



MY ESTATE





PERSONAL INFORMATION

Name:		Nickname:	
Social Insurance Number:			
Date of Birth:		Place of Birth:	
Address:			
Telephone (Residence):		Telephone: (Business):	
Email #1:		Email #2:	
Father's Name:		Place of Birth:	
Mother's Maiden Name:		Place of Birth:	
Work Life (Industry or Occupation):			
Branch of Military Service:		Unit or Regiment:	
Date Entered Service:		Place:	
Date of Discharge:		Place:	
Theatre of Service:		Final Rank:	
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widow(er) <input type="radio"/> Common Law			
My Spouse's Name:			
Date of Birth:		Place of Birth:	
Address:			
Telephone:			



LOCATION OF IMPORTANT DOCUMENTS

Last Will & Testament (Reference Copy):

Deed to Home:

Property Insurance Documents:

Birth Certificate:

Automobile Documents:

Marriage License:

Divorce Judgment (*if applicable*):

Citizenship Documents (*Passport, VISA, Nexus, etc.*):

Military Discharge Papers:

Life Insurance Policy Documents:

Pension Plan Documents:

Income Tax Returns:

Stock Certificates, Bonds:

Copy of Mortgage Documents, Lease Agreements:

Certificate of Funeral Arrangements:

Ownership Papers (*Cemetery, Niche, Crypt*):

No matter the size of your estate, if you have a home, vehicle(s), money in the bank, financial investments or other valuable assets, you can't afford to be without a well-drafted, *current* Will, especially if you have dependents. Even those with modest estates need to have a properly prepared Will.

In addition to directions regarding your estate, a Will also names a representative, chosen by you, who will take responsibility for carrying out the terms of your Will. This person is called the *Estate Trustee* (formerly known as the *Executor*). By naming an Estate Trustee, you avoid the unnecessary costs of a court-appointed administrator and speed the ease with which a funeral and other matters of disposition can be achieved.



MY WILL & ADVISORS

If, at the time of your death, you have not made pre-planned arrangements, the authority for making your final arrangements falls in the following *order of priority*:

1. The Estate Trustee designated in your Will
2. Your Spouse (*if living with you at the time of death*)
3. Your Children
4. Your Parent(s)
5. A Legal Guardian
6. An Adult Next-of-Kin

My Will

Latest Will Dated:

Is Stored with:

The Estate Trustee named in my Will is:

Telephone:

The Lawyer for my Will is:

Telephone:

Lawyer's Office Address:

Professional Advisors

Name:

Telephone:

Address:

Email:

Name:

Telephone:

Address:

Email:

Name:

Telephone:

Address:

Email:



IMPORTANT MEDICAL & CLERGY RECORDS

Registered with (*Hospital*):

Health Card Number:

I have a pacemaker: ☐ Yes ☐ No

I have registered my consent to donate organs and tissue
with the Trillium Gift of Life Network (or equivalent): ☐ Yes ☐ No

I have donated my body to Medical Education or Research: ☐ Yes ☐ No

Name of Institution:

I have a Living Will: ☐ Yes ☐ No

Power of Attorney:

I have Personal Health Insurance: ☐ Yes ☐ No

Name of Company: (*see page 10-12*)

Medical Conditions/Problems:

Physician Name:

Telephone:

Address:

Clergy

Church or other Religious Institution:

Member of Clergy:

Telephone:

Special Instructions for Funeral Service and/or Guidance for Clergy:



BANK & INVESTMENT ACCOUNTS

Bank Accounts

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Investment Accounts (Non-Registered)

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Tax-Free Savings Account (TFSA)

Financial Institution:

Account Number:

Address:

Telephone:



REGISTERED INVESTMENTS ACCOUNTS

Registered Retirement Savings Plan Accounts (RRSP)

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Registered Retirement Income Fund Accounts (RRIF)

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:

Locked-In Retirement Accounts (LIRA)

Financial Institution:

Account Number:

Address:

Telephone:

Financial Institution:

Account Number:

Address:

Telephone:



PENSIONS & SAFETY DEPOSIT BOX

Defined Benefit Pensions

Sponsor Name:

Account Number:

Address:

Telephone:

Sponsor name:

Account Number:

Address:

Telephone:

Defined Contribution Pensions

Sponsor Name:

Account Number:

Address:

Telephone:

Sponsor Name:

Account Number:

Address:

Telephone:

I am in receipt of:

☐ Canada Pension Plan (CPP) ☐ Old Age Security (OAS) ☐ Foreign Pension ☐ Quebec Pension

Safety Deposit Box

Financial Institution:

Address:

Telephone:

Box Number:

Location of Key:



REAL ESTATE

Personal Use Real Estate

Property #1 (*Description*):

Address:

Mortgage:

Financial Institution:

Mortgage Number:

Address:

Telephone:

Property #2 (*Description*):

Address:

Mortgage:

Financial Institution:

Mortgage Number:

Address:

Telephone:

Commercial Real Estate

Property (*Description*):

Address:

Mortgage:

Financial Institution:

Mortgage Number:

Address:

Telephone:

Notes:



DEBTS & CREDIT CARDS

Personal Debts

Financial Institution:

Loan or Account Number:

Address:

Telephone:

Financial Institution:

Loan or Account Number:

Address:

Telephone:

Financial Institution:

Loan or Account Number:

Address:

Telephone:

Credit Cards

Type of Card:

Name on Credit Card:

Last Four Digits of Card:

Expiry Date:

Type of Card:

Name on Credit Card:

Last Four Digits of Card:

Expiry Date:

Type of Card:

Name on Credit Card:

Last Four Digits of Card:

Expiry Date:

Type of Card:

Name on Credit Card:

Last Four Digits of Card:

Expiry Date:



PERSONAL LOANS & LIFE INSURANCE

Personal Loans (Asset)

Loan #1:

Amount Loaned:

Payment Amount:

Date of Loan:

Term of Loan:

Loan #2:

Amount Loaned:

Payment Amount:

Date of Loan:

Term of Loan:

Group Life Insurance

Company:

Policy Number:

Representative:

Telephone:

Life Insurance (Single Life)

Policy #1:

Insurance Company:

Policy Number:

Representative:

Telephone:

Policy #2:

Insurance Company:

Policy Number:

Representative:

Telephone:



OTHER PERSONAL INSURANCE

Life Insurance (Joint Life)

Policy #1:

Insurance Company:

Policy Number:

Representative:

Telephone:

Policy #2:

Insurance Company:

Policy Number:

Representative:

Telephone:

Disability Insurance

Group Disability Insurance:

Company:

Policy Number:

Representative:

Telephone:

Personal Disability Insurance:

Insurance Company:

Policy Number:

Representative:

Telephone:

Critical Illness Insurance

Insurance Company:

Policy Number:

Representative:

Telephone:

Other:



OTHER INSURANCE

Property Insurance

Policy #1:

Insurance Company:

Policy Number:

Representative:

Telephone:

Vehicle Insurance

Company:

Policy Number:

Representative:

Telephone:

Medical and Travel Insurance

Insurance Company:

Policy Number:

Representative:

Telephone:

Other Insurance (please describe)



ONLINE ACCOUNTS & PASSWORDS

Many people have created various digital accounts (e.g. Email, Social Media (LinkedIn, Facebook, etc.), Financial (Banking, Investment Trading, etc.) and other internet-based identities. It is important to write down some of that information in this binder and/or to provide directions to a secure location where this 'online access' information can be retrieved after the time of death, so that your loved ones can deal with your online legacy.

Email Accounts

Email #1:

Service Provider:

Account Number:

User Name:

Password:

Email #2:

Service Provider:

Account Number:

User Name:

Password:

Online Banking Accounts

Financial Institution #1:

Account Number:

User Name:

Password:

Financial Institution #2:

Account Number:

User Name:

Password:

Financial Institution #3:

Account Number:

User Name:

Password:



ONLINE ACCOUNTS & PASSWORDS

Online Investment Accounts

Brokerage #1:	Account Number:
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Website Address:	Telephone:
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User Name:	Password:
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Brokerage #2:	Account Number:
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Website Address:	Telephone:
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User Name:	Password:
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Social Media Accounts

Service Provider #1:	Account Number:
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Website Address:	Telephone:
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User Name:	Password:
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Service Provider #2:	Account Number:
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Website Address:	Telephone:
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User Name:	Password:
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Service Provider #3:	Account Number:
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Website Address:	Telephone:
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User Name:	Password:
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I do not wish to record some of this information here. However, my login and password information can be found in the following location:



Notes: