

# Speak for Yourself!



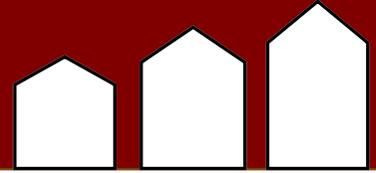
## Your Estate Planning Guide

A Planning Tool brought to you by

**BC Notaries**  
A TRUSTED TRADITION



# Telling Your Story



*B*eing an executor or an attorney by Power of Attorney can be a daunting task. Whether you are pre-planning your own affairs or you have recently been charged with this important responsibility, this guide will help make the process run more smoothly.

By collecting this information in one easy place, you will be helping to pave the way for your future attorney (by Power of Attorney) or executor to manage your affairs.

Your Notary understands the sensitivities and complexities of these planning decisions, and is professionally trained to ensure that your intentions are clear and properly documented—so you can rest assured everything will run smoothly in your absence.

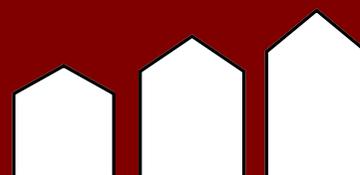
If appropriate, your Notary can also help you prepare advance planning documents including:

- Will
- Power of Attorney
- Health Care Directives
- Representation Agreement
- Deed of Gift

This workbook will help you record various aspects of your life so your Notary can advise you on the appropriate planning tools based on a thorough and fully informed understanding of your unique situation. They will also advise you on information to be considered when making some of the important decisions you'll need to make, including how to choose an appropriate executor and alternate executor.

Please complete this carefully, or ask your Notary to help you do so. This important information will help us understand your strategy, so we can ensure a smooth transition for you and your loved ones.

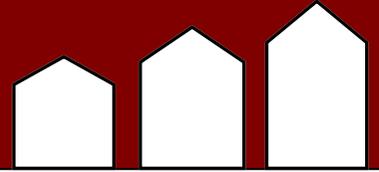
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# Role of an Executor



Your executor is responsible for all aspects of settling your estate. This guide will help the Executor to be more efficient. It will save time and money in the long run.

## Here is a list of *some* of the duties expected of your executor:

- Contacting all beneficiaries and next of kin (even if your next of kin are not part of your estate plan)
- Arrangements for disposition of your remains (cremation or burial)
- Arrangements for funeral, family gathering, or disposal of ashes (as you have planned)
- Arrangements for guardianship of children
- Finding a new home for your pet(s)
- Contacting financial institutions and all service providers
- Cancelling subscriptions, utilities, pensions, and re-directing mail
- Removing possessions from your home and preparing it for sale if applicable
- Liquidating your assets
- Paying all final bills
- Filing tax returns and obtaining a final clearance certificate from Canada Revenue Agency
- Distributing the estate

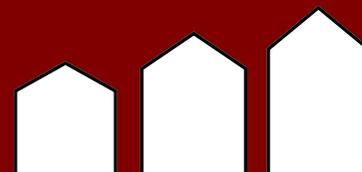
The process of finalizing an estate can take up to a year, and sometimes longer. Your executor must be available to take on this job and work through all aspects at a time when emotions can run high.

It's important to consider all of these factors when choosing your executor. If you are having difficulty choosing an executor, your Notary can help you assess the options available.



Your B.C. Notary:

# Notarial Services



*Here* are some of the tools and services a Notary can provide:

## Advance Directives (formerly Living Wills)

Advance Directives provide instructions *directly* to your healthcare provider. This ensures that your wishes will be acted upon by the health care provider if you are unable to express your wishes in the future due to injury, illness or incapacity. You would create an Advance Directive *only if* you do not want any other person to have a say in your plan or if you don't have a reliable person to represent you.

## Representation Agreement

A Representation Agreement appoints a representative, or multiple representatives, to make decisions regarding your health and personal care in the event you are unable to communicate your own wishes. Depending on how the Representation Agreement is prepared, a designated representative's authority can include:

- routine finances
- decisions regarding healthcare, personal care, and limited legal affairs
- refusal or consent to life support treatment and care
- consent to less common medical procedures/treatment
- consent to treatment the Adult approved while capable but since losing capacity has refused to consent
- deciding on living

arrangements for the Adult including choosing a care facility. A Notary can help you determine the appropriate scope for your specific representative(s).

## Power of Attorney

A Power of Attorney allows a capable adult to appoint a person or persons to handle his/her financial and legal matters in the event they are unable to do so themselves or if they need assistance in these areas. The document also specifies whether these individuals are allowed to act separately or are required to act together. Because of the financial authority conveyed through this document, it is critical that the Adult fully understands what powers they are granting with this document and they have complete trust in the person they are appointing.

It also allows the Adult to compensate his/her designate for performing actions on his/her behalf.

## Will

Wills are more commonly known than some of the other documents listed here since they are a critical tool for outlining one's wishes for the distribution of assets, custody of minor dependants, and the designation of an Executor who takes care of administering the estate. Despite this, a November

2010 survey found that only 51% of B.C. adults have a Will in place. Without a Will, the Court will determine who will be the Executor, and who will be entitled to the estate. As well, if you have minor children, they may become wards of Children and Family Services until a guardian is appointed and their entitlement to your estate will be administered by the Public Guardian and Trustee until they reach the age of majority.

## Deed of Gift

A Deed of Gift documents the reasons for a significant gift to another person prior to death. When prepared and witnessed by a Notary, it may serve to prove the signatory's intention for the gift which can be required to counter undue influence or arguments after the benefactor's death. This may be also be useful in circumstances where a person near death wants to transfer his or her assets or home into joint tenancy or wants to give a significant sum of money or a large asset to another person.



# Personal Information



Please provide the following personal information.

<b>Person One</b>	<b>Person Two</b>
Your Full Legal Name: _____	Your Full Legal Name: _____
Aliases (names you are also known by): _____	Aliases (names you are also known by): _____
Address (including postal code): _____ _____	Address (including postal code): _____ _____
Phone: (h) _____ (c) _____ (w) _____	Phone: (h) _____ (c) _____ (w) _____
E-mail: _____	E-mail: _____
Date of Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Name of Mother (including Maiden name): _____	Name of Mother (including Maiden name): _____
Her Place of Birth: _____	Her Place of Birth: _____
Name of Father: _____	Name of Father: _____
His Place of Birth: _____	His Place of Birth: _____
If you have more than one mother/father, please list and indicate if they are: <input type="checkbox"/> Step mother/Father <input type="checkbox"/> Adoptive mother/Father <input type="checkbox"/> Foster mother/Father	If you have more than one mother/father, please list and indicate if they are: <input type="checkbox"/> Step mother/Father <input type="checkbox"/> Adoptive mother/Father <input type="checkbox"/> Foster mother/Father
Name of Mother: _____	Name of Mother: _____
Name of Father: _____	Name of Father: _____
<b>Employer Information</b>	<b>Employer Information</b>
Occupation/Employer (if retired note previous occupation/employer): _____	Occupation/Employer (if retired note previous occupation/employer): _____
Employment Address (including postal code): _____ _____	Employment Address (including postal code): _____ _____
Business Phone: _____	Business Phone: _____



# Professional Advisors



Your Notary is one member of a team of professional advisors who will share their expertise in many different areas of your life: tax planning, insurance, legal counsel, financial advice and others. These other areas could affect your will and estate planning as your Notary works with you to ensure maximization of benefits, availability of funds to beneficiaries and other considerations. Please take a moment to list your various advisors.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<b>Notary:</b> Company Name: _____ Name: _____ Phone: _____	<b>Notary:</b> Company Name: _____ Name: _____ Phone: _____
<b>Lawyer:</b> Company Name: _____ Name: _____ Phone: _____	<b>Lawyer:</b> Company Name: _____ Name: _____ Phone: _____
<b>Accountant:</b> Company Name: _____ Name: _____ Phone: _____	<b>Accountant:</b> Company Name: _____ Name: _____ Phone: _____
<b>Financial Advisor(s):</b> Company Name: _____ Name: _____ Phone: _____	<b>Financial Advisor(s):</b> Company Name: _____ Name: _____ Phone: _____
<b>Financial Advisor(s):</b> Company Name: _____ Name: _____ Phone: _____	<b>Financial Advisor(s):</b> Company Name: _____ Name: _____ Phone: _____
<b>Insurance Advisor(s):</b> Company Name: _____ Name: _____ Phone: _____	<b>Insurance Advisor(s):</b> Company Name: _____ Name: _____ Phone: _____
<b>Other Advisor(s):</b> _____ Company Name: _____ Name: _____ Phone: _____	<b>Other Advisor(s):</b> _____ Company Name: _____ Name: _____ Phone: _____
<b>Other Advisor(s):</b> _____ Company Name: _____ Name: _____ Phone: _____	<b>Other Advisor(s):</b> _____ Company Name: _____ Name: _____ Phone: _____



# Important Documents



It is very important to keep your documents in a safe place. Sometimes these documents get lost in moving. Your Will and Power of Attorney should be kept at home in a reasonably fireproof place such as a filing cabinet. Some people even put them in a zip locked bag in the freezer. Regardless of where you keep them, be sure your Executor and Attorney know exactly where you keep them. Should you decide to keep these documents in a safety deposit box in the bank, be sure your Executor and Attorney have access to the box, otherwise it will be very difficult for them to get the documents when they need them.

<b>Person One</b>	<b>Person Two</b>
<b>Social Insurance Card</b> Number: _____ Location: _____	<b>Social Insurance Card</b> Number: _____ Location: _____
<b>Birth Certificate</b> Number: _____ Location: _____	<b>Birth Certificate</b> Number: _____ Location: _____
<b>Marriage Certificate:</b> Number: _____ Location: _____	<b>Marriage Certificate:</b> Number: _____ Location: _____
<b>Citizenship Certificate:</b> Number: _____ Location: _____	<b>Citizenship Certificate:</b> Number: _____ Location: _____
<b>Health Care Card:</b> Number: _____ Location: _____	<b>Health Care Card:</b> Number: _____ Location: _____
<b>Passport:</b> Number: _____ Location: _____	<b>Passport:</b> Number: _____ Location: _____
<b>US Documents:</b> Social Security Number: _____ Passport Number: _____ Other: _____ Other: _____	<b>US Documents:</b> Social Security Number: _____ Passport Number: _____ Other: _____ Other: _____
<b>Will:</b> Last Updated: _____ Prepared by: _____ _____ Location: _____	<b>Will:</b> Last Updated: _____ Prepared by: _____ _____ Location: _____
<b>Power of Attorney:</b> Last Updated: _____ Prepared by: _____ _____ Location: _____	<b>Power of Attorney:</b> Last Updated: _____ Prepared by: _____ _____ Location: _____
<b>Representation Agreement/Advance Directive:</b> Last Updated: _____ Prepared by: _____ _____ Location: _____	<b>Representation Agreement/Advance Directive:</b> Last Updated: _____ Prepared by: _____ _____ Location: _____



# Bank Accounts



If you are holding an account as a joint owner with someone who is not the intended beneficiary, but rather someone who will pay final expenses from that account and then distribute the remainder according to the Will, be sure to indicate this beside the account below. This is considered a trust and often causes much conflict if your intention is not made clear in a supporting document.

<u>Person One</u>	<u>Person Two</u>
<b>Name of Bank/Branch:</b> <hr/> Account Number: <hr/> Name of Joint Account Holder: <hr/> Phone Number of Joint Account Holder: <hr/> As Trustee? <input type="checkbox"/> Y <input type="checkbox"/> N    As beneficiary? <input type="checkbox"/> Y <input type="checkbox"/> N Location of Bank statements: <hr/> Do you do online banking? <input type="checkbox"/> Y <input type="checkbox"/> N Card Number: <hr/> Password: <hr/>	<b>Name of Bank/Branch:</b> <hr/> Account Number: <hr/> Name of Joint Account Holder: <hr/> Phone Number of Joint Account Holder: <hr/> As Trustee? <input type="checkbox"/> Y <input type="checkbox"/> N    As beneficiary? <input type="checkbox"/> Y <input type="checkbox"/> N Location of Bank statements: <hr/> Do you do online banking? <input type="checkbox"/> Y <input type="checkbox"/> N Card Number: <hr/> Password: <hr/>
<b>Name of Bank/Branch:</b> <hr/> Account Number: <hr/> Name of Joint Account Holder: <hr/> Phone Number of Joint Account Holder: <hr/> As Trustee? <input type="checkbox"/> Y <input type="checkbox"/> N    As beneficiary? <input type="checkbox"/> Y <input type="checkbox"/> N Location of Bank statements: <hr/> Do you do online banking? <input type="checkbox"/> Y <input type="checkbox"/> N Card Number: <hr/> Password: <hr/>	<b>Name of Bank/Branch:</b> <hr/> Account Number: <hr/> Name of Joint Account Holder: <hr/> Phone Number of Joint Account Holder: <hr/> As Trustee? <input type="checkbox"/> Y <input type="checkbox"/> N    As beneficiary? <input type="checkbox"/> Y <input type="checkbox"/> N Location of Bank statements: <hr/> Do you do online banking? <input type="checkbox"/> Y <input type="checkbox"/> N Card Number: <hr/> Password: <hr/>
<b>Name of Bank/Branch:</b> <hr/> Account Number: <hr/> Name of Joint Account Holder: <hr/> Phone Number of Joint Account Holder: <hr/> Location of Bank statements: <hr/> Do you do online banking? <input type="checkbox"/> Y <input type="checkbox"/> N Card Number: <hr/> Password: <hr/>	<b>Name of Bank/Branch:</b> <hr/> Account Number: <hr/> Name of Joint Account Holder: <hr/> Phone Number of Joint Account Holder: <hr/> Location of Bank statements: <hr/> Do you do online banking? <input type="checkbox"/> Y <input type="checkbox"/> N Card Number: <hr/> Password: <hr/>



# Credit Cards/Reward Points



Credit cards must be cancelled immediately upon death. Be sure your attorney and executor have the user ID numbers and corresponding PIN number for all credit cards and reward point accounts. Some reward points must be 'bought' by the estate so giving your executor access codes to air travel points, for example, could help with airline tickets for family members to visit prior to your death.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____	<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____
<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____	<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____
<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____	<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____
<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____	<b>Company:</b> <hr/> Phone: _____ Card Number: _____ Location of Records: _____
<b>Reward Points Cards</b>	<b>Reward Points Cards</b>
<b>Company:</b> <hr/> Card Number: _____ Password or access code: _____	<b>Company:</b> <hr/> Card Number: _____ Password or access code: _____
<b>Company:</b> <hr/> Card Number: _____ Password or access code: _____	<b>Company:</b> <hr/> Card Number: _____ Password or access code: _____





It is prudent to check your property title to make sure you understand how the ownership is registered. If it states “**as joint tenants**” the survivor will become the sole owner of the interest in land, including property, leases and mortgages. If those words are not on the title, ownership is as **tenants in common**, which means your interest will fall into your estate and be dealt with according to the terms of your Will. Owning any property including holding a mortgage, where you are the lender, as a tenant in common or holding a mortgage where you are the lender, requires an application to Court for probate to settle your estate.

<u>Person One</u>	<u>Person Two</u>
<b>Full Address:</b> _____	<b>Full Address:</b> _____
Other Owners & Percentage Owned: _____ _____	Other Owners & Percentage Owned: _____ _____
Owned as Joint Tenants or Tenants in Common? _____	Owned as Joint Tenants or Tenants in Common? _____
Co-Owner(s) Contact Information: _____ _____	Co-Owner(s) Contact Information: _____ _____
Rental Property? <input type="checkbox"/> Y <input type="checkbox"/> N Location Of Documents related to the property: Document: _____ Location: _____	Rental Property? <input type="checkbox"/> Y <input type="checkbox"/> N Location Of Documents related to the property: Document: _____ Location: _____
Document: _____ Location: _____	Document: _____ Location: _____
Document: _____ Location: _____	Document: _____ Location: _____
<b>Home Insurance:</b> Company: _____ Contact: _____ Renewal Date: _____	<b>Home Insurance:</b> Company: _____ Contact: _____ Renewal Date: _____
<b>Mortgage(s)</b> Lender: _____ Phone: _____ Mortgage Reference Number: _____	<b>Mortgage(s)</b> Lender: _____ Phone: _____ Mortgage Reference Number: _____
<b>Mortgage(s)</b> Lender: _____ Phone: _____ Mortgage Reference Number: _____	<b>Mortgage(s)</b> Lender: _____ Phone: _____ Mortgage Reference Number: _____
<b>Strata Management Firm</b> Strata Management: _____ Phone: _____ Strata Lot / Plan Number: _____	<b>Strata Management Firm</b> Strata Management: _____ Phone: _____ Strata Lot / Plan Number: _____





## Person One

### Full Address:

\_\_\_\_\_

### Other Owners & Percentage Owned:

\_\_\_\_\_

### Owned as Joint Tenants or Tenants in Common?

\_\_\_\_\_

### Co-Owner(s) Contact Information:

\_\_\_\_\_

### Rental Property? Y N

### Location Of Documents related to the property:

Document: \_\_\_\_\_

Location: \_\_\_\_\_

Document: \_\_\_\_\_

Location: \_\_\_\_\_

### Property Taxes Deferred? Y N

### Home Insurance:

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

### Mortgage(s)

Lender: \_\_\_\_\_

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

Mortgage Reference Number: \_\_\_\_\_

### Mortgage(s)

Lender: \_\_\_\_\_

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

Mortgage Reference Number: \_\_\_\_\_

### Mortgage(s)

Lender: \_\_\_\_\_

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

Mortgage Reference Number: \_\_\_\_\_

### Mortgage(s) Held

Borrower(s) Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Ref #: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

## Person Two

### Full Address:

\_\_\_\_\_

### Other Owners & Percentage Owned:

\_\_\_\_\_

### Owned as Joint Tenants or Tenants in Common?

\_\_\_\_\_

### Co-Owner(s) Contact Information:

\_\_\_\_\_

### Rental Property? Y N

### Location Of Documents related to the property:

Document: \_\_\_\_\_

Location: \_\_\_\_\_

Document: \_\_\_\_\_

Location: \_\_\_\_\_

### Property Taxes Deferred? Y N

### Home Insurance:

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

### Mortgage(s)

Lender: \_\_\_\_\_

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

Mortgage Reference Number: \_\_\_\_\_

### Mortgage(s)

Lender: \_\_\_\_\_

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

Mortgage Reference Number: \_\_\_\_\_

### Mortgage(s)

Lender: \_\_\_\_\_

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

Mortgage Reference Number: \_\_\_\_\_

### Mortgage(s) Held

Borrower(s) Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Ref #: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_



# Investments



It is prudent to review your investment portfolio from time to time. If there is a named beneficiary on a product such as a segregated fund, be sure that the investment advisor has the latest contact information for the beneficiary. Please list all your investments below, which may include bank accounts, GICs, term deposits, mutual funds, stocks, bonds, TSFAs, RESPs, RDSPs, among others.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<b>Type of Investment:</b> _____	<b>Type of Investment:</b> _____
Company held with: _____	Company held with: _____
Approximate Current value: _____	Approximate Current value: _____
Assigned Beneficiary: _____	Assigned Beneficiary: _____
Location of Important documents: _____	Location of Important documents: _____
Contingent beneficiary: _____	Contingent beneficiary: _____
<b>Type of Investment:</b> _____	<b>Type of Investment:</b> _____
Company held with: _____	Company held with: _____
Approximate Current value: _____	Approximate Current value: _____
Assigned Beneficiary: _____	Assigned Beneficiary: _____
Location of Important documents: _____	Location of Important documents: _____
<b>Type of Investment:</b> _____	<b>Type of Investment:</b> _____
Company held with: _____	Company held with: _____
Approximate Current value: _____	Approximate Current value: _____
Assigned Beneficiary: _____	Assigned Beneficiary: _____
Location of Important documents: _____	Location of Important documents: _____



# Pension Plans



Please provide the following information about any pension plans.

<b>Person One</b>	<b>Person Two</b>
Canada Pension Plan: _____  Old Age Security: _____  <b>Type of Plan</b> <hr/> Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____  <b>Type of Plan</b> <hr/> Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____  <b>Type of Plan</b> <hr/> Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____	Canada Pension Plan: _____  Old Age Security: _____  <b>Type of Plan</b> <hr/> Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____  <b>Type of Plan</b> <hr/> Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____  <b>Type of Plan</b> <hr/> Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____
<b>Veteran Benefits</b>	<b>Veteran Benefits</b>
Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____	Plan Number: _____ Plan Contact: _____ Phone: _____ Beneficiary: _____



# Income Plans and Annuities



It is prudent to review your named beneficiaries on RRSP's, RRIF's etc. Be sure that the financial institution has the most current contact information. Remember that there are significant tax consequences for the estate if your named beneficiary is not a spouse or dependent child.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<b>Registered Retirement Savings Plans (RRSP) Or Registered Retirement Income Fund (RRIF)</b>	<b>Registered Retirement Savings Plans (RRSP) Or Registered Retirement Income Fund (RRIF)</b>
Company held with.	Company held with.
Company Contact Information:	Company Contact Information:
Account Number:	Account Number:
Approximate Current value:	Approximate Current value:
Assigned Beneficiary:	Assigned Beneficiary:
Contingent Beneficiary:	Contingent Beneficiary:
Location of Important documents:	Location of Important documents:
<b>Other Income Fund:</b>	<b>Other Income Fund:</b>
Company held with.	Company held with.
Company Contact Information:	Company Contact Information:
Account Number:	Account Number:
Approximate Current value:	Approximate Current value:
Assigned Beneficiary:	Assigned Beneficiary:
Contingent Beneficiary:	Contingent Beneficiary:
Location of Important documents:	Location of Important documents:
<b>Annuity:</b>	<b>Annuity:</b>
Company held with.	Company held with.
Company Contact Information:	Company Contact Information:
Account Number:	Account Number:
Approximate Current value:	Approximate Current value:
Assigned Beneficiary:	Assigned Beneficiary:
Location of Important documents:	Location of Important documents:



# Insurance Plans



It is prudent to review your insurance policies from time to time. If there is a named beneficiary on a policy, be sure that the insurance broker has the latest contact information for the beneficiary and that your executor or the beneficiary knows where the policies are kept.

<u>Person One</u>	<u>Person Two</u>
<p><b>Life Insurance:</b> Company held with:</p> <hr/> <p>Company/Advisor Contact Information:</p> <hr/> <hr/> <p>Policy Number:</p> <hr/> <p>Amount:</p> <hr/> <p>Expiry Date:</p> <hr/> <p>Location of Important documents:</p> <hr/> <hr/>	<p><b>Life Insurance:</b> Company held with:</p> <hr/> <p>Company/Advisor Contact Information:</p> <hr/> <hr/> <p>Policy Number:</p> <hr/> <p>Amount:</p> <hr/> <p>Expiry Date:</p> <hr/> <p>Location of Important documents:</p> <hr/> <hr/>
<p><b>Life Insurance:</b> Company held with:</p> <hr/> <p>Company/Advisor Contact Information:</p> <hr/> <hr/> <p>Policy Number:</p> <hr/> <p>Amount:</p> <hr/> <p>Expiry Date:</p> <hr/> <p>Location of Important documents:</p> <hr/> <hr/>	<p><b>Life Insurance:</b> Company held with:</p> <hr/> <p>Company/Advisor Contact Information:</p> <hr/> <hr/> <p>Policy Number:</p> <hr/> <p>Amount:</p> <hr/> <p>Expiry Date:</p> <hr/> <p>Location of Important documents:</p> <hr/> <hr/>
<p><b>Life Insurance:</b> Company held with:</p> <hr/> <p>Company/Advisor Contact Information:</p> <hr/> <hr/> <p>Policy Number:</p> <hr/> <p>Amount:</p> <hr/> <p>Expiry Date:</p> <hr/> <p>Location of Important documents:</p> <hr/> <hr/>	<p><b>Life Insurance:</b> Company held with:</p> <hr/> <p>Company/Advisor Contact Information:</p> <hr/> <hr/> <p>Policy Number:</p> <hr/> <p>Amount:</p> <hr/> <p>Expiry Date:</p> <hr/> <p>Location of Important documents:</p> <hr/> <hr/>





# Debts/Liabilities & Personal Loans



It is important to record significant loans or advances and indicate if they are to be taken into account in the finalization of your estate.

<b>Person One</b>	<b>Person Two</b>
<p><b>Type of Debt:</b></p> <p>_____</p> <p>Lender: _____</p> <p>Lender Contact: _____</p> <p>Approximate amount: _____</p> <p>Location of Documents: _____</p>	<p><b>Type of Debt:</b></p> <p>_____</p> <p>Lender: _____</p> <p>Lender Contact: _____</p> <p>Approximate amount: _____</p> <p>Location of Documents: _____</p>
<p><b>Type of Debt:</b></p> <p>_____</p> <p>Lender: _____</p> <p>Lender Contact: _____</p> <p>Approximate amount: _____</p> <p>Location of Documents: _____</p>	<p><b>Type of Debt:</b></p> <p>_____</p> <p>Lender: _____</p> <p>Lender Contact: _____</p> <p>Approximate amount: _____</p> <p>Location of Documents: _____</p>
<p><b>Type of Debt:</b></p> <p>_____</p> <p>Lender: _____</p> <p>Lender Contact: _____</p> <p>Approximate amount: _____</p> <p>Location of Documents: _____</p>	<p><b>Type of Debt:</b></p> <p>_____</p> <p>Lender: _____</p> <p>Lender Contact: _____</p> <p>Approximate amount: _____</p> <p>Location of Documents: _____</p>
<b>Personal Loans Made by You</b>	<b>Personal Loans Made by You</b>
<p>Name of Borrower: _____</p> <p>Borrower Phone: _____</p> <p>Amount: _____</p> <p>Location of Documentation: _____</p> <p>To be deducted from share of estate? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>To be forgiven upon my death? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Name of Borrower: _____</p> <p>Borrower Phone: _____</p> <p>Amount: _____</p> <p>Location of Documentation: _____</p> <p>To be deducted from share of estate? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>To be forgiven upon my death? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Name of Borrower: _____</p> <p>Borrower Phone: _____</p> <p>Amount: _____</p> <p>Location of Documentation: _____</p> <p>To be deducted from share of estate? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>To be forgiven upon my death? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Name of Borrower: _____</p> <p>Borrower Phone: _____</p> <p>Amount: _____</p> <p>Location of Documentation: _____</p> <p>To be deducted from share of estate? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>To be forgiven upon my death? <input type="checkbox"/> Y <input type="checkbox"/> N</p>



# Beneficiaries



Review this list from time to time. If a beneficiary dies before you or you lose contact, changes may have to be made to your Will. It is very important that your executor has the most up-to-date contact information for all concerned. It is also important to let your Notary know if you give a significant gift to one of your intended beneficiaries during your lifetime so it can be recorded. It will be important to note whether the gift is to be considered over and above the gift in the Will, or to be deducted from the beneficiary's share of the estate. Recording this information may alleviate conflict or uncertainty in the future.

## Person One

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Beneficiaries



Review this list from time to time. If a beneficiary dies before you or you lose contact, changes may have to be made to your Will. It is very important that your executor has the most up-to-date contact information for all concerned. It is also important to let your Notary know if you give a significant gift to one of your intended beneficiaries during your lifetime so it can be recorded. It will be important to note whether the gift is to be considered over and above the gift in the Will, or to be deducted from the beneficiary's share of the estate. Recording this information will alleviate conflict or uncertainty in the future.

## Person Two

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Key Contacts



Review your choices for executor and guardian every few years. If there are changes in circumstance, health, or location of your executors and guardians you may wish to make a change to your Will.

## Person One

### **Executor(s)/Trustee(s) & Alternate(s)**

Executor:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

2nd Executor:

Co-Executor or Alternate? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

3rd Executor:

Co-Executor or Alternate? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

### **Guardian(s)**

Guardian(s)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Guardian(s)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Guardian(s)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

Relationship: \_\_\_\_\_



# Key Contacts



Review your choices for executor and guardian every few years. If there are changes in circumstance, health, or location of your executors and guardians you may wish to make a change to your Will.

## Person Two

### **Executor(s)/Trustee(s) & Alternate(s)**

Executor:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

2nd Executor:

Co-Executor or Alternate? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

3rd Executor:

Co-Executor or Alternate? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

### **Guardian(s)**

Guardian(s)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Guardian(s)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Guardian(s)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone:(c) \_\_\_\_\_

Relationship: \_\_\_\_\_



# Next of Kin



In the event that you have little or no contact with certain members of your family, they are still entitled to be notified of your death. Please list in order: spouse, children, parents, siblings, nieces and nephews. Please give their last known address. Your executor is bound by law to notify those persons who would have been beneficiaries if you died intestate (without a Will) even if it means hiring an investigator to determine where that person is at the time of your death. You can help by providing the last known address or asking around to try to locate these people. Please tell your Notary about ALL your children and spouses, even if this has been a secret from others. The information will be kept confidential until your death.

## Person One

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_



# Next of Kin



In the event that you have little or no contact with certain members of your family, they are still entitled to be notified of your death. Please list in order: spouse, children, parents, siblings, nieces and nephews. Please give their last known address. Your executor is bound by law to notify those persons who would have been beneficiaries if you died intestate (without a Will) even if it means hiring an investigator to determine where that person is at the time of your death. You can help by providing the last known address or asking around to try to locate these people. Please tell your Notary about ALL your children and spouses, even if this has been a secret from others. The information will be kept confidential until your death.

## Person Two

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent or Guardian Name *\*If applicable*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_



# Testamentary Expenses & Prepaid Arrangements



When a person dies, any account that they have in their own name is frozen by the bank. It is not possible to have access to the funds until after probate, except for limited testamentary expenses such as direct funeral costs. If it is important to you to provide funds for your family for airfares or other immediate expenses you could set some money aside in a joint account with your Executor for this purpose. You could even refer to it as your estate account.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
Funeral Arrangements: Name of Funeral Home: _____ Contact Info: _____ _____	Funeral Arrangements: Name of Funeral Home: _____ Contact Info: _____ _____
Type of Arrangement: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Type of Arrangement: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<b>Additional Wishes:</b> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	<b>Additional Wishes:</b> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>
<b>Immediate Expenses:</b> <ul style="list-style-type: none"> <li>• Fill in the expenses you anticipate your executor may be responsible for fulfilling immediately after death. These may include some of the following:</li> <li>• Funeral, obituary, airfares or ferry fares if applicable</li> <li>• Child Care</li> <li>• Pet Care</li> <li>• Care of Spouse</li> <li>• Cleaning and maintenance of home to put on market</li> </ul> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<b>Immediate Expenses:</b> <ul style="list-style-type: none"> <li>• Fill in the expenses you anticipate your executor may be responsible for fulfilling immediately after death. These may include some of the following:</li> <li>• Funeral, obituary, airfares or ferry fares if applicable</li> <li>• Child Care</li> <li>• Pet Care</li> <li>• Care of Spouse</li> <li>• Cleaning and maintenance of home to put on market</li> </ul> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>



# Personal Health Care Information



If you do not have a Representation Agreement, and a decision has to be made about your health care, including end of life, (a) health care provider(s) will choose your closest family member or friend to make decisions for you from the following list (in order): spouse, adult child, parent, brother or sister, grandparent, grandchild, anyone else related to you by birth or adoption, close friend, person immediately related to you by marriage. Powers of Attorney are for financial and legal matters and Representation Agreements are for health and personal care decisions. Talk to your Notary about this to find out if you should have a Representation Agreement.

<b>Person One</b>	<b>Person Two</b>
Family Doctor: Name: _____ Phone: _____	Family Doctor: Name: _____ Phone: _____
Dentist: Name: _____ Phone: _____	Dentist: Name: _____ Phone: _____
Do you have a Pacemaker? <input type="checkbox"/> Y <input type="checkbox"/> N Do you Have Artificial Joints or Plates? <input type="checkbox"/> Y <input type="checkbox"/> N If so, where?: _____	Do you have a Pacemaker? <input type="checkbox"/> Y <input type="checkbox"/> N Do you Have Artificial Joints or Plates? <input type="checkbox"/> Y <input type="checkbox"/> N If so, where?: _____
<b>Health-Care Professionals &amp; Specialists:</b>	<b>Health-Care Professionals &amp; Specialists:</b>
Speciality: _____ Name: _____ Phone: _____	Speciality: _____ Name: _____ Phone: _____
Speciality: _____ Name: _____ Phone: _____	Speciality: _____ Name: _____ Phone: _____
Speciality: _____ Name: _____ Phone: _____	Speciality: _____ Name: _____ Phone: _____
Speciality: _____ Name: _____ Phone: _____	Speciality: _____ Name: _____ Phone: _____
Speciality: _____ Name: _____ Phone: _____	Speciality: _____ Name: _____ Phone: _____
Appointed Health Care Representative: Name: _____ Phone: _____ Alt Phone: _____	Appointed Health Care Representative: Name: _____ Phone: _____ Alt Phone: _____
Appointed Health Care Representative: Name: _____ Phone: _____ Alt Phone: _____	Appointed Health Care Representative: Name: _____ Phone: _____ Alt Phone: _____



# Important Health Information



Please share any healthcare information not provided in the personal healthcare information section (previous page). List any illnesses or conditions as well as medications.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<p>Pacemaker? Implants? Artificial joints or limbs? Allergies?</p> <div data-bbox="77 546 792 2061" style="border: 1px solid black; height: 660px;"></div>	<p>Pacemaker? Implants? Artificial joints or limbs? Allergies?</p> <div data-bbox="831 546 1546 2061" style="border: 1px solid black; height: 660px;"></div>



# Health Insurance Plans



Please provide the following information.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<b>Policy Type:</b> _____	<b>Policy Type:</b> _____
Company held with: _____	Company held with: _____
Company/Advisor Contact: _____ _____	Company/Advisor Contact: _____ _____
Group/Certificate Number: _____	Group/Certificate Number: _____
Location of Benefit Summary/Annual Statement: _____	Location of Benefit Summary/Annual Statement: _____
<b>Policy Type:</b> _____	<b>Policy Type:</b> _____
Company held with: _____	Company held with: _____
Company/Advisor Contact: _____ _____	Company/Advisor Contact: _____ _____
Group/Certificate Number: _____	Group/Certificate Number: _____
Location of Benefit Summary/Annual Statement: _____	Location of Benefit Summary/Annual Statement: _____
<b>Policy Type:</b> _____	<b>Policy Type:</b> _____
Company held with: _____	Company held with: _____
Company/Advisor Contact: _____ _____	Company/Advisor Contact: _____ _____
Group/Certificate Number: _____	Group/Certificate Number: _____
Location of Benefit Summary/Annual Statement: _____	Location of Benefit Summary/Annual Statement: _____



# Long term/Disability/Critical Insurance Plans

Please provide the following information.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>
<p><b>Policy Type:</b></p> <hr/> <p>Company held with:</p> <hr/> <p>Company/Advisor Contact:</p> <hr/> <p>Group/Certificate Number:</p> <hr/> <p>Location of Benefit Summary/Annual Statement:</p> <hr/>	<p><b>Policy Type:</b></p> <hr/> <p>Company held with:</p> <hr/> <p>Company/Advisor Contact:</p> <hr/> <p>Group/Certificate Number:</p> <hr/> <p>Location of Benefit Summary/Annual Statement:</p> <hr/>
<p><b>Policy Type:</b></p> <hr/> <p>Company held with:</p> <hr/> <p>Company/Advisor Contact:</p> <hr/> <p>Group/Certificate Number:</p> <hr/> <p>Location of Benefit Summary/Annual Statement:</p> <hr/>	<p><b>Policy Type:</b></p> <hr/> <p>Company held with:</p> <hr/> <p>Company/Advisor Contact:</p> <hr/> <p>Group/Certificate Number:</p> <hr/> <p>Location of Benefit Summary/Annual Statement:</p> <hr/>
<p><b>Policy Type:</b></p> <hr/> <p>Company held with:</p> <hr/> <p>Company/Advisor Contact:</p> <hr/> <p>Group/Certificate Number:</p> <hr/> <p>Location of Benefit Summary/Annual Statement:</p> <hr/>	<p><b>Policy Type:</b></p> <hr/> <p>Company held with:</p> <hr/> <p>Company/Advisor Contact:</p> <hr/> <p>Group/Certificate Number:</p> <hr/> <p>Location of Benefit Summary/Annual Statement:</p> <hr/>



# Other Important Information



This is a good place to put things like who would take care of your pet(s) or dependents/relatives, or what you would like to tell your loved ones (such as your pride in your family, secrets, grievances or other things you know but have never told anyone). Some people write letters to explain their decisions or leave a final message after they're gone. If you've left such a letter, please be sure to list its location below so your executor can ensure it's delivered to the intended recipient.

<b><u>Person One</u></b>	<b><u>Person Two</u></b>



# Other Important Information



**Person One**

**Person Two**

Large empty rectangular box for Person One's information.

Large empty rectangular box for Person Two's information.



# Estate Valuation Assets & Liabilities



	<u>Person One</u>	<u>Person Two</u>
ASSETS	VALUE	VALUE
<b><i>Cash and Other Liquid Assets</i></b>		
Bank Accounts		
Chequing Account(s)	\$ _____	\$ _____
Saving Account(s)	\$ _____	\$ _____
GIC(s)	\$ _____	\$ _____
Canada Savings Bonds	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____
<b><i>Real Estate</i></b>		
Primary Residence	\$ _____	\$ _____
Other Properties: _____	\$ _____	\$ _____
Other Properties: _____	\$ _____	\$ _____
Other Properties: _____	\$ _____	\$ _____
Other Properties: _____	\$ _____	\$ _____
Other Properties: _____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____
<b><i>Investments</i></b>		
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
RRSP(s)	\$ _____	\$ _____
RRIF(s)	\$ _____	\$ _____
Other Investments: _____	\$ _____	\$ _____
Other Investments: _____	\$ _____	\$ _____
Other Investments: _____	\$ _____	\$ _____
Other Investments: _____	\$ _____	\$ _____
Other Investments: _____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____
<b><i>Other Assets</i></b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____



# Estate Valuation Assets & Liabilities



	<u>Person One</u>	<u>Person Two</u>
<b>LIABILITIES</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
<b><i>Bank and Trust Liabilities</i></b>		
Bank Overdraft	\$ _____	\$ _____
Primary Residence Mortgage	\$ _____	\$ _____
Line of Credit	\$ _____	\$ _____
Auto Loan	\$ _____	\$ _____
Personal Loan	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____
<b><i>Credit Cards</i></b>		
Visa	\$ _____	\$ _____
Mastercard	\$ _____	\$ _____
American Express	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____
<b>Total Liabilities</b>	\$ _____	\$ _____
<b>CURRENT ESTATE VALUATION</b>	\$ _____	\$ _____



# Pensions, Income and Life Insurance Plans



	<u>Person One</u>	<u>Person Two</u>
<b>INCOME SOURCES</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
<b><i>Current Monthly Earned Income</i></b>		
Current Employment	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
<b>Total Monthly Earned Income:</b>	\$ _____	\$ _____
<b><i>Retirement Income</i></b>		
Pension Plan	\$ _____	\$ _____
Type of Plan (Joint and Last, Sole Survivor):		
_____		
Insurance Plan—Annuities	\$ _____	\$ _____
RRIF	\$ _____	\$ _____
CPP	\$ _____	\$ _____
OAS	\$ _____	\$ _____
<b>Total Monthly Retirement Income</b>	\$ _____	\$ _____
<b>LIFE INSURANCE PLANS</b>	<b>VALUE</b>	<b>VALUE</b>
<b><i>Life Insurance Policies</i></b>		
Company: _____	\$ _____	\$ _____
Company: _____	\$ _____	\$ _____
Company: _____	\$ _____	\$ _____
Credit Card(s)	\$ _____	\$ _____
Mortgage Insurance	\$ _____	\$ _____
<b>Total Life Insurance Proceeds</b>	\$ _____	\$ _____

