

# FAMILY HISTORY INFORMATION

## McILMOYLE LAW

### SECTION A - INFORMATION ABOUT THE DECEASED

Family Name	Given Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	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/Year	Place of Birth:		Treaty Band or Disc. No.	
Date of Death: Month/Day/Year	Place of Death:		Social Insurance Number:	
Cause of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Other (specify): _____ Indicate circumstances if cause was accidental: _____				
Did the deceased attend Federal Indian Day School? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where? _____ What year(s)? _____				
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				

### FUNERAL - Burial Information

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

### WILL INFORMATION (Complete only if will was prepared)

Who has the original Will now?	Phone Number:
Mailing Address:	
Name of Executor named in the Will	Phone Number:
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:
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:	
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	
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:	
<b>If you lived common-law, please complete the following section:</b>			
When did you start living together? Month/Day/Year _____			
Were you still living together at the time of your spouse's death? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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	
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	
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	
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	
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?	

			<input type="checkbox"/> Male <input type="checkbox"/> Female	If custom or legally adopted, at what age?
6.	Last Name	Given Name	Middle	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				
List additional children on a separate sheet and attach to this form. Please indicate if another list is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SECTION E- DECEASED INCOME INFORMATION**

Was the deceased employed at time of death?

☐ Yes ☐ No ☐ Retired

If yes, provide name and address of employer:

Did the deceased file a tax return?

☐ Yes ☐ No

If yes, for what year?

Is there a refund or tax owing?

☐ Refund ☐ Tax Owing

Amount

\$

**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:

**DID THE DECEASED 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 ABOUT THE DECEASED****INFORMATION ABOUT PARENTS OF THE DECEASED**

Last Name of Father	Given Name	Date of Birth: Month/Day/Year	Date of Death: Month/Day/Year
Mailing Address			Phone Number
Maiden Name of Mother	Given Name	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
<p>List additional brothers and sisters on a separate sheet and attach to this form.</p> <p>Please indicate if another list is attached.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>					

**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

☐ Own☐ Leased☐ Band Land☐ Squatter

HOME

☐ Own☐ Rent☐ HAP House☐ 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? ☐ Yes ☐ No If yes, with whom: \_\_\_\_\_**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: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature		Date	
<b>The following items should be enclosed with this form:</b>			<b>McILMOYLE LAW OFFICE</b> <b>PO Box 11030</b> <b>YELLOWKNIFE, NT X1A 3X7</b>
<input type="checkbox"/> Birth certificates for the Deceased, Spouse and Children of the deceased	<input type="checkbox"/> Last Will and Testament		<b>Phone: 867-669-0123</b> <b>Fax: 1-888-577-2299</b>
<input type="checkbox"/> Funeral expense receipts	<input type="checkbox"/> Vehicle Registration(s)		<a href="mailto:lorna@mcilmoyle.ca">lorna@mcilmoyle.ca</a>
<input type="checkbox"/> Duplicate Certificate of Title for land or copy	<input type="checkbox"/> Mortgage and Loan Agreements		<a href="mailto:bettylou@mcilmoyle.ca">bettylou@mcilmoyle.ca</a>
<input type="checkbox"/> Lease or Rental Agreement for home and/or apartment	<input type="checkbox"/> Insurance Policies		
<input type="checkbox"/> Copy of income tax returns for prior years	<input type="checkbox"/> Share Certificate(s)		
<input type="checkbox"/> Social insurance card, Passport, credit cards, bank books, monthly statements or invoices.			Page 4 of 4