

Checklist for Executor and Beneficiaries

1. ___ Filing a Death Claim

Includes: Physicians Statement
Claimant's Statement (completed by beneficiary)

2. ___ Funeral Director's Statement of Death
(Prepared by Funeral Home)

3. ___ Copy of Will
(Obtain from Family Lawyer)

4. ___ Name of Lawyer: _____
Telephone: _____

5. ___ Name of Executor: _____
Telephone: _____

6. ___ Name of Accountant: _____
Telephone: _____

7. ___ Social Insurance Number: _____

8. ___ Marriage License (Obtain)
(required by Revenue Canada)

9. ___ Birth Certificate (Obtain)
(required by Insurance Companies and Revenue Canada)

10. ___ Place of Employment: _____
Contact the Human Resource Department and review:

- ___ Pension Plan Money
- ___ Accumulated Holiday Money
- ___ Bonus or Commission Money
- ___ Group Insurance Money
- ___ Group Insurance Carrier

11. ___ Vehicle Registration
Transfer of Ownership must occur within 14 days of death.

12. ___ Life, Disability and Critical Illness Policies

Policy No.	Insurance Company	Phone/Letter

NB: some disability and critical illness policies may provide a return of premium or a small death benefit.

13. ___ Vital Statistics

Location: 818 Fort Street, Victoria BC
Mailing: PO Box 9657 Stn PROV GOVT V8W 9P3
Phone: 250-952-2681 Fax: 250-952-2527
Website: <http://www.vs.gov.bc.ca>

- inform them of death
- receive copy of death certificate

14. ___ Income Security Program (CPP/OAS)

Location: 1260 Government Street, Victoria BC
Mailing: PO Box 1177 Victoria, BC V8W 2V2
Phone: 1-800-277-9914
Website: www.hrsdc.gc.ca/en/isp/common/proceed/vupiinfo.shtml

- copy of Death Certificate
- Advise CPP of Death
- Advise OAS of Death
- *Apply for Widow's Benefit
- *Apply for Orphan's Benefit
- *Birth Certificate will be required

* If there is no Will, proof of marriage (certificate) will be required.

15. ___ Canada Revenue Agency

Location: 1415 Vancouver Street, Victoria BC V8V 3W4
Phone: 1-800-959-8281 or 250-363-8188
Website: www.cra-arc.gc.ca

- prepare and file and Income Tax Return for the deceased, covering the period from the beginning of the year to date of death. (Due April 30, of the year following death)

16. ___ Employment Insurance Office

Location: 595 Pandora Ave, Victoria BC V8W 1N5
Phone: 1-800-206-7218
Website: www.hrsdc.gc.ca/en/ei/types/regular.shtml

- if the deceased was receiving E.I. Benefits at the time of death, the Estate may be eligible for monies.

17. ___ Veteran's Affairs

Location: 232-816 Government Street, Victoria BC V8W 3B3
Phone: 1-866-522-2122
Website: www.vac-acc.gc.ca/clients

- if the deceased is entitled to any benefits as a result of the serving in the Armed Forces

18. ___ WorkSafe BC

Location: 4514 Chatterton Way, Victoria BC V8X 5H2
Phone: 1-888-967-5377 or 881-3400
Website: www.worksafebc.com

- Is the deceased collecting any benefits form Worker's Compensation?

19. ___ BC Medical Services Plan

Location: 1515 Blanshard Street, Victoria
Mailing: Medical Services Plan BC
P.O. Box 9035 Stn. Prov. Govt.
Victoria BC V8W 9E3
Phone: 1-800-663-7100
Website: www.hibc.gov.bc.ca

- cancel coverage

20. ___ List Outstanding Bills to be paid

Account	Amount	Cheque Sent (date)

21. ___ Investment Certificates – transfer ownership

Category	Account No.	Carrier	Contacted

22. ___ RRSP & Annuities

Policy No.	Carrier	Contacted

23. ___ RRSP contributions

- The contribution must be made to the spousal plan within 60 days of the date of death.

24. ___ Contact Bank or Trust Companies

- Inform them of death
- Transfer ownership of accounts
- Open safety deposit box
- Is there a bank loan?

25. ___ List Credit Cards

Card No.	Account	Cancel	Phone/Letter

25. ___ Insurance on Credit Cards

Card No.	Retail Store	Amount of Insurance

Action Taken:

26. ___ Utilities

Location: BC Hydro: 4400 West Saanich Road Victoria BC V8Z 3E9
Phone: 1-800-224-9376

- Cancel or Transfer

27. ___ General Insurance Policies

Name of Broker: _____
Phone: _____

28. ___ Mortgage on house (if existing)

Carrier: _____
Phone: _____

29. ___ Fraternal Organizations:

List and write a letter advising them of death of the deceased.



1845 A Fort Street
Victoria, BC V8R 1J6
Phone 250 953 6818
Toll free 1 888 704 7743
www.littleanddavies.com

Name of Organization	Letter Sent

31. ___ Land Titles Office: _____