

CHECKLIST FOR A DECEASED TAXPAYER

LAST NAME: _____

FIRST NAME: _____

SIN: _____

DATE OF BIRTH (mm/dd/yy): _____

DATE OF DEATH (mm/dd/yy): _____

EXECUTOR/TRIX (list all): _____

Has anyone declined this role? YES NO

If yes, please provide a copy of the legal document that cancelled their appointment.

Was the deceased a Canadian citizen? YES NO

Was the deceased a US Citizen, Green Card Holder, born in the US or were their parents born in the US? YES NO

If yes, have you determined the US filing requirements? YES NO

Address for returns:

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Phone number(s) for executor/trix: _____

Phone number, name, and relationship to the deceased for contact (if not executor/trix)

Name _____

Phone Number: _____

Relationship: _____

Province of residence at death: _____

What was their marital status at death? Please check.

<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Living common-law	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed

Was there a change in marital status during the year? YES NO

If yes, what was the change and on what date: _____

Were there any amounts **owing to** the estate at the date of death? (ie. Additional pension payout, vacation pay, death benefit, life insurance payable to the estate, dividends)

YES NO

If yes, list them:

Type	Description	Value

Did the estate receive the CPP death benefit? YES NO

If yes, on what date and who was the beneficiary?

Date (mm/dd/yy): _____

Beneficiary: _____

How much was the CPP death benefit for? _____

Did the deceased have any Foreign Property? YES NO

If yes, please provide details.

Please provide a copy of:

1. The death certificate
2. The will - if there is no will, provide a copy of the application to the courts to appoint a trustee
3. The last three income tax returns (if not prepared in our office) and last Notice of Assessment