

Life Insurance

Retiree Life

Other Life Insurance
Insurer _____

Policies are located _____

Other Insurance

1. Total Care Medical
Insurer _____

2. Seniors' Pharmacare yes no

3. Total Care Dental
Insurer _____

4. Medical Travel
Insurer _____

5. Trip Cancellation/Interruption
Insurer _____

6. Long Term Disability
Insurer _____

7. Other _____

Automobile

Type of vehicle #1 _____
License Plate No. _____
Insurance Co. _____

Type of vehicle #2 _____
License Plate No. _____
Insurance Co. _____

Trust Funds

A living trust has been created for

It is located _____

Attorney is _____

I am the beneficiary of a trust established by

Papers are located _____

Computer Passwords

Debts and Credits

I owe the following (debts not already listed)

The following are owed to me

Tax Returns

Copies of recent income tax returns are
located _____

Funeral Arrangements

Funeral instructions are located

I own a plot in the _____

_____ cemetery.
Located _____

Memorial Donation Preferences

Personal Information

Name (Full) _____

Home address _____

Phone No. _____

Birth date _____

Social Insurance No. _____

Spousal Information

Name (Full) _____

Address (if different) _____

Phone No. _____

Birth date _____

Social Insurance No. _____

Children: attach list showing name, date of birth, address and phone number.

Safety Deposit Box

I have a safety deposit box at _____

The key is located _____

Personal Documents

Location of:

Birth Certificate _____

Marriage/Divorce Certificates

Passport _____

Driver's License _____

Credit/Bank Cards _____

Cheque Book _____

Ensure that your Executor(s) knows where this document is located or give them a copy

Last Will and Testament

The original executed copy of my will is located at _____

My executor(s) is/are

1. _____

at _____

2. _____

at _____

The lawyer who drew up my will is

Address _____

Guardians of my children are

1. _____

at _____

2. _____

at _____

Power of Attorney

I have given Power of Attorney to

at _____

A copy of the document is located

Health Care Delegate

My Health Care Delegate is

at _____

A copy of my personal directive is located

Real Estate

Residence located at _____

I own my residence: yes no

There is a mortgage on this property held by

I rent from _____

Property insurance is held by

I own other property – attach details.

Property taxes for the town/city of

Real Estate Documents

The following papers are located at

Property deed _____

Mortgage _____

Tax Receipts _____

Bank Accounts

I have accounts with

1. _____

Account no. _____

2. _____

Account no. _____

Investment Accounts

Pension

Name of Plan _____

Pension ID number _____

Address of plan administrator

RRSP/RRIF/Life Annuity located at

