

## <u>Deceased Taxpayers Information Gathering</u> <u>Complete this form and return with documents listed on page 2</u>

| Information on ti         | he Deceased | 1                                 |                  |          |                   |
|---------------------------|-------------|-----------------------------------|------------------|----------|-------------------|
| Name of Deceas            |             |                                   |                  |          |                   |
| Address                   |             |                                   |                  |          |                   |
| Deceased SIN              |             |                                   |                  |          |                   |
| Deceased Date of Birth    | of          |                                   |                  |          |                   |
| Deceased Date of<br>Death |             |                                   |                  |          |                   |
| Marital status            |             |                                   |                  |          |                   |
| # of Dependents           |             |                                   |                  |          |                   |
| Information on t          | he executor | or administra                     | tor              |          |                   |
| Name of                   |             |                                   |                  |          |                   |
| Executor/Admin            | istrator    |                                   |                  |          |                   |
| Address and postal code   |             |                                   |                  |          |                   |
| Phone number              |             |                                   |                  |          |                   |
| Email address             |             |                                   |                  |          |                   |
| Asset List at Date        | of Death    |                                   |                  |          |                   |
| Type of Asset Account L   |             | Description al institution, mber) | Value            | Cost     | Named Beneficiary |
|                           |             | Finar                             | icial Assets: Re | gistered |                   |
| RIF                       |             |                                   |                  |          |                   |
| RRSP                      |             |                                   |                  |          |                   |
| TFSA                      |             |                                   |                  |          |                   |
|                           |             |                                   |                  |          |                   |
|                           |             |                                   |                  |          |                   |
|                           |             |                                   |                  |          |                   |
|                           |             |                                   |                  |          |                   |
|                           |             |                                   |                  |          |                   |

| Type of Asset                         | Account Description (ex. financial institution, account number) | Value             | Cost                   | Joint holder, note percentage interest |
|---------------------------------------|---|-------------------|------------------------|--|
|                                       | Financia  | al Assets: Non-   | Registered             | -                                      |
| List of bank accounts                 |   |                   |                        |  |
| List of brokerage accounts            |   |                   |                        |  |
| List of mutual fund accounts          |   |                   |                        |  |
|                                       | Private Com   | npany Shares a    | nd Receivables         |  |
| List of shares held                   |   |                   |                        | N/A                                    |
| List of amounts receivable            |   |                   |                        | N/A                                    |
|                                       | (Indicate ownersh   | Real Estate       | d jointly with spouse) |  |
| Personal home                         |   |                   |                        |  |
| List of rental properties owned       |   |                   |                        |  |
| List of recreational properties owned |   |                   |                        |  |
|                                       | (anly list the  | Other Asset       |                        |  |
| Cars                                  | (only list the  | поть так наче арр | reciated in value)     | N/A                                    |
| Jewelry                               |   |                   |                        | N/A                                    |
| Furniture                             |   |                   |                        | N/A                                    |
| <b>Total Assets</b>                   |   |                   |                        |  |

## Other information to provide

- copy of the will
- death certificate
- certificate of appointment of estate trustee with a will (probate),
- prior year returns (if deceased was not a client of Lott & Company)
- monthly investment statements for each non-registered account in the year of death as well as subsequent to date of death
- medical and donation receipts
- tax slips for year of death