

# REPRESENTED PERSON INFORMATION

## FOR THE OFFICE OF THE PUBLIC TRUSTEE

The represented person is herein referred to as the "Person".

SECTION A - PERSONAL INFORMATION					
Family Name	Given Name	Middle Name	Maiden Name:	Social Insurance Number:	
Also Known As:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Month/Day/Year	Place of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Common-law <input type="checkbox"/> Separated				Treaty Band or Disc. No.	
PLACEMENT INFORMATION					
Name and Address of the Facility:				Phone Number:	
Name and Address for the Contact Person			Phone Number:	Placement date:	
If place of residence has changed in the last six years, please list past places of residence.					
CURRENT CAREGIVER:					
Name and Address of person who is currently handling the PERSON=s finances:				Phone Number:	
Does the PERSON have any outstanding assets or debts which require immediate attention? Please indicate:					
WILL INFORMATION (only if will was prepared)					
Does the PERSON have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name and address of the person who has the original Will now :		Phone Number:	
Name and address of Executor named in the Will:				Phone Number:	
SECTION B - INFORMATION ABOUT SPOUSE OF THE PERSON					
Family Name	Given Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name:	
Mailing Address:			Phone Number:		
Date of Birth: Month/Day/Year		Place of Birth:		Social Insurance Number:	
If deceased, provide: Date of Death: Month/Day/Year		Place of Death:			
Is spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did they file a tax return for the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they claim a child tax credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was spouse legally married to the PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage: Month/Day/Year	Place of Marriage:	If separated, give date of separation: Month/Day/Year	
If spouse live common-law, what date did they start living together? Month/Day/Year					
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**SECTION C - MARITAL INFORMATION IF MARRIED MORE THAN ONCE**

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

**SECTION D - INFORMATION ABOUT THE CHILDREN OF THE PERSON**

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

**SECTION E- INCOME INFORMATION**

Did the PERSON file a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what year?	Is there a refund or tax owing? <input type="checkbox"/> Refund <input type="checkbox"/> Tax Owing	Amount: \$
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**PREVIOUS EMPLOYERS (List employers for previous 2 years)**

Name and Address of Employer:	Period Worked From: _____ To: _____
Name and Address of Employer:	Period Worked From: _____ To: _____

**DOES THE PERSON RECEIVE ANY OF THE FOLLOWING BENEFITS?**

Benefit	Yes	No	Amount	Benefit	Yes	No	Amount
NWT Senior Citizen & Old Age Security			\$	Sun Life Retirement			\$
CPP Disability and/or CPP Retirement			\$	Child Tax Credit			\$
Widows Pension			\$	Unemployment			\$
Orphans Benefit			\$	Other, specify			\$

**SECTION F - GENERAL INFORMATION**

**INFORMATION ABOUT PARENTS**

Last Name of Father	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number	
Maiden Name of Mother	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number	

**INFORMATION ABOUT BROTHERS & SISTERS (Living or deceased)**

1.	Last Name	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number		
2.	Last Name	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number		
3.	Last Name	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number		
4.	Last Name	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number		
5.	Last Name	Given Name	Middle	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number		

List additional brothers and sisters 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):

Give the amount in the account if known:

**LIFE INSURANCE**

Does the PERSON have life insurance?  Yes  No

If Yes, List Name and Address of Insurance Company:

Beneficiary:  None Named  Named:

**REAL ESTATE: Does the PERSON own and/or lease any property?**

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):  What kind of building is on land (Size/Type of Finishing/Additions):  Who resides there now? 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**

Does the PERSON have any?  Yes  No

If Yes, with whom (particulars):

**PERSONAL ASSETS: (Cars, snowmobiles, furniture, guns, traps, etc.)**

Name of Asset:	Location:

**LIST OUTSTANDING DEBTS: (Attach statements if available)**

Name	Address	Amount
		\$
		\$
		\$

**SECTION G - COMPLETION OF FORM**

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

**The following items should be enclosed with this form:**

Birth certificates for the PERSON, Spouse and Children of the PERSON

Duplicate Certificate of Title for land or copy Loan

Lease or Rental Agreement for home and/or apartment

Copy of income tax returns for prior years Certificate(s)

Social insurance card, Passport, credit cards, bank books, monthly statements or invoices.

Last Will and Testament

Mortgage and Agreements

Insurance Certificate(s)

Share

**Mail To:**

**OFFICE OF THE PUBLIC TRUSTEE**  
**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**