FEDERAL INDIAN DAY SCHOOL CLASS ACTION CHECKLIST #3

LETTER OF ADMINISTRATION

Document required

	Death Certificate	
Info	rmation about the Deceased	Information about Other Individua
	Full legal name of the deceased	Names, ages and addresses of spouse ,
	Occupation of the deceased	children and any other person entitled to share in the estate, their relationship to
	Place of residence of the deceased	the deceased, whether they are physically or mentally disabled
	Any other names the deceased was known by	If anyone entitled to share in the estate died before the deceased, the name, date
	Deceased's marital status (unmarried, married, widowed or divorced) at death	of birth, date of death, and relationship of each such person to the deceased.
	Whether the deceased was living in a common- law relationship at death. If so:	Name(s), address(es) and age(s) of the next of kin of any deceased beneficiary
	 the name, age and address of the common-law partner the number of months/years of cohabitation 	Names, ages and addresses of any dependants as defined in the <i>Dependant Relief Act</i>
	 the name(s), age(s) and address(es) of their natural or adoptive children 	Information about the Applicant(s)
	Detailed list of the deceased's assets and their fair market value as of date of death	and Witnesses
	Detailed list of the deceased's liabilities and the balances owing as of the date of death	Full legal name(s), age(s), place(s) of residence/address(es), and occupation(s) of the applicant(s) who are applying for letters of administration without will annexed
		The relationship of the applicant(s) to the deceased