

Estate Planning Directory



Your Name

Date Created

Date Last Updated

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Estate Planning Directory

Congratulations!

You have taken the first step to ensure future financial security for you and your family. This important document is only one tiny piece of a properly organized and implemented family plan.

Most people spend less than five minutes per year even thinking about what would happen if they experience a serious illness or death in the family. How much time have you spent?

Our clients enjoy the wonderful piece of mind that comes from knowing that everything has been put in its right place. This Estate Planning Directory will help you organize valuable information about your personal financial affairs. You should review and update it regularly so it always contains current information to help your survivors wind up your estate in a timely and tax-effective manner.

Keep it in a safe place with all your important papers and inform your family and your executors of its whereabouts.

Call us anytime if you need our help.

Take Care,



Janea Bellay
Performance Financial Services Inc.
www.janeabellay.com

People To Be Contacted

NEXT OF KIN:

Name: _____

Relationship to you: _____

Telephone: _____

Address: _____

E-Mail: _____

Name: _____

Relationship to you: _____

Telephone: _____

Address: _____

E-Mail: _____

Name: _____

Relationship to you: _____

Telephone: _____

Address: _____

E-Mail: _____

Name: _____

Relationship to you: _____

Telephone: _____

Address: _____

E-Mail: _____

Name: _____

Relationship to you: _____

Telephone: _____

Address: _____

E-Mail: _____

Other People To Be Contacted

<p>Liquidator:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Insurance Agent:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>
<p>Nortary:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Financial Advisor:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>
<p>Employee/Business Office:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Person(s) whom you have granted Power of Attorney:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>
<p>Lawyer:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Priest/Minister/Religious Contact:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>
<p>Accountant:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Funeral Director:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>
<p>Bank:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Other Contact:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>
<p>Other Contact:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>	<p>Other Contact:</p> <p>Name _____</p> <p>Telephone _____</p> <p>Address _____</p> <p>Email _____</p>

Living Will

Do you have a "Mandate in Anticipation of Incapacity" or a "General Power of Attorney"?

Yes No

If so, where is the document kept? _____

To whom have you given authority to make medical decisions on your behalf? _____

Organ Donation

Do you want to donate your organs or body for transplant, medical research or education?

Yes No

If yes, explain: _____

Have you explained this in your:

Will Organ donor card Driver's license/Provincial health card

Have you informed your:

Doctor Next of kin Power of attorney

Funeral Arrangements

Have you made funeral arrangements? Yes No

Funeral Home & Address _____

_____ Telephone _____

Have you set out instructions in your Will? Yes No

In a letter? Yes No If yes, it is located: _____

Do you own a cemetery plot? Yes No

Have you provided for its ongoing care: Yes No

The plot is located: _____

The deed to it is kept: _____

Previous Employers

Start with the most current and work backwards:

Employer: _____

Year(s): _____

Address/Location: _____

Employer: _____

Year(s): _____

Address/Location: _____

Employer: _____

Year(s): _____

Address/Location: _____

Employer: _____

Year(s): _____

Address/Location: _____

Memberships

List all memberships in clubs, associations and subscriptions

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Financial Commitments

Rent or Mortgage Payments

Amount \$ _____ Due Date: _____

Lender Name and Address: _____

Outstanding loans/lines of credit/credit or charge cards/business loans/guarantees

Amount \$ _____ Due Date: _____

Lender Name and Address: _____

Amount \$ _____ Due Date: _____

Lender Name and Address: _____

Amount \$ _____ Due Date: _____

Lender Name and Address: _____

Amount \$ _____ Due Date: _____

Lender Name and Address: _____

Charitable Gift

Name/Address: _____

Name/Address: _____

Contractual Obligations

Name/Address: _____

Name/Address: _____

Name/Address: _____

Name/Address: _____

Other financial obligations or commitments (auto lease, support/maintenance obligations)

Name/Address: _____

Name/Address: _____

Name/Address: _____

Life Insurance

Policies you own on your life

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Policies you own on others (i.e. parents, children, business partners)

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Disability and Critical Illness Insurance

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Long Term Care Insurance

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Hospital and Medical Insurance

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Out of Province Travel Insurance

Company: _____ Policy is located: _____

Policy Number: _____ Policy Owner: _____

Name of Insured: _____ Beneficiary: _____

Investment Funds

Acquired by gift or inheritance Yes No

Name of Fund Account # Advisor Name & Address Registered Owner	Name of Fund Account # Advisor Name & Address Registered Owner
Name of Fund Account # Advisor Name & Address Registered Owner	Name of Fund Account # Advisor Name & Address Registered Owner

Annuity Contracts

Acquired by gift or inheritance? Yes No

Do you receive income from them? Yes No

Name of Fund Account # Advisor Name & Address Registered Owner	Name of Fund Account # Advisor Name & Address Registered Owner
Name of Fund Account # Advisor Name & Address Registered Owner	Name of Fund Account # Advisor Name & Address Registered Owner

Bonds and Government Investments

Do you have any government bonds? Yes No Acquired by gift or inheritance? Yes No

If yes, the form is located: _____

Registered to: _____ Bearer: _____

Or co-registered with: _____ Serial Numbers: _____

The bonds are located: _____

Securities

Do you own and stocks or bonds? Yes No Acquired by gift or inheritance? Yes No

The form is: _____

Are any of your securities pledged for loans? Yes No With Whom: _____

Pension Plans

Are you a member of a Registered Pension Plan? Yes No

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Do you have a Registered Retirement Savings Plan (RRSP)?

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Are you a subscriber to a Registered Education Savings Plan (RESP)?

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Do you have a Registered Retirement Income Fund (RRIF)?

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Are you a member of a Deferred Profit Sharing Plan (DPSP)?

Account Number: _____ Beneficiary: _____

Carrier name & address _____

Information about these plans is located: _____

Bank Accounts

Be sure to list all of your bank accounts, so your Executors/family can find the money you have in these accounts.

1) Bank Branch: _____

Account #: _____ Savings Chequing Joint

If joint, who is the join owner? _____

2) Bank Branch: _____

Account #: _____ Savings Chequing Joint

If joint, who is the join owner? _____

3) Bank Branch: _____

Account #: _____ Savings Chequing Joint

If joint, who is the join owner? _____

Safety Deposit Box

Do you have a safety deposit box? Yes No Where is the key? _____

Location: _____

Name of others who have access to it: _____

Location: _____

Name of others who have access to it: _____

Residence and Other Real Estate

Type of Real Estate (House, condo, farm, rental)	Title is held by	Is there a mortgage?	Mortgage is held by?
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Real Estate

Where are the following located?

Certificate of title: _____

Copy of mortgage: _____

Property insurance policies: _____

Land surveys: _____

Property tax receipts: _____

Leases: _____

Building cost figures: _____

Mortgage insurance policy: _____

Personal Property

List all vehicles you own: _____

Vehicle registration is located: _____

Bill of sale and insurance papers are located: _____

Are household furniture insured? Yes No

Bills of sale, an inventory of and insurance policies for household furnishings are located: _____

Jewelry, stamp collections, coin collections, appraisal documents etc, are located: _____

Collections, heirlooms, items of special value: _____

Your Will

Do you have a Will: Yes No

The original is located: _____

A copy is located: _____

The Will was dated/last updated: _____

Personal Records My Net Worth

Date: _____

Assets	What You Own	Amount
Liquid Assets	Cash on hand	\$
	Chequing/Savings/Broker Accts	\$
	Canada Savings Bonds	\$
	Term deposits/Investments	\$
	Other	\$
Marketable Assets	Government/Corporate Bonds	\$
	Common Preferred Shares	\$
	Mutual Funds	\$
	Real Estate Investments	\$
	Other (business interests, farm)	\$
Long Term Assets	Cash Value of Life Insurance	\$
	(Also indicate amount to be received as death benefit by your estate/beneficiary upon your death)	\$
	Registered Retirement Savings/Income plans/ RRSPs/ RRIFs	\$
	Other	\$
Personal Assets	Personal Residence	\$
	Recreation Property	\$
	Vehicles	\$
	Household Furnishings/Equipment	\$
	Other (coins, art, jewelry)	\$
TOTAL ASSETS		\$
Liabilities	What You Owe	Current Amount
Short Term Debt	Charge Accounts/Credit Cards	\$
	Loans/Lines of credit	\$
	Taxes (income/property tax owing)	\$
	Unpaid bills	\$
Long Term Debt	Home mortgage	\$
	Other property mortgage	\$
	Other (line of credit, margin accounts)	\$
TOTAL LIABILITIES		\$
NET WORTH	Total Assets Minus Total Liabilities	