
ESTATE PLANNING REFERENCE GUIDE



Organizing life's essential records.

Keeping important family documents organized and up to date may not always be at the top of your mind. But doing so can help save your loved ones time and stress following your death or disability and help ensure that your assets are allocated according to your wishes.

We can't get rid of the task, but we can make it much easier for you. This handy reference guide gives you one central location for all of your vital information.

After all, it's an essential part of life.

Table of Contents

Using this Personal Record Book	1
Personal Information	2
Family Information	2
Personal Documents	4
<i>Driver's License</i>	4
<i>Passport Information</i>	4
<i>Employment Records</i>	4
<i>Business Records</i>	4
Will & Estate Information	5
<i>Living Will/Powers of Attorney</i>	5
<i>Last Will & Testament</i>	5
Professional Contacts	6
Personal Household Accounts	8
Real Estate Information	9
Banking & Credit Information	10
Personal Loans	11
Investment Accounts	13
Insurance Policies	16
Safety Deposit Box	20
Inventory of Household Contents	21
Appraisals & Receipts	21
Storage	22
Keys	22
Computer & Internet Passwords	23
Final Arrangements	24
Disposal of My Remains	25
Funeral or Memorial Service	25
Funeral or Burial Arrangements	28
My Obituary	29
Additional Information	30
Notes	31

USING THIS PERSONAL RECORD BOOK

The Estate Planning Reference Guide is for you to record important personal and financial information for you and your survivors. You may find it helpful to read through the journal completely before you begin to record your information.

Completing the Worksheets

- Complete the Personal Information worksheet first. It records essential information your family will need at the time of your death or disability.
- Fill out the guidebook completely. If a section does not apply to you, indicate that on the worksheet.
- Keep the guidebook up to date. Make a date with yourself and your family to review them at the same time every year (e.g., when you file your taxes).
- Photocopy any of the forms for additional family information.

Where to Keep This Reference Guide

- Keep the guidebook in a safe and easily accessible location. Make your family aware of that location. Give at least one copy of the initial completed guidebook and any major revisions as you make them to your executor.
- If you store information on a computer, note the computer location, file location, type of software used, and name of the file. Make sure to keep a back-up copy in a safe place.

Date Completed:

Copies Given to:

PERSONAL INFORMATION:

Full Legal Name:

Address:

Home Phone #:

Cell Phone #:

Office Phone #:

Email:

FAMILY INFORMATION:

Spouse/Partner

Name:

Phone #:

Office Phone #:

Email:

Children

1. Name:

Address:

Phone #:

Email:

Children *(cont...)*

2. Name:

Address:

Phone #:

Email:

3. Name:

Address:

Phone #:

Email:

Parents

1. Name:

Address:

Phone #:

Email:

2. Name:

Address:

Phone:

Email:

PERSONAL DOCUMENTS:

Birth Certificate #:

Name on Birth Certificate:

Date of Birth:

Location of Birth Certificate:

Social Insurance #:

Name on SIN Card:

Location of SIN Card:

Driver's License #:

Name on License:

Location of Driver's License:

Health Card #:

Name on Health Card:

Location of Health Card:

Passport #:

Name on Passport:

Location of Passport:

Employment Records

Employed Self-Employed Retired

Records are located:

Business Records

Business Name:

Business Partner's Name:

Address:

Phone #:

Records for the Business are located:

WILL AND ESTATE INFORMATION

Living Will/Power of Attorney

- I do not have a Living Will or Power of Attorney
- I do have a Living Will/ Power of Attorney, and it is held by my lawyer:

Location of Living Will / Power of Attorney:

Person Named POA:

Last Will & Testament

- I have not yet made out my Will
- I have made our my Will, located as follows:

Date of Will:

Executor Name:

Phone #:

Lawyer's Name/Law Office:

Phone #:

I have made a 'Memorandum' that outlines certain bequests of personal property that are not shown in my Will – heirlooms, paintings, jewelry, etc.:

- There is no Memorandum to my Will
- There is no Memorandum to my Will but special bequests are shown in my Inventory of Household Contents
- There is a Memorandum to my Will, located as follows:

PROFESSIONAL CONTACTS

Doctor

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Dentist

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Lawyer

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Accountant

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Financial Advisor

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Life Insurance Agent

Name:

Company:

Address:

Phone #:

Email:

General Insurance Agent

Name:

Company:

Address:

Phone #:

Email:

Other (e.g., Trustee)

Name:

Description:

Address:

Phone #:

Email:

Name:

Description:

Address:

Phone #:

Email:

Name:

Description:

Address:

Phone #:

Email:

PERSONAL HOUSEHOLD ACCOUNTS

Home Phone Provider:

Name on Account:

Account #:

Cable Provider:

Name on Account:

Account #:

Hydro Provider:

Name on Account:

Account #:

Gas Provider:

Name on Account:

Account #:

Water Provider:

Name on Account:

Account #:

Home Alarm Company:

Name on Account:

Account #:

Other:

Name on Account:

Account #:

Other:

Name on Account:

Account #:

REAL ESTATE INFORMATION

1. Principal Residence: *(address)*

Names on Title:

Mortgage:

Name of Financial Institution:

Contact Name:

Phone #:

2. Summer or Second Residence: *(address)*

Names on title:

Mortgage:

Name of Financial Institution:

Contact name:

Phone #:

3. Investment/Rental Property: *(address)*

Names on title:

Mortgage:

Name of Financial Institution:

Contact name:

Phone #:

BANKING & CREDIT INFORMATION

1. Financial Institution:

Account Type: _____

Account Number: _____

Access Card #: _____

2. Financial Institution

Account Type: _____

Account Number: _____

Access Card #: _____

3. Financial Institution:

Account Type: _____

Account Number: _____

Access Card #: _____

Loans & Lines of Credit

1. Financial Institution:

Branch Phone #: _____

Type of Loan: _____

Account/Reference #: _____

Total Amount Borrowed: _____

2. Financial Institution:

Branch Phone #: _____

Type of Loan: _____

Account/Reference #: _____

Total Amount Borrowed: _____

Personal Loans

- I do not have any outstanding loans owed to individuals
- I do have outstanding loans owed to the following individuals:

To Whom: _____

Phone #: _____

Amount of Loan: _____

Location of Records: _____

To Whom: _____

Phone #: _____

Amount of Loan: _____

Location of Records: _____

Loans Payable to Me

- I do not have any outstanding loans owed to me
- I do have outstanding loans owed to me by the following individuals:

From Whom: _____

Phone #: _____

Amount of Loan: _____

Location of Records: _____

From Whom: _____

Phone #: _____

Amount of Loan: _____

Location of Records: _____

Credit Cards & Reward/Loyalty Cards

1. Type of Card

Financial Institution:

Full Name on Card:

Card #:

Expiry Date:

2. Type of Card

Financial Institution:

Full Name on Card:

Card #:

Expiry Date:

3. Type of Card

Financial Institution:

Full Name on Card:

Card #:

Expiry Date:

4. Type of Card

Financial Institution:

Full Name on Card:

Card #:

Expiry Date:

5. Type of Card

Financial Institution:

Full Name on Card:

Card #:

Expiry Date:

6. Type of Card

Financial Institution:

Full Name on Card:

Card #:

INVESTMENT ACCOUNTS

(Check all that apply)

- Non-registered Accounts or Investments (N/R)
- Registered Retirement Savings Plans (RRSP)
- Registered Retirement Income Fund (RRIF)
- Registered Education Savings Plans (RESP)
- Registered Disability Savings Plans (RDSP)
- Guaranteed Investment Certificate (GIC)
- Bond / Canada Savings Bond
- Stock (Common / Preferred Shares)
- Mutual Funds/ETFs
- Segregated Fund
- Tax Free Savings Account (TFSA)

1. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

2. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

3. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

4. Name of Financial Institution:

Account Type: _____

Account #: _____

Amount: _____

Name of Broker/Advisor: _____

Phone #: _____

5. Name of Financial Institution:

Account Type: _____

Account #: _____

Amount: _____

Name of Broker/Advisor: _____

Phone #: _____

6. Name of Financial Institution:

Account Type: _____

Account #: _____

Amount: _____

Name of Broker/Advisor: _____

Phone #: _____

7. Name of Financial Institution:

Account Type: _____

Account #: _____

Amount: _____

Name of Broker/Advisor: _____

Phone #: _____

8. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

9. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

10. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

11. Name of Financial Institution:

Account Type:

Account #:

Amount:

Name of Broker/Advisor:

Phone #:

INSURANCE POLICIES

Employer / Group Insurance

Employers Name:

Employer HR Phone #:

Life Insurance Coverage:

Insurance Company:

Certificate #:

Phone #:

Location of Policy Certificate:

Short-Term Disability Insurance Coverage:

Insurance Company:

Certificate #:

Phone #:

Location of Policy Certificate:

Long-Term Disability Insurance Coverage:

Insurance Company:

Certificate #:

Phone #:

Location of Policy Certificate:

Health & Dental Insurance Coverage:

Insurance Company:

Certificate #:

Phone #:

Location of Policy Certificate:

Note:

* Insurance Company is named on your insurance policy, i.e.: 'Manulife'

** Insurance Agency is the office where you go to buy your policy, i.e.: 'Brown Insurance Agencies' at Midtown Mall

Individual Insurance

(Life, Disability, Critical Illness, Long-Term Care)

1. Insurance Company:

Policy #:

Type of Insurance:

Amount:

Agent Name:

Phone #:

Location of Contract:

2. Insurance Company:

Policy #:

Type of Insurance:

Amount:

Agent Name:

Phone #:

Location of Contract:

3. Insurance Company:

Policy #:

Type of Insurance:

Amount:

Agent Name:

Phone #:

Location of Contract:

4. Insurance Company:

Policy #:

Type of Insurance:

Amount:

Agent Name:

Phone #:

Location of Contract:

Property (Home) Insurance

1. Insurance Company:

Policy #: _____

Expiry Date: _____

Agent Name: _____

Phone #: _____

Location of Contract: _____

2. Insurance Company:

Policy #: _____

Expiry Date: _____

Agent Name: _____

Phone #: _____

Location of Contract: _____

Auto Insurance

1. Insurance Company:

Policy #: _____

Year/Make/License Plate Number: _____

Expiry Date: _____

Agent Name: _____

Phone #: _____

Location of Contract: _____

2. Insurance Company:

Policy #: _____

Year/Make/License Plate Number: _____

Expiry Date: _____

Agent Name: _____

Phone #: _____

Location of Contract: _____

Boat Insurance

1. Insurance Company:

Policy #:

Year/Make/License Plate Number:

Expiry Date:

Agent Name:

Phone #:

Location of Contract:

2. Insurance Company:

Policy #:

Year/Make/License Plate Number:

Expiry Date:

Agent Name:

Phone #:

Location of Contract:

Other Insurance

(e.g.: travel insurance, credit cards, etc.)

1. Insurance Company:

Policy #:

Description:

Agent Name:

Phone #:

Location of Contract:

2. Insurance Company:

Policy #:

Description:

Agent Name:

Phone #:

Location of Contract:

SAFETY DEPOSIT BOX

If you don't have a safety deposit box, then consider getting one. The yearly rental is inexpensive and may be tax-deductible. Only items that would be troublesome, costly, or impossible to replace should be put in your safety deposit box.

Location:

Box #:

Authorized Signatures:

Location of Key:

Phone #:

Remember, a safety deposit box is often sealed upon the death of the owner, so avoid keeping the only copy of your will or other related items in the box. For your convenience, we have listed items that should be kept in the safety deposit box on the following inventory list.

	Date Added	Date Removed
Adoption Papers		
Automobile Registration(s)		
Birth Certificate(s)		
Bond(s)		
Citizenship Papers		
Custody Papers		
Death Certificate(s)		
Deed(s)		
Divorce Papers		
Household Inventory		
Jewelry		
Marriage Certificate		
Prenuptial Agreement		
Separation Agreement:		
Stock Certificates		
Titles		

INVENTORY OF HOUSEHOLD CONTENTS

- This has not been done
- This has been done, and in that inventory, for inheritance purposes, some of my belongings:
 - are designated
 - are not designated

All inventory records are AWAY FROM MY HOME and are located:

APPRAISALS & RECEIPTS

Appraisals have been done for the items checked below.

All jewelry and watches are at my home unless otherwise noted below. The location of the appraisals is:

- Antiques: _____
- Cameras: _____
- Collectibles: _____
- Coin Collection: _____
- Fine Art, Paintings: _____
- Furs: _____
- Jewelry & Watches: _____
- Stamp Collection: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

STORAGE

I do not have any items in storage

I do have items in storage and here are the details:

Location (or Name and Address of Storage Facility):

The following person has access information for:

Combination Locks

Padlocks

Name:

Phone #:

Email:

KEYS

Take your set of keys and write down the physical description of each adjoining key and what each key is for in clock-wise order. (e.g.: Black Volkswagen key - red car. gold key - downstairs)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10

COMPUTER / INTERNET ACCOUNTS

Computer 1 Description:

Login:

Password:

Computer 2 Description:

Login:

Password:

Email Account 1:

Password:

Email Account 2:

Password:

PayPal Login:

Password:

Social Media (e.g.: Facebook):

Password:

Social Media (e.g.: Facebook):

Password:

Social Media (e.g.: Facebook):

Password:

Other (description):

Login:

Password:

Other (description):

Login:

Password:

FINAL ARRANGEMENTS

Making decisions now about your final arrangements and funeral or memorial service will provide comfort for your family. Loved ones will know your desires and wishes and can focus on providing them within the budget and guidelines you outline.

Do not store this information in a safety deposit box as it may be sealed until after the funeral. Be sure to tell your family where the instructions are kept.

To my survivors,

After careful thought, I have completed this guide with specific information that may be helpful at the time of my death.

I have expressed my preferences on a variety of subjects pertaining to the disposal of my remains and my memorial service and burial wishes. Unless changed by unexpected circumstances, I hereby desire and request the following be done at the time of my death.

Signed: _____

Date: _____

DISPOSAL OF MY REMAINS

1. I have made prior arrangements:

- For an anatomical gift donation
- To bequest (*or gift*) my body to a medical school

Legal documents detailing these wishes are located at:

2. I wish to be:

- Embalmed
- Cremated Standard Direct

Standard cremation usually involves viewing in a rented casket followed by a traditional service. Direct cremation refers to immediate cremation, no viewing, and may be followed by a traditional service.

FUNERAL OR MEMORIAL SERVICE

3. I have made funeral prearrangements with the funeral home.

- Yes No

Name:

Contact Person:

Phone #:

4. I have made a pre-payment of funeral expenses.

- Yes No

Details:

5. I prefer that a wake be held for:

- one day not at all
- two days other: _____

6. I wish the casket to be:

- open closed

I prefer to wear:

7. I wish the service to be:

- open to friends and relatives
 - private
 - other:
-

8. I desire that services be held at (mark all that apply)

- funeral home
 - church
 - graveside
 - other:
-

9. I would like the following person to officiate:

Name: _____

Phone #: _____

to conduct my service according to the following:

- a service in the _____ religion
- a non-religious service
- I have requested no service be held

10. I would like the following person(s) to speak:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

11. My favourite hymns or songs I would like played at the funeral service:

12. Neighbours, friends and relatives to be contacted at my death:

Name:

Phone

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Name:

Phone:

FUNERAL OR BURIAL ARRANGEMENTS

1. I own burial property:

Yes

No

2. I have purchased a funeral/burial plan

Yes

No

3. If “yes,” the following is the location of the deed, title or plan:

4. Name of cemetery, mausoleum, or garden:

5. Title of property or plan in the name of:

6. My wishes for the scattering or storage of ashes are:

MY OBITUARY

I would like:

- No notice published
- A notice published in the following newspaper(s)

Obituary Comments*:

** Suggested format: Full name of decedent; birthdate and birthplace; age at death; where and when married, to whom, accomplishments (education, career, contributions to community or charity); interests; hobbies; survivors (spouse, children, grandchildren, etc); place and time of services; suggestions and donations.*

ADDITIONAL INFORMATION

If there are categories for which you didn't have enough space, fill in the details here: (We suggest including the reference page number and category.)

Fulfilling an essential of life.

Now that your records and information have been organized in one location, you'll be able to breathe a little easier, worry a little less, and enjoy life a little more knowing that this key essential to your life and your family's financial well-being has been finalized.

NOTES

RAYMOND JAMES FINANCIAL PLANNING

A comprehensive financial strategy entails planning for the future while ensuring your wealth is efficiently and effectively passed along to beneficiaries. Our Financial Advisors offer insurance and estate planning solutions through Raymond James Financial Planning Ltd. Our in-house Estate Planning Advisors can also work with you and your Financial Advisor to provide solutions in all areas of financial planning and insurance strategies.

RAYMOND JAMES[®]

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