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Estate Administration Worksheet

Date: _____

Name of Deceased			
AKA			
Last Address (street, city, postal code)			
Occupation		Jurisdiction	
Place of Death		Date of Death	
Marital Status (circle all that apply)	Never married	Separated	SIN#
	Married	Common Law	
	Divorced	Widow(er)	
Date of Will		Codicil	
Prepared by		Prepared by	
Any Trust Documents	Describe:		
Secondary Will	Describe:		
INITIAL NOTES:			
Estate Trustees			
Name		Relationship	
Address			
Gender	Female Male	Occupation	
Telephone (H)		Telephone (B)	
Telephone (C)		Fax	
Sign documents at	<input type="checkbox"/> Windsor or <input type="checkbox"/> Other:	Email	

Name		Relationship	
Address			
Gender	Female Male	Occupation	
Telephone (H)		Telephone (B)	
Telephone (C)		Fax	
Sign documents at	<input type="checkbox"/> Windsor or <input type="checkbox"/> Other:	Email	
Name		Relationship	
Address			
Gender	Female Male	Occupation	
Telephone (H)		Telephone (B)	
Sign documents at	<input type="checkbox"/> Windsor or <input type="checkbox"/> Other:	Email	

Specific Issues		Notes
Minor Children Beneficiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any unborn or un-ascertained persons entitled to a share of the estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any capacity issues re beneficiaries; are any receiving ODSP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any discretionary trust clauses in Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

