

***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 U.S. Citizen, Green Card Holder, born in the U.S. or considered a U.S. person? YES NO

**If yes**, have you determined the U.S. 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, cash farm inventory sales)

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