



Hospice Muskoka

**Estate Planning
Information & Guide**

PERSONAL RECORDS

All adult individuals have the responsibility to keep their personal records and affairs in proper order so, in the event of their death, the next of kin and/or executor is not burdened with one's estate. In the case of an individual who is near end of life, it is particularly crucial to review and complete one's personal information to the best of their ability.

PERSONAL INFORMATION

Full Legal Name: _____

Address: _____

Social Insurance Number: _____

Date of Birth: _____

Place of Birth: _____

Birth Certificate is located: _____

Adopted: YES NO

Adoption papers are located: _____

Married: YES NO

Marriage certificate is located: _____

Divorced: YES NO

Divorce certificate is located: _____

Canadian Citizen: YES NO

Citizenship papers are located: _____

Military Service: YES NO

Which Country: _____

Discharge Papers are located: _____

Veteran's Number: _____

SIBLINGS

NAME	DATE OF BIRTH	CONTACT INFORMATION

PARENTS

NAME	DATE OF BIRTH	CONTACT INFORMATION

ADDITIONAL FAMILY/FRIENDS

NAME	DATE OF BIRTH	CONTACT INFORMATION

IN-LAW FAMILY

NAME	DATE OF BIRTH	CONTACT INFORMATION

IMPORTANT DOCUMENTS

YOUR WILL

Do you have a will? YES NO

Lawyer Involved? YES NO

Lawyer's Name/Contact: _____

Original is located: _____

Copy is located: _____

POWER OF ATTORNEY

Do you have an executor of your will: YES NO

Is this person aware and agreed to this role? YES NO

Do you have a Power of Attorney for health care? YES NO

Name: _____

Lawyer Involved? YES NO

Is this person aware and agreed to this role? YES NO

Original is located: _____

Copy is located: _____

Do you have a Power of Attorney of finances? YES NO

Name: _____

Lawyer Involved? YES NO

Is this person aware and agreed to this role? YES NO

Original is located: _____

Copy is located: _____

INSURANCE POLICIES

MEDICAL INSURANCE

Provincial Health Card #: _____

PRIVATE MEDICAL INSURANCE

Company Name: _____

Contact Person: _____

Policy #: _____

Policy located: _____

LIFE INSURANCE

Company Name: _____

Contact Person: _____

Policy #: _____

Policy located: _____

EMPLOYERS

Company Name: _____

Contact Person: _____

Years of Employment: _____

Contact Information: _____

Employee Number: _____

Pension Information: _____

Insurance Information: _____

Additional Employers Information: _____

FINANCIAL INFORMATION

FINANCIAL CONSULTANTS

Name of Accountant/Consultant: _____

Contact information: _____

FINANCIAL INSTITUTIONS

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Account #: _____

Account holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Account #: _____

Account holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Account #: _____

Account holder(s) Names: _____

Safety Deposit Box: YES NO

Location: _____

Key holder(s): _____

Key(s) located: _____

Contents: _____

CREDIT/DEBIT CARD(S)

Name of Institution: _____

Account #: _____

Account holder(s) Names: _____

Password/PIN #: _____

Name of Institution: _____

Account #: _____

Account holder(s) Names: _____

Password/PIN #: _____

Name of Institution: _____

Account #: _____

Account holder(s) Names: _____

Password/PIN #: _____

FINANCIAL INVESTMENTS (INCLUDING RRSP, RRIF, BONDS, STOCKS, ETC.)

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Type of Account: _____

Account #: _____

Account holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Type of Account: _____

Account #: _____

Account holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Type of Account: _____

Account #: _____

Account holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Type of Account: _____

Account #: _____

Account holder(s) Names: _____

FINANCIAL OBLIGATIONS

MORTGAGE OR RENT PAYMENTS

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

OUTSTANDING LOANS

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

PERSONAL OWNERSHIP

REAL ESTATE OWNED

Address: _____

Owner's Name (s): _____

Mortgage Institution: _____

Deed is located: _____

Property Survey is located: _____

Property Insurance Institution: _____

Property taxes located: _____

Maintenance Details: _____

Lessee Details: _____

Address: _____

Owner's Name (s): _____

Mortgage Institution: _____

Deed is located: _____

Property Survey is located: _____

Property Insurance Institution: _____

Property taxes located: _____

Maintenance Details: _____

Lessee Details: _____

VEHICLES OWNED; INCLUDING CARS, TRUCKS, BOATS, CAMPERS, TRAILERS, ETC.:

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

PERSONAL COLLECTIONS

Do you own any collections, jewelry, etc. YES NO

Description of collections: _____

Location: _____

Value: _____

Appraiser: _____

Description of Jewelry: _____

Location: _____

Value: _____

Appraiser: _____

Description of Antiques: _____

Location: _____

Value: _____

Appraiser: _____

DISPOSAL OF PROPERTY

Do you have written instructions as to the disposal of your personal property?

YES NO

Instructions are located: _____

Instructions are as follows:

Item: _____

Name of Recipient: _____

Instructions: _____

Item: _____

Name of Recipient: _____

Instructions: _____

Item: _____

Name of Recipient: _____

Instructions: _____

Item: _____

Name of Recipient: _____

Instructions: _____

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Item: _____

Name of Recipient: _____

Instructions: _____

Item: _____

Name of Recipient: _____

Instructions: _____

Item: _____

Name of Recipient: _____

Instructions: _____

CONTRACTUAL OBLIGATIONS

MEMBERSHIPS TO CLUBS, ASSOCIATIONS, PUBLICATION SUBSCRIPTIONS:

Name of Obligation: _____

Contact Name: _____

Contact Number: _____

Name of Obligation: _____

Contact Name: _____

Contact Number: _____

Name of Obligation: _____

Contact Name: _____

Contact Number: _____

Name of Obligation: _____

Contact Name: _____

Contact Number: _____

Name of Obligation: _____

Contact Name: _____

Contact Number: _____

Name of Obligation: _____

Contact Name: _____

Contact Number: _____

REWARD CARDS, SERVICES, UTILITIES, SUBSCRIPTIONS, INCLUDING CELL PHONES:

Name of Obligation: _____

Payment Due: _____

Paid how: _____

Name of Obligation: _____

Payment Due: _____

Paid how: _____

Name of Obligation: _____

Payment Due: _____

Paid how: _____

Name of Obligation: _____

Payment Due: _____

Paid how: _____

Name of Obligation: _____

Payment Due: _____

Paid how: _____

Name of Obligation: _____

Payment Due: _____

Paid how: _____

PRIVACY ACCESS

PASSWORDS, SECURITY CODES, VOICE MAIL CODES, ETC:

Online Password Codes: _____

Username/Password for Password Account Manager apps
(if applicable): _____

Computer Start-up Username: Email Access: _____

Social Media Sites: Social Media Username/Password: _____

Online Purchasing Sites(eBay, itunes, e-subscriptions): _____

Online Banking (including utility companies, cell phone etc.): _____

Other: _____

Personal Codes/Passwords: _____

Home Security System: _____

Voice Mail (cell): _____

Voice Mail (home): _____

Other: _____

WIFI Internet Router: _____

Additional notes: _____

