

FAMILY HISTORY INFORMATION

OFFICE OF THE PUBLIC TRUSTEE

SECTION A - INFORMATION ABOUT THE DECEASED

Family Name	Given Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name:
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Mailing Address

If place of residence has changed in the last six years, please list past places of residence:

Date of Birth: Month/Day/Year	Place of Birth:	Treaty Band or Disc. No.
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Date of Death: Month/Day/Year	Place of Death:	Social Insurance Number:
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Cause of Death: Natural Accidental Other (specify): _____
 Indicate circumstances if cause was accidental: _____

Marital Status: Single Married Divorced Widow(er) Common-law Separated

FUNERAL - Burial Information

Where was the deceased buried?	Name of Funeral Home or Person Arranging Burial:
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Paid By (name):	Phone Number:
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Mailing Address:	Amount \$ Receipts: <input type="checkbox"/> Yes <input type="checkbox"/> No
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WILL INFORMATION (Complete only if will was prepared)

Who has the original Will now?	Phone Number:
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Mailing Address:

Name of Executor named in the Will	Phone Number:
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Mailing Address:

Where was the Will stored prior to death?

SECTION B - INFORMATION ABOUT THE SPOUSE

Family Name	Given Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name:
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Mailing Address:	Phone Number
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Date of Birth: Month/Day/Year	Place of Birth:	Social Insurance Number:
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If deceased, provide: Date of Death: Month/Day/Year	Place of Death:
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Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a tax return for the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you claim a child tax credit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Were you legally married to the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage: Month/Day/Year Place of Marriage :	Were you still living together at the time of your spouse's death? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give date of separation:
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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? _____

SECTION C - MARITAL INFORMATION IF MARRIED MORE THAN ONCE

Maiden Name of Former Spouse		Given Name		Date of Marriage: Month/Day/Year	Date of Divorce or Separation: Month/Day/Year
Place of Marriage:	Date of Birth: Month/Day/Year	Date Spouse Died: Month/Day/Year		Place of Death:	

SECTION D - INFORMATION ABOUT THE CHILDREN

1.	Last Name		Given Name		Middle	Social Insurance Number:	
Mailing Address						Who has custody?	
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Natural <input type="checkbox"/> Custom Adopted <input type="checkbox"/> Legally Adopted If custom or legally adopted, at what age?		
2.	Last Name		Given Name		Middle	Social Insurance Number:	
Mailing Address						Who has custody?	
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Natural <input type="checkbox"/> Custom Adopted <input type="checkbox"/> Legally Adopted If custom or legally adopted, at what age?		
3.	Last Name		Given Name		Middle	Social Insurance Number:	
Mailing Address						Who has custody?	
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Natural <input type="checkbox"/> Custom Adopted <input type="checkbox"/> Legally Adopted If custom or legally adopted, at what age?		
4.	Last Name		Given Name		Middle	Social Insurance Number:	
Mailing Address						Who has custody?	
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Natural <input type="checkbox"/> Custom Adopted <input type="checkbox"/> Legally Adopted If custom or legally adopted, at what age?		
5.	Last Name		Given Name		Middle	Social Insurance Number:	
Mailing Address						Who has custody?	
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Natural <input type="checkbox"/> Custom Adopted <input type="checkbox"/> Legally Adopted If custom or legally adopted, at what age?		
6.	Last Name		Given Name		Middle	Social Insurance Number:	
Mailing Address						Who has custody?	
Phone No.	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Natural <input type="checkbox"/> Custom Adopted <input type="checkbox"/> Legally Adopted If custom or legally adopted, at what age?		

Are any of the above children disabled? Yes No If yes, please explain: _____

List additional children on a separate sheet and attach to this form. Please indicate if another list is attached. Yes No

BANK ACCOUNTS

Bank Accounts? Yes No
 If Yes, List Account No.(s), Branch Name(s) and Location(s): Is this a joint account? If so, with whom?

LIFE INSURANCE

Did the deceased have life insurance? Yes No
 If Yes, List Name and Address of Insurance Company: _____
 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 <input type="checkbox"/> Own <input type="checkbox"/> Leased <input type="checkbox"/> Band Land <input type="checkbox"/> Squatter	HOME <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> HAP House <input type="checkbox"/> Squatter	If yes, give legal description (Lot/Block/Plan): _____ Is the property jointly owned? If so, with whom? _____ What kind of building is on land (Size/Type of Finishing/Additions): _____ Who resides there now? _____ Relationship to Deceased _____ Is it insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom: _____
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CO-OP SHARES/STOCKS/CANADA SAVINGS BONDS

Did the deceased have any? Yes No
 If Yes, with whom (particulars): _____

PERSONAL ASSETS: (Cars, snowmobiles, furniture, guns, traps, etc.) Please provide as much information as possible and submit original registration for each item.

	Year:	Make/Model:	Serial Number:	Location:	Ownership: Joint or sole owner?	Insured: If so, with whom?
Vehicle						
Ski-doo						
Boat						
Motor						
ATV						

LIST OUTSTANDING DEBTS: (Attach statements if available)

Name	Address	Amount
		\$
		\$
		\$

SECTION G - COMPLETION OF FORM

Form Completed by (Name): _____
 Mailing Address: _____
 Signature _____ Date _____
 Occupation: _____
 Phone Number: _____

- The following items should be enclosed with this form:**
- Birth certificates for the Deceased, Spouse and Children of the deceased
 - Funeral expense receipts
 - Duplicate Certificate of Title for land or copy
 - Lease or Rental Agreement for home and/or apartment
 - Copy of income tax returns for prior years
 - Social insurance card, Passport, credit cards, bank books, monthly statements or invoices.
 - Last Will and Testament
 - Vehicle Registration(s)
 - Mortgage and Loan Agreements
 - Insurance Policies
 - Share Certificate(s)

Mail To:
Public Trustee Office
Government of the NT
P.O. Box 1320
Yellowknife, NT X1A 2L9
Phone #(867) 873-7464
Toll Free#1-866-535-0423
(NWT only)
Fax #(867) 873-0184