

# Planning

Personal and Financial Inventory



This special booklet is provided  
with the best wishes of

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*your FaithLife Financial Representative*

# Personal and Financial Inventory of

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(name)

This information was entered

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(date)

and updated:

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## Your Will - a lasting act of love

While the information you record – and update – in this booklet will be of invaluable assistance to your family in the event of your death, it will not determine the disposition of your property. Only your Will can do that. If you (or your spouse) do not already have a Will, **now** is the time to create one: to provide for those close to you, for others in need, for the work of your church or other charitable organizations. Your Will is indeed a lasting act of stewardship and love that deserves your careful consideration – today!

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## PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_  
Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Address of Part-Time Residence \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Employer's Name & Telephone \_\_\_\_\_

### PERSONS TO NOTIFY IN AN EMERGENCY:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Passport Number \_\_\_\_\_  
Issue Date \_\_\_\_\_ Issued at \_\_\_\_\_  
Location of Passport \_\_\_\_\_  
Citizenship Papers (Location) \_\_\_\_\_  
Adoption Papers (Location) \_\_\_\_\_

WHERE I KEEP MOST IMPORTANT PAPERS/DOCUMENTS \_\_\_\_\_  
\_\_\_\_\_

## MARITAL INFORMATION

Present Marital Status \_\_\_\_\_  
Partner's Full Name \_\_\_\_\_  
Date and Place Married \_\_\_\_\_  
\_\_\_\_\_  
Location of Marriage Certificate \_\_\_\_\_  
Location of Prenuptial Agreement (if any) \_\_\_\_\_  
\_\_\_\_\_  
I was Previously Married to \_\_\_\_\_

Date and Place of Prior Marriage \_\_\_\_\_

Marriage ended by: Divorce  Annulment  Separation  Death

Date \_\_\_\_\_

Location of Papers \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

## FAMILY INFORMATION\*

### Your Children:

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Your Father's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Your Mother's Maiden Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

### Your Brothers and Sisters:

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Name and Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

\*If a family member is deceased, list name followed by "(deceased)."

Name and Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name and Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name and Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name and Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Names, Birthdates and Addresses of Other Close Relatives (state relationship):**

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL ADVISORS

**Minister** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Church \_\_\_\_\_  
Address \_\_\_\_\_

**Family Physician** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**FaithLife Financial Representative** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**General Insurance Agent** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**Lawyer** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**Accountant** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**Investment Broker** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**Other (describe)** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

**Other (describe)** \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

## EMPLOYMENT AND BUSINESS INTERESTS

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date Employed \_\_\_\_\_ Position \_\_\_\_\_

Location of any Employment Agreement \_\_\_\_\_

### Compensation Agreement (e.g., salary, bonuses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Firm has  has not  contracted to purchase any interests in the event of my death.

Location of Professional and Business Agreements \_\_\_\_\_

\_\_\_\_\_

### OTHER BUSINESS INTERESTS:

1) Name of Business \_\_\_\_\_

Type: Sole Proprietorship  Partnership  Corporation

Value of my Interest \$ \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Principal Contact \_\_\_\_\_

Location of Business Agreement Papers \_\_\_\_\_

\_\_\_\_\_

2) Name of Business \_\_\_\_\_

Type: Sole Proprietorship  Partnership  Corporation

Value of my Interest \$ \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Principal Contact \_\_\_\_\_

Location of Business Agreement Papers \_\_\_\_\_

\_\_\_\_\_

3) Name of Business \_\_\_\_\_

Type: Sole Proprietorship  Partnership  Corporation

Value of my Interest \$ \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Principal Contact \_\_\_\_\_

Location of Business Agreement Papers \_\_\_\_\_

\_\_\_\_\_

Arrangements or Suggestions for Disposition of Business Interest After my Death

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GOVERNMENT OR EMPLOYMENT BENEFITS:**

Provincial Health Insurance Number \_\_\_\_\_

Group Accident/Health Insurance: Policy or Certificate No. \_\_\_\_\_

Insurer \_\_\_\_\_

Private Health Insurance: Policy or Certificate No. \_\_\_\_\_

Insurer \_\_\_\_\_

Group Life Insurance: Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Amount \$ \_\_\_\_\_ Policy or Certificate No. \_\_\_\_\_

Insurer \_\_\_\_\_

Group Dental Insurance: Policy or Certificate No. \_\_\_\_\_

Insurer \_\_\_\_\_

Company Pension Plan: No. \_\_\_\_\_

Location of Papers \_\_\_\_\_

Profit Sharing: (brief description) \_\_\_\_\_

Location of Papers \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Deferred Compensation Plan: Amount Payable as Lump Sum \$ \_\_\_\_\_

or Income Payable \$ \_\_\_\_\_ Per Month for \_\_\_\_\_ Years.

Location of Agreement Papers \_\_\_\_\_

Stock Option: (type) \_\_\_\_\_

Restrictions \_\_\_\_\_

Locations of Documents \_\_\_\_\_

Other Employment Benefits \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL INFORMATION

### FINANCIAL INSTITUTIONS:

1) Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Joint  Personal

Account No. \_\_\_\_\_ Location of Account Statement \_\_\_\_\_

2) Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Joint  Personal

Account No. \_\_\_\_\_ Location of Account Statement \_\_\_\_\_

3) Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Joint  Personal

Account No. \_\_\_\_\_ Location of Account Statement \_\_\_\_\_

4) Name \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Account \_\_\_\_\_ Joint  Personal   
Account No. \_\_\_\_\_ Location of Account Statement \_\_\_\_\_  
\_\_\_\_\_

**INVESTMENT CERTIFICATES:**

1) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
2) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
3) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Location of Papers \_\_\_\_\_  
4) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Location of Papers \_\_\_\_\_

**RETIREMENT SAVING PLANS:**

1) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Plan Number \_\_\_\_\_ Plan Description \_\_\_\_\_  
\_\_\_\_\_  
Location of Papers \_\_\_\_\_  
2) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Plan Number \_\_\_\_\_ Plan Description \_\_\_\_\_  
\_\_\_\_\_  
Location of Papers \_\_\_\_\_  
3) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Plan Number \_\_\_\_\_ Plan Description \_\_\_\_\_  
\_\_\_\_\_  
Location of Papers \_\_\_\_\_

4) Institution/Company \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Plan Number \_\_\_\_\_ Plan Description \_\_\_\_\_

Location of Papers \_\_\_\_\_

**ANNUITIES:**

Company	Amount	Income Agreement
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Location of Papers \_\_\_\_\_

My Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

**LIFE INSURANCE/CRITICAL ILLNESS INSURANCE/LONG-TERM CARE INSURANCE:**

**POLICIES ON MY LIFE, OWNED BY ME:**

1) Company \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_

Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Loans Outstanding \$ \_\_\_\_\_

Settlement Option Elected \_\_\_\_\_

My Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

Location of Policy \_\_\_\_\_

2) Company \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_

Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Loans Outstanding \$ \_\_\_\_\_

Settlement Option Elected \_\_\_\_\_

My Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

Location of Policy \_\_\_\_\_

3) Company \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

4) Company \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

5) Company \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

POLICIES OWNED BY ME ON THE LIVES OF OTHERS:

1) Company \_\_\_\_\_  
Life Insured \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

2) Company \_\_\_\_\_  
Life Insured \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

3) Company \_\_\_\_\_  
Life Insured \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

4) Company \_\_\_\_\_  
Life Insured \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
My Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

**POLICIES OWNED BY OTHERS ON MY LIFE:**

1) Company \_\_\_\_\_  
Policy Owner \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

2) Company \_\_\_\_\_  
Policy Owner \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_ Certificate/Policy No. \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Date Issued \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Loans Outstanding \$ \_\_\_\_\_  
Settlement Option Elected \_\_\_\_\_  
Representative's Name \_\_\_\_\_  
Office Telephone \_\_\_\_\_  
Location of Policy \_\_\_\_\_

**DISABILITY INSURANCE (PAYCHEQUE PROTECTION):**

Company \_\_\_\_\_

Certificate/Policy No. \_\_\_\_\_

Summary of Coverage \_\_\_\_\_

\_\_\_\_\_ Date Issued \_\_\_\_\_

My Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

Location of Policy \_\_\_\_\_

**VEHICLE/HOME/OTHER INSURANCE:**

**VEHICLE INSURANCE:**

Vehicle Description \_\_\_\_\_

Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Firm \_\_\_\_\_ Telephone \_\_\_\_\_

Vehicle Description \_\_\_\_\_

Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Firm \_\_\_\_\_ Telephone \_\_\_\_\_

Recreation Vehicle Description \_\_\_\_\_

Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Firm \_\_\_\_\_ Telephone \_\_\_\_\_

**HOME/TENANT INSURANCE:**

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

**BUSINESS/FARM INSURANCE:**

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

**OTHER:**

1) Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

2) Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Location of Policy \_\_\_\_\_

Nature and Amount of Coverage \_\_\_\_\_

Representative's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_

**PERSONAL PROPERTY:**

I keep an inventory of my valuable personal property: Yes  No

Location \_\_\_\_\_

Valuables I Keep Stored in My Home	Location
------------------------------------	----------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Location of Current Household Accounts (e.g., bills/receipts) \_\_\_\_\_

\_\_\_\_\_

**SAFETY DEPOSIT BOX:**

1) Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Box No. \_\_\_\_\_ Key No. \_\_\_\_\_

Key Location \_\_\_\_\_

Persons Having Access \_\_\_\_\_

\_\_\_\_\_

Box Contents	Date Entered
--------------	--------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2) Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Box No. \_\_\_\_\_ Key No. \_\_\_\_\_

Key Location \_\_\_\_\_

Persons Having Access \_\_\_\_\_

Box Contents

Date Entered

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**REAL ESTATE:**

I AM SOLE OWNER OF THE FOLLOWING REAL ESTATE:

1) Description/Address \_\_\_\_\_

Date Acquired \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Improvements and Costs \_\_\_\_\_

\_\_\_\_\_

First Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Second Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Location of Deed and Mortgage Documents \_\_\_\_\_

\_\_\_\_\_

2) Description/Address \_\_\_\_\_

Date Acquired \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Improvements and Costs \_\_\_\_\_

\_\_\_\_\_

First Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Second Mortgage held by \_\_\_\_\_  
Address \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Location of Deed and Mortgage Documents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM JOINT OWNER OF THE FOLLOWING REAL ESTATE:

1) Description/Address \_\_\_\_\_  
\_\_\_\_\_

Date Acquired \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
Improvements and Costs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Mortgage held by \_\_\_\_\_  
Address \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Second Mortgage held by \_\_\_\_\_  
Address \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Location of Deed and Mortgage Documents \_\_\_\_\_  
\_\_\_\_\_

Name(s) of Other Owner(s) and Percentage of Ownership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Description/Address \_\_\_\_\_  
\_\_\_\_\_

Date Acquired \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
Improvements and Costs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Mortgage held by \_\_\_\_\_  
Address \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Second Mortgage held by \_\_\_\_\_  
Address \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Location of Deed and Mortgage Documents \_\_\_\_\_

Name(s) of Other Owner(s) and Percentage of Ownership \_\_\_\_\_

Remarks on Real Estate Holdings \_\_\_\_\_

**OTHER REAL ESTATE:**

Description/Address \_\_\_\_\_

Date Acquired \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

First Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Second Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Location of Deed and Mortgage Documents \_\_\_\_\_

Remarks \_\_\_\_\_

**FARMING INTERESTS:**

Description/Address \_\_\_\_\_

Date Acquired \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

First Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Second Mortgage held by \_\_\_\_\_

Address \_\_\_\_\_

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

Location of Deed and Mortgage Documents \_\_\_\_\_

Remarks \_\_\_\_\_

**INVESTMENTS:**

**SEGREGATED/MUTUAL FUNDS:**

1) Company \_\_\_\_\_

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

2) Company \_\_\_\_\_

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

3) Company \_\_\_\_\_

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

4) Company \_\_\_\_\_

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

Location of Documents \_\_\_\_\_

Broker's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_ Firm \_\_\_\_\_

**STOCK AND BONDS:**

1) Company \_\_\_\_\_

Common  Preferred  Bond  Debenture

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

2) Company \_\_\_\_\_

Common  Preferred  Bond  Debenture

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

3) Company \_\_\_\_\_

Common  Preferred  Bond  Debenture

Date Purchased \_\_\_\_\_ Certificate No. \_\_\_\_\_

Unit Price \$ \_\_\_\_\_ No. of Shares \_\_\_\_\_ Total Value \$ \_\_\_\_\_

Location of Documents \_\_\_\_\_

Broker's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_ Firm \_\_\_\_\_

CANADA SAVINGS BONDS:

Issue Date	Series No.	Face Amount	Maturity Value	Maturity Date
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

OTHER INVESTMENTS:

(Rental properties, oil and gas interests, research and development, Canadian feature films, etc.)

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Location of Agreements \_\_\_\_\_  
 Investment Dealer's Name \_\_\_\_\_  
 Office Telephone \_\_\_\_\_ Firm \_\_\_\_\_  
 \_\_\_\_\_

**TRUSTS:**

I have  have not  established a living trust.

Trustee Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Lawyer's Name \_\_\_\_\_

Office Telephone \_\_\_\_\_ Firm \_\_\_\_\_

Location of Trust Agreement \_\_\_\_\_

The trust is  revocable  irrevocable

Amount of Trust \$ \_\_\_\_\_ Names of Beneficiaries \_\_\_\_\_

I am  am not  the beneficiary of a trust

Nature of Interest \_\_\_\_\_

Trustee Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

I have the right to exercise a power of appointment under a trust or Will.

Comments \_\_\_\_\_

**ACCOUNTS RECEIVABLE:**

1) I am owed money or other assets by \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Amount \$ \_\_\_\_\_ Location of Note \_\_\_\_\_

Due Date \_\_\_\_\_ Collateral \_\_\_\_\_

Terms of Payment \_\_\_\_\_

Remarks \_\_\_\_\_

2) I am owed money or other assets by \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Amount \$ \_\_\_\_\_ Location of Note \_\_\_\_\_

Due Date \_\_\_\_\_ Collateral \_\_\_\_\_

Terms of Payment \_\_\_\_\_

Remarks \_\_\_\_\_

3) I am owed money or other assets by \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Location of Note \_\_\_\_\_  
Due Date \_\_\_\_\_ Collateral \_\_\_\_\_  
Terms of Payment \_\_\_\_\_  
Remarks \_\_\_\_\_

**LOANS AND LIABILITIES:**

1) I owe money or am financially obligated to \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Location of Note \_\_\_\_\_  
Due Date \_\_\_\_\_ Collateral \_\_\_\_\_  
Terms of Payment \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) I owe money or am financially obligated to \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Location of Note \_\_\_\_\_  
Due Date \_\_\_\_\_ Collateral \_\_\_\_\_  
Terms of Payment \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) I owe money or am financially obligated to \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Location of Note \_\_\_\_\_  
Due Date \_\_\_\_\_ Collateral \_\_\_\_\_  
Terms of Payment \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLAIMS OR LAWSUITS:**

My assets may be affected by the following claims or lawsuits (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The lawyer handling my interests is \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

**CREDIT CARDS:**

Company Account No. If Lost, Telephone:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

**TAXES:**

Location of copies of my income tax returns \_\_\_\_\_

Name of tax preparer/accountant \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Controversies pending with Revenue Canada, provincial or local tax authorities (describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## POWER OF ATTORNEY

I have  have not  created a power of attorney document.

Date Power of Attorney was Drawn \_\_\_\_\_

Lawyer Who Drew Power of Attorney \_\_\_\_\_

Location of Power of Attorney Document \_\_\_\_\_

In the event that I become mentally incapacitated, I have given power of attorney for my personal care to

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

He/she has agreed to accept this responsibility Yes  No

I have given power of attorney for my financial matters to

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

He/she has agreed to accept this responsibility Yes  No

## FUNERAL AND BURIAL INSTRUCTIONS

I have signed an organ donor form.

Location of organ donor form \_\_\_\_\_

I have  have not  advised my family and physician of my wishes.

Name of Funeral Home \_\_\_\_\_

Address \_\_\_\_\_

Representative \_\_\_\_\_ Telephone \_\_\_\_\_

Minister to be contacted for funeral arrangements \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Please make memorial gifts to \_\_\_\_\_

I have a cemetery plot  vault

Cemetery Name \_\_\_\_\_

Location \_\_\_\_\_

Section No. \_\_\_\_\_ Plot No. \_\_\_\_\_

Location of Deed to Plot \_\_\_\_\_

Other Funeral/Burial Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LAST WILL AND TESTAMENT

I have  have not  made a Will.

Date of My Last Will \_\_\_\_\_

Lawyer Who Drew Will \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Location of Will (all copies) \_\_\_\_\_

\_\_\_\_\_

I have  have not  added codicils to my Will.

Dates of Codicils \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have named the following person(s) as executor(s) of my Will:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

They have agreed to accept this responsibility Yes  No

I have named the following person(s) as guardians(s) of my children:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

They have agreed to accept this responsibility Yes  No

Notes/Suggestions for executor(s), guardian(s) or beneficiaries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







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