



# ESTATE DIRECTORY

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Your Name

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Date Completed/Last Updated

## *Estate 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 experienced a serious illness or death in the family. How much time have you spent?**

**Our clients enjoy the wonderful peace of mind that comes from knowing that everything has been put in its right place.**

**This “Estate Directory” will help you organize your 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 manner 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,**

**Zahid Syed | CLU, MFA-P**  
*Insurance, Estate Planning & Planned Giving*

## **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: \_\_\_\_\_

## Other People to Be Contacted

Liquidator: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Notary: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer/Bus. Office: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Person(s) to whom you have granted power of attorney:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Accountant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Others - Priest, Imam, Guru:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bank: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## 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?

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

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## Organ Donation

- ◆ Do you want to donate your organs or body for transplant, medical research or education?  
 Yes     No

If yes, explain: \_\_\_\_\_

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- ◆ Have you ever explained this in your

- Will
- Organ donor card
- Driver’s License/ Provincial health card

- ◆ Have you informed your
  - Doctor
  - Next of kin

## Funeral Arrangements

- ◆ Have you made funeral arrangements?  
 Yes     No

Funeral Home & Address:

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Telephone: \_\_\_\_\_

- ◆ Have you set out instructions in your Will?

- Yes     No

- ◆ In a letter?

- Yes     No

They are located: \_\_\_\_\_

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- ◆ Do you own a cemetery plot?

- Yes     No

- ◆ Have you provided for its ongoing care?

- Yes     No

The plot is located: \_\_\_\_\_

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## **Previous Employers**

- ◆ Start with the first and put the current or most recent employer last.

Employer: \_\_\_\_\_

Year: \_\_\_\_\_

Address/Location: \_\_\_\_\_

## **Memberships**

- ◆ List all memberships in clubs, associations, and subscriptions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## **Financial Commitments**

### **◆ Rent or Mortgage Payments**

Amount \$ \_\_\_\_\_

Due Date: \_\_\_\_\_

Lender/Address: \_\_\_\_\_

### **◆ Outstanding loans/lines of credit/ credit or charge cards/business loans/guarantees**

Amount \$ \_\_\_\_\_

Due Date: \_\_\_\_\_

Lender/Address: \_\_\_\_\_

### **◆ Contractual Obligations**

For: \_\_\_\_\_

Address: \_\_\_\_\_

For: \_\_\_\_\_

Address: \_\_\_\_\_

For: \_\_\_\_\_

Address: \_\_\_\_\_

For: \_\_\_\_\_

Address: \_\_\_\_\_

### **◆ Other financial obligations or commitments**

**(Auto lease, support/maintenance obligations)**

For: \_\_\_\_\_

Address: \_\_\_\_\_

For: \_\_\_\_\_

Address: \_\_\_\_\_

### **◆ Charitable Gift**

For: \_\_\_\_\_

Address: \_\_\_\_\_

For: \_\_\_\_\_

## **Life Insurance**

### **◆ Policies you own on your life**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

### **◆ Policies you own on others**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

## **Disability & Critical Illness Insurance**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

## **Hospital & Medical Insurance**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy is located: \_\_\_\_\_

## **Out of Province Travel Insurance**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## **Investments**

### **◆ Investment Funds**

Yes  No Acquired by gift or inheritance

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor name & address: \_\_\_\_\_

Registered owner(s) \_\_\_\_\_

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor name & address: \_\_\_\_\_

Registered owner(s) \_\_\_\_\_

Name of fund: \_\_\_\_\_

Account #: \_\_\_\_\_

Advisor name & address: \_\_\_\_\_

Registered owner(s) \_\_\_\_\_

### **◆ Annuity Contracts**

Yes  No Acquired by gift or inheritance

Policy number: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

### **◆ Do you receive income from them?**

Yes  No Acquired by gift or inheritance

Information about these annuities is located \_\_\_\_\_

### **◆ Bonds & Government investments**

Yes  No Acquired by gift or inheritance

#### **◆ Do you have any government bonds?**

Yes  No Acquired by gift or inheritance

The form is located: \_\_\_\_\_

Registered to: \_\_\_\_\_

Bearer: \_\_\_\_\_

Or co-registered with: \_\_\_\_\_

Serial numbers: \_\_\_\_\_

The bonds are located: \_\_\_\_\_

### **◆ Securities**

Do you own any stocks or bonds?

Yes  No Acquired by gift or inheritance

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 #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Yes  No

Account #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Yes  No

Account #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Yes  No

Account #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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

Yes  No

Account #: \_\_\_\_\_

Carrier name & address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

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.

### **Bank:**

Branch: \_\_\_\_\_

Account #: \_\_\_\_\_

Savings  Chequing Joint

If joint, who is joint owner? \_\_\_\_\_

\_\_\_\_\_

Branch: \_\_\_\_\_

Account #: \_\_\_\_\_

Savings  Chequing  Joint

If joint, who is joint owner? \_\_\_\_\_

\_\_\_\_\_

Branch: \_\_\_\_\_

Account #: \_\_\_\_\_

Savings  Chequing  Joint

## **Safety Deposit Box**

◆ Do you have a safety deposit box?

◆ Where is the key?

Yes  No

Location: \_\_\_\_\_

Name of others who have access to it:

\_\_\_\_\_

Location: \_\_\_\_\_

Name of others who have access to it:

\_\_\_\_\_

Location: \_\_\_\_\_

Name of others who have access to it:

\_\_\_\_\_

Location: \_\_\_\_\_

Name of others who have access to it:

\_\_\_\_\_

## **Residence & Other Real Estate**

Type of Real Estate (e.g.: House,, Condo,etc.)	Title is (Circle one)	Is there a mortgage? (Circle one)	Mortgage is held By? (Circle one)
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You  Yes   
Spouse  No   
Joint

◆ Where are the following located?

Certificates of title: \_\_\_\_\_

Copy of Mortgage: \_\_\_\_\_

Property insurance policies: \_\_\_\_\_

Land Surveys: \_\_\_\_\_

Property tax receipts: \_\_\_\_\_

Leases: \_\_\_\_\_

Building cost figures (Details on December 31,  
1971 value): \_\_\_\_\_

Mortgage insurance policy: \_\_\_\_\_

## **Personal Property**

◆ List all vehicles you own

\_\_\_\_\_

\_\_\_\_\_

Vehicle registration is located: \_\_\_\_\_

\_\_\_\_\_

Bill of sale and insurance papers are located:

\_\_\_\_\_

\_\_\_\_\_

◆ Are household furnishing 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:

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A copy is located:

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The Will was dated/last updated:

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## **Personal Records**

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Birth certificate is located: \_\_\_\_\_

Social Insurance/Social Security Number: \_\_\_\_\_

♦ Citizenship papers     Yes       No       Passport

They are located: \_\_\_\_\_

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♦ Marriage certificate     Yes      No       Divorce certificate  
                                                       

Located:

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## **Personal Records**

### My Net worth Statement

As of \_\_\_\_\_

<b>Assets</b>	<b>What You Own</b>	<b>Amount</b>
❖ Liquid Assets	Cash on hand Chequing/Savings/Broker Accounts Canada Savings Bonds Term Deposits/Investments Certificates Other	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
❖ Marketable Assets	Government/Corporate Bonds Common Preferred Shares Mutual Funds Real Estate Investments Other (business interests, farm etc.)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
❖ Long-Term Assets	Cash Value of Life Insurance (Also indicate amounts to be received as death benefit by your estate upon your death)	\$ _____
	Registered Retirement Savings/Income Plans Other	\$ _____ \$ _____
❖ Personal Assets	Personal Residence Recreation Property Vehicles Household Furnishings/Equipment Other (art, coins, jewelry, etc.)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
	<b>Total Assets</b>	<b>\$ _____</b>

<b>Liabilities</b>	<b>What You Owe</b>	<b>Current Amount</b>
❖ Short -Term Debt	Charge Accounts/Credit Cards Loans/Lines of Credit Taxes (income/property tax owing) Other (income/property tax owning) Unpaid Bills	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
❖ Long-Term Debt	Home Mortgage Other Property Mortgage Other (line of credit, margin accounts, etc.)	\$ _____ \$ _____ \$ _____
	<b>Total Liabilities</b>	<b>\$ _____</b>
❖ Net Worth	Total Assets Minus Total Liabilities	<b>\$ _____</b>

## **Digital Passwords**

### **G Personal Computer Startup Passwords**

Desktop Password: \_\_\_\_\_

Laptop Password: \_\_\_\_\_

Tablet Password: \_\_\_\_\_

### **G Business Computer Startup Passwords**

Desktop Password: \_\_\_\_\_

Laptop Password: \_\_\_\_\_

Tablet Password: \_\_\_\_\_

### **G Voicemail Passwords**

Telephone #: \_\_\_\_\_

Password: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Password: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Password: \_\_\_\_\_

### **G Online Banking**

Financial Institution: \_\_\_\_\_

Website of Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### **G Online Banking**

Financial Institution: \_\_\_\_\_

Website of Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Website of Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### **G Frequent Travelers Programs**

Name of Airline/Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Airline/Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

## Digital Passwords

### ◆ Frequent Travelers Programs

Name of Airline/Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### ◆ Affinity Programs

(e.g.: Sobeys, Shoppers Drug Mart, etc.)

Name of Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### ◆ Affinity Programs

(e.g.: Sobeys, Shoppers Drug Mart, etc.)

Name of Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### ◆ Other Digital Passwords

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

## **Digital Passwords**

◆ **Professional Website Accounts**  
**(Online accounts relating to your business)**

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

◆ **Personal Website Accounts (Social Networking, Hobby, etc.)**

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

\_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Name: \_\_\_\_\_

Website of Program: \_\_\_\_\_

\_\_\_\_\_

Account #: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_



## NOTES: