

## L5001

### Request for Actuarial Valuation of Life Interest in Estate

*Note: This is an interactive form. Please save this form to a local drive prior to entering your information.*

This form applies to those who require a valuation of the present value of their rights to a property.

Please send us the following information:

- Completed L5001 form;
- A mortality or life expectancy assessment by an expert if impaired mortality is to be assumed for purposes of the valuation;
- A summary of the expenses the individual with the life interest is responsible for (e.g. insurance, utilities, property taxes, maintenance, and repairs,etc), as well as the frequency and next expected occurrence if not annual;
- A current Fair Market Value (FMV) assessment of the property by an appraiser.

**1. Type of services required:**

Estimate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full external report	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2. Details of individual with life interest - Individual 1:**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Gender	<input type="text"/>	Date of birth	Year <input type="text"/> Month <input type="text"/> Day <input type="text"/>
Occupation	<input type="text"/>		
Life expectancy*	<input type="checkbox"/> Normal	<input type="checkbox"/> Subnormal, please explain:	<input type="text"/>

**3. Details of individual with life interest - Individual 2 (if applicable):**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Gender	<input type="text"/>	Date of birth	Year <input type="text"/> Month <input type="text"/> Day <input type="text"/>
Occupation	<input type="text"/>		
Life expectancy*	<input type="checkbox"/> Normal	<input type="checkbox"/> Subnormal, please explain:	<input type="text"/>

\* If the individual has any ongoing medical issues it may be necessary to have a mortality assessment by a mortality expert.

**4. Effective date of valuation (Year/Month/Day)**

**This is usually a date in the near future.**

Date of valuation	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
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**5. Estate Information:**

Address of the residence:	<input type="text"/>
Fair market value of residence:	<input type="text"/>

Please provide us with current Fair Market Value (FMV) assessment of the property by an appraiser.

**6. Summary of expenses:**

<input type="checkbox"/>	For estimate purpose only, assuming that the person with the life interest is responsible for the ongoing usage costs - (i.e. utilities, etc. and the remainderman is responsible for ongoing maintenance costs such as repairs and property taxes)
<input type="checkbox"/>	Full report, attach a summary of the expenses e.g. insurance, utilities, property taxes, maintenance, and repairs, etc, as well as the frequency and next expected occurrence if not annual and identify whether it is the responsibility of the life tenant or the estate.

**7. Lawyer/Advisor Information**

Name of lawyer/advisor

Company name

Address

Email

Phone

I hereby undertake to pay Westcoast Actuaries Inc.'s fee for their life interest in estate actuarial valuation services.

Signature

Date