name, address and date of death or declared incapable (If incapable, please provide the age of the individual)

1. If deceased did the deceased die with a will (testate) or without a will (intestate)

TESTATE [ ]  INSTESTATE [ ]

1. Court and Location where application/administration is being filed:
2. Beneficiaries:

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| --- | --- | --- | --- |
| Name | Age | Relationship to Deceased | Address |
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**Inventory of Estate**

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| --- | --- |
| **Assets of the Estate** | **Liabilities of the Estate** |
| Cash | $ | Loans | $ |
| Stocks/Bonds (Market value) | $ | Line of Credit | $ |
| Real Estate | $ | Credit Cards | $ |
| Personal Property | $ | Mortgage | $ |
| Other Assets | $ | Other Liabilities | $ |
| Total Assets | $ | Total Liabilities | $ |
| **Net Value of the Estate** |  $ |

**\*PLEASE ATTACH: Application of appointment/probate, Will (if applicable), Death Certificate, Management Plan (Guardianship), Any documentation relevant to assets of the Estate (Schedule of all estate assets, bank statements, property tax assessment or letter of valuation, etc.**

**Applicant Personal Net Worth Statement**

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| Legal Name of Applicant:  |
| Residential Address: |
| Business Address: |
| Phone Number: |
| Driver’s license # or S.I.N.: |

**Statement of Assets and Liabilities as of (DD/MM/YYYY:**

|  |
| --- |
| Current Assets |
| Cash | $ |
| Specify all Banks |  |
| Branch Address |  |
| None registered Stocks & Bonds (**Complete Schedule “A”**) | $ |
| Pension | $ |
| RSP or other Registered Funds | $ |
| Accounts & Notes Receivable (**Complete Schedule “B”)** | $ |
| Life Insurance (Cash Surrender Value) | $ |
| Total of other Current Assets | $ |
| List of Other CurrentAssets |  |

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| **Fixed Assets** |
| Real Estate | $ |
| Total of Other Personal Property and Fixed Assets | $ |
| Listing of Other Property and Fixed Assets |  |
|  |  |
| **Total Assets** | **$** |

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| **Current Liabilities** |
| Accounts Payable(**Complete Schedule “D”)** | $ |
| Bank Loans (**Complete Schedule “D”)** | $ |
| Loans Payable (**Complete Schedule “D”)** | $ |
| Taxes Due | $ |
| Total of Other Current Liabilities | $ |
| Listing of Other Current Liabilities |  |
| **Total Current Liabilities** | **$** |

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| **Deferred Liabilities** |
| Mortgages of Real Estate(**Complete Schedule “C”**) | $ |
| Total of Other Deferred Liabilities | $ |
| Listing of Other Deferred Liabilities |  |
|  |  |
| **Total Liabilities** | **$** |

**Personal Net Worth (Total Assets – Total Liabilities):**

**$**

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| **Schedule “A”: Non-Registered Stocks, Bonds, Etc.** |
| **Name of****Security** | **# of Shares** | **Fair Value** | **Market Value** | **If pledged, to****whom and what purpose** |
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| **Schedule “B”: Accounts & Notes Receivable** |
|  **From Whom** | **Amount** | **Date Due** | **Terms** |
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| **Schedule “C”: Real Estate** |
| **Location &****Description of Property** | **In Whose****Name Title** | **Date of****Purchase** | **Purchase****Price** | **Fair Market****Value** | **Amount of****Mortgage** | **Financial****Institution** |
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| **Schedule “D” - Accounts Payable, Bank Loans & Loans Payable** |
| **To Whom** | **Amount** | **Date Due** | **Terms** |
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**Please return the completed form to** **cole.friyia@estatesure.ca**

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| **Office Use Only** |
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