FAMILY HISTORY INFORMATION

OFFICE OF THE PUBLIC TRUSTEE

SECTION A - INFORMATION ABOUT THE DECEASED											
Family Name	Given Name	Middle Name	Name Male C			ale	Maiden Name:				
Mailing Address											
If place of residence has changed in the last six years, please list past places of residence:											
Date of Birth: Month/Day/Yea	r	Treat	y Ban	d or Disc. No.							
Date of Death: Month/Day/Ye	ear	Socia	l Insu	rance Number:							
Cause of Death: Natural Accidental Other (specify):											
Marital Status: Singl	Marital Status: Single Married Divorced Widow(er) Common-law Separated										
FUNERAL - Burial Informa	ation										
Where was the deceased b	Where was the deceased buried? Name of Funeral Home or Person Arranging Burial:										
Paid By (name):					Phon	e Nun	nber:				
Mailing Address:						Amount \$ Receipts:					
WILL INFORMATION (Cor	mplete only if w	vill was prepared)									
Who has the original Will n	ow?				Phon	e Nun	nber:				
Mailing Address:					, I						
Name of Executor named in	n the Will				Phon	e Nun	nber:				
Mailing Address:					I						
Where was the Will stored	prior to death?										
SECTION B - INFORMA	TION ABOUT	THE SPOUSE									
Family Name Given Name Middle Maiden Name:											
Mailing Address:	ne Number										
Date of Birth: Month/Day/Yea	ar	Place of Birth:			Socia	Social Insurance Number:					
If deceased, provide: Date of Death: Month/Day/Year Place of Death:											
Are you employed?	Dic	you file a tax return for	the last	calendar ye	l -	Do you claim a child tax credit?					
Were you legally married to the deceased?	ether at the time of your spouse's death?										
Place of Marriage : Yes No If no, please give date of separation:											
If you lived common-law, please complete the following section: When did you start living together? Month/Day/Year											
Were you still living together at the time of your spouse's death? Yes No If no, when did you separate? Page 1 of 4											

Maiden Nam	e of Former Spou	use Give	en Name		Date of M Month/Day		Date of Divorce or Separation: Month/Day/Year		
Place of Mar	riage:	Date of Birth: Month	/Day/Year	Date Spouse Died: Mo		onth/Day/Year	Place of Death:		
SECTION I	D - INFORMATI	ON ABOUT THE (CHILDREI	٧					
Last Na	ame	Given Name		Middle		Social Insurar	nce Number:		
/lailing Addr	ess					Who has cust	tody?		
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex:	☐ Female	☐ Natur	al Custon	n Adopted Legally Adopted pted, at what age?		
2. Last Na	ame	Given Name		Middle		Social Insurar			
Mailing Addr	ess					Who has cust	tody?		
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex:	☐ Female	1		n Adopted Legally Adopted pted, at what age?		
B. Last Na	ame	Given Name		Middle		Social Insurar	nce Number:		
Mailing Addr	ress					Who has cust	tody?		
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex:	Female	☐ Natur	al Custon	m Adopted		
Last N	ame	Given Name	L	Middle		Social Insurar			
Mailing Addr	ress					Who has cust	tody?		
Phone No.	Date of Birth: Month/Day/Year	Sex:	☐ Female			n Adopted			
5. Last N	ame	Given Name		Middle		Social Insurar	nce Number:		
Mailing Addr	ress				,	Who has cust	tody?		
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex:	☐ Female		al Custor or legally ado	m Adopted		
S. Last N	ame	Given Name		Middle		Social Insurar	nce Number:		
⊿ailing Addr	ess					Who has cust	tody?		
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex:	☐ Female			m Adopted D Legally Adopted pted, at what age?		
•	ne above children al children on a se			If yes, pleases form. Please			s attached.		
							Page 2 of 4		

SECTION E- DECEASED INCOME INFORMATION													
Was the deceased employed at time of death? If yes, provide name and address of employer:													
Yes No Retired													
Did the deceased file a tax return? If yes, for what year? Is there a re						re a refund c	or '	tax owing	?		Amount		
☐ Yes ☐ No ☐ Refund						efund \Box] -	Tax Owing	9		\$		
PREVIOUS EMPLOYERS (List employers for previous 2 years)													
Name and Address of Employer: Period Worked											Parking and Annual States		
From:										То:			
Name and Address of Employer: Period Worked From:									-	То:			
DID THE DECEASED RECEIVE ANY OF THE FOLLOWING BENEFITS?													
Benefit	Yes No Amount Benef				īt			Yes	No	Amount			
NWT Senior Citizen & Old Age Security							t			\$			
CPP Disability and/or CPP Retirement			\$		Child Tax Credit						\$		
Widows Pension			\$		Unem	ployment					\$		
Orphans Benefit	The second secon	ON STATEMENT OF THE PARTY OF TH	\$	WILLIAM WATER TO THE TOTAL TO T	Other	, specify	90%		16350/2500		\$		
SECTION F - GENERA	AL INFO	RMAT	TON ABO	OUT THE	DECE	ASED							
INFORMATION ABOU	JT PARI	ENTS (OF THE I	DECEASE	D								
Last Name of Father Given Name Date of Birth: Month/Da							: Month/Da	y/Year	Date	of Death: Month/Day/Year			
Mailing Address								Phone Number					
Maiden Name of Mother		Gi	ven Name)		Date of Birt	th:	: Month/Da	y/Year	Date of Death: Month/Day/Year			
Mailing Address								Phon	Phone Number				
INFORMATION ABOUT	BROTHI	ERS & \$	SISTERS	(Living or	Deceas	sed)							
1. Last Name Given Name Middle Date of Birth: Month/Day/Year								y/Year	Date of Death: Month/Day/Year				
Mailing Address								Phone Number					
2. Last Name Given Name Middle Date of Birth: Month/Day/Yea								y/Year	Date of Death: Month/Day/Year				
Mailing Address									Phone Number				
Albertan I													
3. Last Name Given Name Middle D						Date of Birt	th:	: Month/Day/Year Date of Death: Month/Day/Year					
Mailing Address										Phor	e Number		
4. Last Name Given Name Middle						Date of Birt	th:	n: Month/Day/Year Date of Death: Month/Day/Year			of Death: Month/Day/Year		
Mailing Address								Phor	Phone Number				
5. Last Name Given Name Middle					Date of Birt	th:	: Month/Da	y/Year	Date of Death: Month/Day/Year				
Mailing Address								. , , , , , , , , , , , , , , , , , , ,		Phor	ne Number		
List additional brothers a	nd sister	s on a s	separate s	heet and a	ttach to	this form.				*			
Please indicate if another list is attached.													
Page 3 of									Page 3 of 4				

BANK ACCOUNTS												
Bank Accounts?	The state of the control of the cont											
L Yes L No												
LIFE INSURANCE												
Did the deceased have life insurance? If Yes, List Name and Address of Insurance Company:												
Yes No Beneficiary: Non Named Named:												
REAL ESTATE: Did the deceased own and/or lease? Please provide as much information as possible and submit land documents.												
LAND	НОМЕ	OME If yes, give legal description (Lot/Block/Plan):										
Own	☐ Own		Is the property jointly owned? If so, with whom?									
Leased	☐ Rent		What kind of building is on land (Size/Type of Finishing/Additions):									
☐ Band Land	□ нар	House	Who resides there now?Relationship to Deceased									
☐ Squatter	Squa	Squatter Is it insured? Yes No If yes, with whom:										
CO-OP SHARES	S/STOCK	S/CANAI	L					1111/2-1112-1				
Did the deceased have any?												
Yes No] No											
PERSONAL ASS original registrati			mobiles, furni	ture, gui	ns, traps, etc.) Please	provide as	much in	formation as poss	sible and submit			
	<i>(</i>							Ownership: Joint	Insured:			
Vehicle	/ear:	r: Make/Model:		Seriai N	erial Number: Locatio		- 10	or sole owner?	If so, with whom?			
Ski-doo												
Boat												
Motor	***************************************											
ATV												
LIST OUTSTAN	DING DE	BTS: (Att	ach statemen					1				
Name				Add	dress			Amount				
			 					\$				
								\$				
					a de la frança de l			\$				
SECTION G -	COMPLE	ETION C	FFORM									
Form Completed by (Name):												
Mailing Address: Phone Number:												
Signature					Date		B4-11 T					
The following items should be enclosed with this form: Birth certificates for the Deceased, Spouse and Children of the deceased. Children of the deceased. Mail To: Public Trustee Office Government of the NT												
Funeral expense receipts Vehicle Registration(s) P.O. Box 1320												
Duplicate Certificate of Title for land or copy Verlicit Registration(9) Yellowknife, NT X1A 2L9 Mortgage and Loan Agreements									X1A 2L9			
Lease or Rental Agreement for home and/or apartment Lease or Rental Agreement for home and/or apartment Insurance Policies Toll Free#1-866-535-0423												
Copy of income tax returns for prior years Share Certificate(s) (NWT only) Fax #(867) 873-0184							184					
Social insurance card, Passport, credit cards, bank books, monthly statements or invoices.												