

INFORMATION FOR MY EXECUTOR

PERSONAL INFORMATION:

NAME: _____
SIN: _____
PENSION NUMBER: _____
PERSONALIZED TAX NUMBER: _____
BLUE CROSS NUMBER: _____

SAFETY DEPOSIT BOX:

LOCATION OF BOX: _____
REGISTERED UNDER NAMES: _____

LOCATION OF KEY: _____
ADVISED EXECUTOR OF LOCATION OF KEY: YES _____ NO _____

WILL:

ORIGINAL COPY WILL LOCATED AT: _____
DATE OF THIS WILL IS: _____
LAWYER WHO DREW UP WILL: _____
AT ADDRESS: _____

THE EXECUTORS AND/OR TRUSTEES ARE:

1. _____
ADDRESS: _____

2. _____
ADDRESS: _____

CERTIFICATES:

BIRTH CERTIFICATE IS LOCATED: _____
MARRIAGE CERTIFICATE IS LOCATED: _____
PASSPORT IS LOCATED: _____
OTHER PERSONAL RECORDS LOCATED: _____

REAL ESTATE: (include cottages, woodlots, etc.)

PROPERTY LOCATION	OWNERSHIP	MORTGAGE CO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS YOUR MORTGAGE LIFE INSURED? YES _____ NO _____
IF YES, WHAT COMPANY: _____
WHERE IS POLICY: _____

DEEDS AND COPIES OF MORTGAGE ARE LOCATED _____

LIFE INSURANCE:

1. ISSUING COMPANY: _____
POLICY NUMBER: _____
FACE VALUE: _____
DATE OF ISSUANCE OF POLICY: _____
NAME OF BENEFICIARY: _____
INSURANCE AGENT: _____
LOCATION OF POLICY: _____

2. ISSUING COMPANY: _____
POLICY NUMBER: _____
FACE VALUE: _____
DATE OF ISSUANCE OF POLICY: _____
NAME OF BENEFICIARY: _____
INSURANCE AGENT: _____
LOCATION OF POLICY: _____

3. ISSUING COMPANY: _____
POLICY NUMBER: _____
FACE VALUE: _____
DATE OF ISSUANCE OF POLICY: _____
NAME OF BENEFICIARY: _____
INSURANCE AGENT: _____
LOCATION OF POLICY: _____

ARE YOU ENTITLED TO ANY GROUP COVERAGE THROUGH YOUR EMPLOYER: YES _____ NO _____

IF YES, WHAT TYPE OF COVERAGE: _____

WHO SHOULD EXECUTOR CONTACT ABOUT PAYMENT: _____

REGISTERED RETIREMENT SAVINGS CLAIMS:

COMPANY	ACCOUNT	BENEFICIARY	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REGISTERED HOME OWNERSHIP PLAN:

COMPANY: _____
ACCOUNT: _____
BENEFICIARY: _____
LOCATION: _____

CREDIT CARDS:

CARD	NUMBER	EXPIRY DATE
_____	_____	_____
_____	_____	_____

MONIES OWNED ON CHATTELS: (furniture, appliances, etc.)

CHATTELS	COND. SALE/CHATTEL MTG.	COMPANY	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL LOANS:

COMPANY	AMOUNT	IS IT LIFE INSURED? (YES OR NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOES ANYONE OWE YOU MONEY:

WHO	AMOUNT	SECURITY (MTG / PROMISSORY NOTE)
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTOR VEHICLES:

DESCRIPTION	MAKE	YEAR	SERIAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of Ownership Paper: _____

SECURITIES: (e.g. Bonds, Investment Certificates, Term Deposits, Stocks, Mortgages)

SECURITY	SERIAL NO.	NO. OF SHARES	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU OWN ANY SHARES IN SMALL PRIVATE COMPANIES? YES _____ NO _____

COMPANY	NO. OF SHARES	LOCATION	CONTACT NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU GUARANTEED ANY LOANS?

FOR WHOM	WHO IS HOLDING GUARANTEE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLUBS, ASSOCIATIONS AND FRATERNAL SOCIETIES:

1. CLUB: _____
ADDRESS: _____
NAME OF PERSON TO CONTACT: _____
DEATH BENEFIT, IF ANY: _____

FUNERAL AND BURIAL INSTRUCTIONS:

CEMETARY PLOT LOCATED AT: _____

DEED TO PLOT LOCATED: _____

IS THERE PROVISION FOR PERPETUAL CARE OF LOT? YES ____ NO ____

INSTRUCTIONS FOR MY FUNERAL ARE CONTAINED IN: _____

WHICH IS LOCATED AT: _____

INSTRUCTIONS FOR EXECUTOR: (These may not be binding on executor)

SOLICITOR/ACCOUNTANT OF ESTATE:

I suggest you employ to settle my estate, the law firm of:

SOLICITOR: _____
ADDRESS: _____
ACCOUNTANT: _____
ADDRESS: _____

FAMILY:

SPOUSE'S FULL NAME: _____

CHILDREN'S FULL NAMES	D/O/B	ADDRESS
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**BROTHERS/SISTERS
FULL NAMES**

ADDRESS

_____	_____
_____	_____
_____	_____

PARENTS FULL NAMES

ADDRESS

_____	_____
_____	_____
_____	_____

INFORMATION FOR GUARDIAN:

ADDITIONAL INFORMATION AND DIRECTIONS:

