

PERSONAL RECORDS INFORMATION SHEETS

1. ESTATE DOCUMENTS

2. PERSONAL INFORMATION

- family members
- personal advisors
- location of important documents

3. REAL ESTATE

- deeds
- insurance
- property maintenance
- mortgages
- taxes

4. FINANCES

- bank accounts
- loans
- insurance
- investments
- pensions
- business interests

5. POSSESSIONS

- automobiles, boats and recreational vehicles
- valuables
- warranty items

6. FUNERAL ARRANGEMENTS

- final wishes

7. OTHER DOCUMENTS

- miscellaneous

1. ESTATE DOCUMENTS

Will

Location of your Will _____

Location of your spouse's Will _____

Last date Will(s) was/were reviewed _____

Continuing Power of Attorney for Property

Location of your Continuing Power of Attorney for Property _____

Location of your spouse's Continuing Power of Attorney for Property _____

Last date Power of Attorney for Property was/were reviewed _____

Power of Attorney for Personal Care

Location of your Power of Attorney for Personal Care _____

Location of your spouse's Power of Attorney for Personal Care _____

Last date Power of Attorney(s) for Personal Care was/were reviewed _____

2. PERSONAL INFORMATION

- family members
- personal advisors
- location of important documents

Information About You and Your Spouse

Name	_____	_____
Maiden Name (If applicable)	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Address	_____	_____
Phone No.	_____	_____
Fax No.	_____	_____
E-mail Address	_____	_____
Date of Marriage	_____	_____
Place of Marriage	_____	_____
Name of Father	_____	_____
Father's Birthplace	_____	_____
Name of Mother (maiden name)	_____	_____
Mother's Birthplace	_____	_____
Occupation	_____	_____
Place of Employment	_____	_____
Address	_____	_____
Phone No.	_____	_____
Fax No.	_____	_____
Driver's License No.	_____	_____
Social Insurance No.	_____	_____
Health Card No.	_____	_____

Information About Your Children and Grandchildren

Children

1. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

2. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

3. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

4. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

5. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

6. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

Grandchildren

1. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

2. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

3. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

4. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

5. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

6. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

7. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

Grandchildren

8. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

9. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

10. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

11. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

12. Full Name _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Other Information _____

Personal Advisors

Lawyer

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Accountant

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Doctor

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Dentist

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Clergy

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Financial Advisors/Investment Managers

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Personal Advisors (continued)

Insurance Agent- Home

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Insurance Agent – Car

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Veterinarian

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Realtor

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Other

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Other

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Other

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Other

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Other

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Other

Name _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Location of Important Documents

Document	Yes	No	Location
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse's Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Children's Birth Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Children's Health Card(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Adoption Papers	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marriage Contract	<input type="checkbox"/>	<input type="checkbox"/>	_____
Divorce Judgment/Separation Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Passport	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse's Passport	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income Tax Records	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment Contracts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (describe)			_____

3. REAL ESTATE

- deeds
- insurance
- property maintenance
- mortgages
- taxes

DEEDS

Principal Residence

Address _____

Date of Purchase _____

Owner and How Title is Held _____

Location of Deed _____

Location of Survey _____

List of any unique characteristics of property including easements, life interests, option to sell or heritage designations

Other Properties

Address _____

Date of Purchase _____

Owner and How Title is Held _____

Location of Deed _____

Location of Survey _____

List of any unique characteristics of property including easements, life interests, option to sell or heritage designations

Other Properties

Address _____

Date of Purchase _____

Owner and How Title is Held _____

Location of Deed _____

Location of Survey _____

List of any unique characteristics of property including easements, life interests, option to sell or heritage designations

Mortgages

Principal Residence

	Mortgage #1	Mortgage #2
Lender	_____	_____
Mortgage or Loan Number	_____	_____
Land Mortgaged	_____	_____
Amount	_____	_____
Interest Rate	_____	_____
Term	_____	_____
Payment	_____	_____
Name of Borrowers	_____	_____
Life Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance Held With	_____	_____
Realty Taxes Included in Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Mortgage Documents	_____	_____

Other Properties

	Mortgage #1	Mortgage #2
Lender	_____	_____
Mortgage or Loan Number	_____	_____
Land Mortgaged	_____	_____
Amount	_____	_____
Interest Rate	_____	_____
Term	_____	_____
Payment	_____	_____
Name of Borrowers	_____	_____
Life Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance Held With	_____	_____
Realty Taxes Included in Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Mortgage Documents	_____	_____

Other Properties

	Mortgage #1	Mortgage #2
Lender	_____	_____
Mortgage or Loan Number	_____	_____
Land Mortgaged	_____	_____
Amount	_____	_____
Interest Rate	_____	_____
Term	_____	_____
Payment	_____	_____
Name of Borrowers	_____	_____
Life Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance Held With	_____	_____
Realty Taxes Included in Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Mortgage Documents	_____	_____

Other Properties

	Mortgage #1	Mortgage #2
Lender	_____	_____
Mortgage or Loan Number	_____	_____
Land Mortgaged	_____	_____
Amount	_____	_____
Interest Rate	_____	_____
Term	_____	_____
Payment	_____	_____
Name of Borrowers	_____	_____
Life Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Insurance Held With	_____	_____
Realty Taxes Included in Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Mortgage Documents	_____	_____

Insurance and Taxes

Principal Residence

Insurance Agent _____

Address _____

Contact Person _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Insurance Company _____

Insurance Policy No. _____

Last Date Insurance Coverage Reviewed _____

Location of Insurance Policy _____

Property Tax Roll Number _____

Date of Tax Payments _____

To Whom Taxes Are Paid _____

Other Properties

Insurance Agent _____

Address _____

Contact Person _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Insurance Company _____

Insurance Policy No. _____

Last Date Insurance Coverage Reviewed _____

Location of Insurance Policy _____

Property Tax Roll Number _____

Date of Tax Payments _____

To Whom Taxes Are Paid _____

Other Properties

Insurance Agent _____

Address _____

Contact Person _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Insurance Company _____

Insurance Policy No. _____

Last Date Insurance Coverage Reviewed _____

Location of Insurance Policy _____

Property Tax Roll Number _____

Date of Tax Payments _____

To Whom Taxes Are Paid _____

Other Properties

Insurance Agent _____

Address _____

Contact Person _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Insurance Company _____

Insurance Policy No. _____

Last Date Insurance Coverage Reviewed _____

Location of Insurance Policy _____

Property Tax Roll Number _____

Date of Tax Payments _____

To Whom Taxes Are Paid _____

Property Maintenance

Type of Maintenance	Name	Address & Telephone
Alarm/Security	_____	_____
	_____	_____
Appliance Repair	_____	_____
	_____	_____
Electrician	_____	_____
	_____	_____
Gardener	_____	_____
	_____	_____
Gas Company	_____	_____
	_____	_____
Handyperson	_____	_____
	_____	_____
Heating & Air Conditioning	_____	_____
	_____	_____
Hydro Electric/P.U.C.	_____	_____
	_____	_____
Painter	_____	_____
	_____	_____
Plumber	_____	_____
	_____	_____
Roof Repair/ Eavestroughs	_____	_____
	_____	_____
Snow Removal	_____	_____
	_____	_____
Swimming Pool	_____	_____
	_____	_____
Telephone	_____	_____
	_____	_____
T.V. Repair	_____	_____
	_____	_____
Window Repair	_____	_____
	_____	_____
Neighbour or Friend who may assist with maintenance and may have a key or know where one is located	_____	_____
	_____	_____

4. FINANCES

- bank accounts
- loans
- insurance
- investments
- pensions
- business interests

BANK ACCOUNTS

Account Holder _____

Name of Financial Institution _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Account Number _____ Type of Account _____

If Joint Account, With Whom _____

Account Holder _____

Name of Financial Institution _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Account Number _____ Type of Account _____

If Joint Account, With Whom _____

Account Holder _____

Name of Financial Institution _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Account Number _____ Type of Account _____

If Joint Account, With Whom _____

Account Holder _____

Name of Financial Institution _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Account Number _____ Type of Account _____

If Joint Account, With Whom _____

Account Holder _____
Name of Financial Institution _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Account Number _____ Type of Account _____
If Joint Account, With Whom _____

Account Holder _____
Name of Financial Institution _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Account Number _____ Type of Account _____
If Joint Account, With Whom _____

Account Holder _____
Name of Financial Institution _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Account Number _____ Type of Account _____
If Joint Account, With Whom _____

Account Holder _____
Name of Financial Institution _____
Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____
Account Number _____ Type of Account _____
If Joint Account, With Whom _____

Bank Accounts (continued)

Credit Cards

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Card Holder _____

Company _____

Account Number _____ Credit Limit _____

Safe Deposit Box

Location _____

Box Number _____

Location of Keys _____
(usually there are two keys)

Loans

*You may wish to review and update this section regularly. Loans for your property can be listed under mortgages on page *, business related debts on page * and automobile, boat and recreational vehicles on page * and *. This section deals with money owed by you or to you which is not covered above.*

Money Borrowed from Others

Lender _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Date of Loan _____ Amount of Loan _____

Interest Rate _____ Payment Amount _____

Payment Dates _____ Final Payment Due _____

Description of Collateral or Security _____

Location of Promissory Note _____

Lender _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Date of Loan _____ Amount of Loan _____

Interest Rate _____ Payment Amount _____

Payment Dates _____ Final Payment Due _____

Description of Collateral or Security _____

Location of Promissory Note _____

Lender _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Date of Loan _____ Amount of Loan _____

Interest Rate _____ Payment Amount _____

Payment Dates _____ Final Payment Due _____

Description of Collateral or Security _____

Location of Promissory Note _____

Loans (continued)

Money Lent to Others

Borrower _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Date of Loan _____ Amount of Loan _____

Interest Rate _____ Payment Amount _____

Payment Dates _____ Final Payment Due _____

Description of Collateral or Security _____

Location of Promissory Note _____

Borrower _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Date of Loan _____ Amount of Loan _____

Interest Rate _____ Payment Amount _____

Payment Dates _____ Final Payment Due _____

Description of Collateral or Security _____

Location of Promissory Note _____

Borrower _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Date of Loan _____ Amount of Loan _____

Interest Rate _____ Payment Amount _____

Payment Dates _____ Final Payment Due _____

Description of Collateral or Security _____

Location of Promissory Note _____

Investments

The following schedules are not meant to be exhaustive or contemplate all possible investments, but rather the more usual or customary ones. Add further details or information where necessary.

Stocks

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Investments (Continued)

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Company _____ # and Class of Shares _____

Location of Certificate _____ Owner _____

Mutual Funds

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Investments (continued)

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Name of Fund _____ Account# _____ # of Units _____

Location of Documents _____

Owner _____

Investments (continued)

Bonds – Canada Savings Bonds or Corporate Bonds

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Bond Name _____ Maturity Date D/M/Y _____ Interest Rate _____

Location of Bond _____

Owner _____

Investments (continued)

Guaranteed Investment Certificates

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Investments (continued)

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate# & Location _____

Term _____ Principal Amount _____

Owner _____

Institution _____

Certificate # & Location _____

Term _____ Principal Amount _____

Owner _____

Registered Education Savings Plans

Institution _____

Plan # _____ Beneficiary _____

Location of Documents _____

Owner _____

Institution _____

Plan # _____ Beneficiary _____

Location of Documents _____

Owner _____

Institution _____
Plan # _____ Beneficiary _____
Location of Documents _____
Owner _____

Investment Accounts

Account Holder _____
Institution _____
Address _____

Tel No. _____ Fax No. _____ E-mail Address _____
Account Representative _____
If Joint Account, With Whom _____

Account Holder _____
Institution _____
Address _____

Tel No. _____ Fax No. _____ E-mail Address _____
Account Representative _____
If Joint Account, With Whom _____

Account Holder _____
Institution _____
Address _____

Tel No. _____ Fax No. _____ E-mail Address _____
Account Representative _____
If Joint Account, With Whom _____

Other Investments (i.e. mortgages and promissory notes)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Pensions

Company Pension Plan

1. Owner _____
Company _____
Name of Plan _____
Plan Number _____
Date Benefits Begin/Began _____
Automatic Deposit YES NO
IF YES, WHICH ACCOUNT _____
Survivor Benefits _____
Beneficiary _____
Location of Plan Document _____

2. Owner _____
Company _____
Name of Plan _____
Plan Number _____
Date Benefits Begin/Began _____
Automatic Deposit YES NO
IF YES, WHICH ACCOUNT _____
Survivor Benefits _____
Beneficiary _____
Location of Plan Document _____

3. Owner _____
Company _____
Name of Plan _____
Plan Number _____
Date Benefits Begin/Began _____
Automatic Deposit YES NO
IF YES, WHICH ACCOUNT _____
Survivor Benefits _____
Beneficiary _____
Location of Plan Document _____

Pensions (continued)

4. Owner _____
Company _____
Name of Pension Office _____
Name of Plan _____
Plan Number _____
Date Benefits Begin/Began _____
Automatic Deposit YES NO
IF YES, WHICH ACCOUNT _____
Survivor Benefits _____
Beneficiary _____
Location of Plan Document _____

Registered Retirement Savings Plan

1. Owner _____
Issuer _____
Representative Name _____
Address _____
Telephone/Fax/E-mail _____
Name of Plan or Fund _____
Type of Investment _____
SPOUSAL SELF
Beneficiary _____
Location of Plan Document _____
2. Owner _____
Issuer _____
Representative Name _____
Address _____
Telephone/Fax/E-mail _____
Name of Plan or Fund _____
Type of Investment _____
SPOUSAL SELF
Beneficiary _____
Location of Plan Document _____

Pensions (continued)

3. Owner _____
Issuer _____
Representative Name _____
Address _____
Telephone/Fax/E-mail _____
Name of Plan or Fund _____
Type of Investment _____
SPOUSAL SELF
Beneficiary _____
Location of Plan Document _____

4. Owner _____
Issuer _____
Representative Name _____
Address _____
Telephone/Fax/E-mail _____
Name of Plan or Fund _____
Type of Investment _____
SPOUSAL SELF
Beneficiary _____
Location of Plan Document _____

5. Owner _____
Issuer _____
Representative Name _____
Address _____
Telephone/Fax/E-mail _____
Name of Plan or Fund _____
Type of Investment _____
SPOUSAL SELF
Beneficiary _____
Location of Plan Document _____

Pensions (continued)

Registered Retirement Income Fund

1. Owner _____

Issuer _____

Representative Name _____

Address _____

Tel No./Fax/E-mail _____

Name of Plan _____

Type of Investment _____

Payment Dates _____

Payment Amount _____

Automatic Deposit YES NO

IF YES, WHICH ACCOUNT _____

Beneficiary _____

Location of Plan Documents _____

2. Owner _____

Issuer _____

Representative Name _____

Address _____

Tel No./Fax/E-mail _____

Name of Plan _____

Type of Investment _____

Payment Dates _____

Payment Amount _____

Automatic Deposit YES NO

IF YES, WHICH ACCOUNT _____

Beneficiary _____

Location of Plan Documents _____

Pensions (continued)

Other Annuities

1. Owner _____

Issuer _____

Representative Name _____

Address _____

Telephone/Fax/E-mail _____

Name of Plan or Fund _____

Beneficiary _____

Amount _____

Date Payments Commence _____

Date Payments End _____

Automatic Deposit: YES NO

IF YES, WHICH ACCOUNT _____

Location of Documents _____

Canada Pension Plan – Old Age Security

Canada Pension

Are you and your spouse receiving Canada Pension Plan Benefits?

SELF SPOUSE BOTH

Commencement Date Self _____ Spouse _____

Amount of Benefit Self _____ Spouse _____

Direct Deposit: Self YES NO

If Yes, which account _____

Direct Deposit Spouse YES NO

If Yes, which account _____

Old Age Security

Are you and your spouse receiving Old Age Security Benefits?

SELF SPOUSE BOTH

Commencement Date Self _____ Spouse _____

Amount of Benefit Self _____ Spouse _____

Direct Deposit: Self YES NO

If Yes, which account _____

Direct Deposit Spouse YES NO

If Yes, which account _____

If you or your spouse are receiving any supplement give particulars _____

If you are receiving survivor benefits as a result of your spouse predeceasing you, give particulars _____

Insurance

Insurance

	Policy #1	Policy #2	Policy #3
Insured	_____	_____	_____
Insurance Company	_____	_____	_____
Policy Date & Number	_____	_____	_____
Location of Policy	_____	_____	_____
Amount of Insurance	_____	_____	_____
Policy Owner	_____	_____	_____
Beneficiary	_____	_____	_____
Last Date Beneficiary & Amount of Insurance Reviewed	_____	_____	_____
Type of Policy	_____	_____	_____
Agent	_____	_____	_____
Address of Agent	_____	_____	_____
Telephone/Fax/E-mail	_____	_____	_____
	Policy #4	Policy #5	Policy #6
Insured	_____	_____	_____
Insurance Company	_____	_____	_____
Policy Date & Number	_____	_____	_____
Location of Policy	_____	_____	_____
Amount of Insurance	_____	_____	_____
Policy Owner	_____	_____	_____
Beneficiary	_____	_____	_____
Last Date Beneficiary & Amount of Insurance Reviewed	_____	_____	_____
Type of Policy	_____	_____	_____
Agent	_____	_____	_____
Address of Agent	_____	_____	_____
Telephone/Fax/E-mail	_____	_____	_____

Group Insurance

	Policy #1	Policy #2	Policy #3
Insured	_____	_____	_____
Insurance Company	_____	_____	_____
Group Number or Identification Number	_____	_____	_____
Location of Policy	_____	_____	_____
Amount of Coverage	_____	_____	_____
Beneficiary	_____	_____	_____
Agent	_____	_____	_____
Address of Agent	_____	_____	_____
Telephone/Fax/E-mail	_____	_____	_____

Health, Disability, Travel and Critical Care

	Policy #1	Policy #2	Policy #3
Type of Policy	_____	_____	_____
Insured	_____	_____	_____
Insurance Company	_____	_____	_____
Names of all Persons Covered	_____	_____	_____
Group Number or Identification Number	_____	_____	_____
Location of Policy	_____	_____	_____
Amount of Coverage	_____	_____	_____
Beneficiary	_____	_____	_____
Agent	_____	_____	_____
Address of Agent	_____	_____	_____
	_____	_____	_____
Telephone/Fax/E-mail	_____	_____	_____

Business Interests

Name and Address of Business _____

Type of Business _____

Name(s) of Partners or Shareholders _____

Percentage of Interest in Business _____

Number and Class of Shares you hold _____

Are you (check all that apply) DIRECTOR SHAREHOLDER OFFICER PARTNER

Is there a Shareholders Agreement YES NO

If so, where is it? _____

Name of Lawyer for Business _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name of Accountant for Business _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name of Key Contact Person for Business _____

Position _____

Address _____

Tel. No. _____ Fax No. _____ E-Mail Address _____

Bank and Financing Information _____

Location of Corporate Minute Book and Seal (if applicable) _____

Business Interests Contd.

Name and Address of Business _____

Type of Business _____

Name(s) of Partners or Shareholders _____

Percentage of Interest in Business _____

Number and Class of Shares you hold _____

Are you (check all that apply) DIRECTOR SHAREHOLDER OFFICER PARTNER

Is there a Shareholders Agreement YES NO

If so, where is it? _____

Name of Lawyer for Business _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name of Accountant for Business _____

Address _____

Tel. No. _____ Fax No. _____ E-mail Address _____

Name of Key Contact Person for Business _____

Position _____

Address _____

Tel. No. _____ Fax No. _____ E-Mail Address _____

Bank and Financing Information _____

Location of Corporate Minute Book and Seal (if applicable) _____

5. POSSESSIONS

- automobiles, boats and recreational vehicles
- valuables
- warranty items

Automobiles, Boat and Recreational Vehicles

Automobiles

	Vehicle 1	Vehicle 2
Year, Make & Model	_____	_____
Vehicle ID No. (V.I.N.)	_____	_____
Licence Plate No.	_____	_____
Licence Renewal Date	_____	_____
Date of Purchase	_____	_____
Owner	_____	_____
Details of Financing (Bank, Amount, Payment Dates, Last Payment)	_____ _____	_____ _____
Type of Warranty	_____	_____
Mechanic or Garage	_____	_____
<u>Insurance Particulars</u>		
Agent Name & Tel. No.	_____ _____	_____ _____
Policy No.	_____	_____
Insurance Company	_____	_____
Insurance Coverage	_____	_____
Last Date Reviewed Coverage	_____	_____
Location of Documents	_____	_____

Automobiles, Boat and Recreational Vehicles (continued)

	Vehicle 3	Vehicle 4
Year, Make & Model	_____	_____
Vehicle ID No. (V.I.N.)	_____	_____
Licence Plate No.	_____	_____
Licence Renewal Date	_____	_____
Date of Purchase	_____	_____
Owner	_____	_____
Details of Financing (Bank, Amount, Payment Dates, Last Payment)	_____ _____	_____ _____
Type of Warranty	_____	_____
Mechanic or Garage	_____	_____
<u>Insurance Particulars</u>		
Agent Name & Tel. No.	_____ _____	_____ _____
Policy No.	_____	_____
Insurance Company	_____	_____
Insurance Coverage	_____	_____
Last Date Reviewed Coverage	_____	_____
Location of Documents	_____	_____

Automobiles, Boat and Recreational Vehicles (continued)

Boats

	Number 1	Number 2
Year, Make & Model	_____	_____
Engine No.	_____	_____
Registration No.	_____	_____
Owner	_____	_____
Details of Financing (Bank, Amount, Payment Dates, Last Payment)	_____ _____	_____ _____
Type of Warranty	_____	_____
Marina or Mechanic	_____	_____
Location of Winter Storage	_____	_____

Insurance Particulars

Agent Name & Tel. No.	_____ _____	_____ _____
Policy No.	_____	_____
Insurance Company	_____	_____
Insurance Coverage	_____	_____
Last Date Reviewed Coverage	_____	_____
Type of Coverage	_____	_____
Amount of Coverage	_____	_____
Location of Documents	_____	_____

Automobiles, Boat and Recreational Vehicles (continued)

Recreational Vehicles

	Number 1	Number 2
Type of Vehicle	_____	_____
Year, Make & Model	_____	_____
Identification No.	_____	_____
Owner	_____	_____
Details of Financing (Bank, Amount, Payment Dates, Last Payment)	_____ _____	_____ _____
Type of Warranty	_____	_____
Location of Vehicle	_____	_____

Insurance Particulars

Agent Name & Tel. No.	_____ _____	_____ _____
Policy No.	_____	_____
Insurance Company	_____	_____
Last Date Reviewed Coverage	_____	_____
Location of Documents	_____	_____

Valuables

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

Item (Description) _____

Purchase Date _____ Purchase Price _____

Appraisal (Yes/No) _____ Appraised Value _____

If there are additional valuables to be listed, write them on the opposite page or attach a list.

Is there a file of receipts and appraisals? YES NO

If so, where is it located? _____

Have you left a list of which valuables are to be distributed to your beneficiaries? YES NO

If so, where is the list? _____

Have you in some other way indicated to your beneficiaries which items they are to receive? YES NO

If so, how? _____

WARRANTED ITEMS

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

WARRANTED ITEMS CONTD.

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Item (Description) _____

Serial Number and/or Model Number _____

Purchase Price _____ Warranty Expiry Date _____

Is there a file of warranty documents and owner's manuals? YES NO

If so, where is it located? _____

6. FUNERAL ARRANGEMENTS

- last wishes

Do you have instructions for Cremation, Burial or Memorial Service? YES NO

If so, list particulars or location of information _____

Do you have instructions concerning a Funeral or Memorial Service? YES NO

If so, list particulars _____

Do you have Charity or Organizations to which you would like Memorial gifts to go? YES NO

If so, list particulars _____