

Estate Planning Directory



Your Name

Date Completed / Last Updated



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This Estate Planning Directory is designed to help you organize important information about your personal and financial affairs. You'll find it provides a convenient record and will be easy to update on an annual basis. As well, it will help your survivors wind up your personal affairs upon death in an orderly fashion.

Keep this record in a safe place along with your other important papers. Most importantly, please let your families know where it's kept at all times.

Please call me if you or your families have questions or concerns on any Insurance, Investment or Estate Planning matters.

Thank you for your continued confidence in our services.

Sincerely yours

Ken Stern

People To Be Contacted

- Next of Kin

Name:

Relationship to you:

Telephone:

Address:

Name:

Relationship to you:

Telephone:

Address:

Name:

Relationship to you:

Telephone:

Address:

Name:

Relationship to you:

Telephone:

Address:

Other People to Contact

Business:

Telephone:

Address:

Lawyer:

Firm:

Telephone:

Address:

Accountant:

Firm:

Telephone:

Address:

Insurance Agent:

Firm:

Telephone:

Address:

Bank:

Telephone:

Address:

Account Number:

● Others

Name:

Relationship:

Telephone:

Address:

Name:

Relationship:

Telephone:

Address:

Name:

Relationship:

Telephone:

Address:

Your Will

- Do you have a will? Yes No

The original is located

A copy is located:

The will was dated/last updated:

- Who is the executor of your will?

Name:

Address:

Telephone:

Living Will

- Do you have a general power of attorney? Yes No

If yes, where is such a document kept?:

Persons to whom you have granted power of attorney:

- Do you have an Enduring Power of Attorney? Yes No

If yes, where is such a document kept?

Persons to whom you have given authority to make medical decisions on your behalf:

Organ Donation

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

If yes, explain:

- 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
- Executor
- Power of Attorney

Funeral Arrangements

- Have you made funeral arrangements? Yes No

Funeral Home & Address:

Telephone:

- Have you set out funeral instructions in your will? Yes No

- In a letter? Yes No

It is located:

- Do you own a cemetery plot? Yes No

- Have you provided for its ongoing care? Yes No

The plot is located:

The deed to it is kept:

Personal Records

Date of birth:

Place of Birth:

Birth certificate is located:

Social Insurance/Social Security Number:

● Do you have a marital contract? Yes No

If yes, where is it located:

● Are you a citizen of any country other than Canada where you are required to pay taxes? Yes No

Citizen of:

Papers are located:

● Do you own any assets in the United States including real estate, securities or other business interests? Yes No

Type:

Memberships

- List all memberships in clubs, associations and subscriptions.

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Electronic Signatures

- List user information for any electronic identification used.

Website/Program:

User Name: Password:

Website/Program:

User Name: Password:

Website/Program:

User Name: Password:

Website/Program:

User Name: Password:

Financial Commitments

- Rent or Mortgage Payments

Amount:

Due Date:

Lender/Address:

Amount:

Due Date:

Lender/Address:

● Outstanding loans (private or otherwise)/lines of credit/guarantees/promissory notes

Amount:

Due Date:

Lender/Address:

Amount:

Due Date:

Lender/Address:

● Outstanding charge/credit cards

Amount:

Due Date:

Lender/Address:

Amount:

Due Date:

Lender/Address:

Amount:

Due Date:

Lender/Address:

● Charitable Gift(s)

Amount or item(s):

For:

Address:

Amount or item(s):

For:

Address:

● Contractual Obligations

For:

Address:

For:

Address:

For:

Address:

For:

Address:

● Do you have a shareholder's agreement? Yes No

If yes where is it located:

- Other financial obligations or commitments (auto leases, support/maintenance obligations)

For:

Address:

For:

Address:

For:

Address:

For:

Address:

Life Insurance

- Policies you own on your life

Company:

Policy Number:

Policy is located:

Beneficiary:

Face Amount:

Company:

Policy Number:

Policy is located:

Beneficiary:

Face Amount:

Company:

Policy Number:

Policy is located:

Beneficiary:

Face Amount:

Company:

Policy Number:

Policy is located:

Beneficiary:

Face Amount:

Company:

Policy Number:

Policy is located:

Beneficiary:

Face Amount:

● Policies you own on others

Company:

Policy Number:

Policy is located:

Name of insured:

Face Amount:

Company:

Policy Number:

Policy is located:

Name of insured:

Face Amount:

Disability Insurance

Company:

Policy Number:

Policy is located:

Indemnity Amount:

Company:

Policy Number:

Policy is located:

Indemnity Amount:

Extended Health Insurance

Company:

Policy Number:

Policy is located:

Company:

Policy Number:

Policy is located:

Out of Province Travel Insurance

Company:

Policy Number:

Policy is located:

Investments

Type of plan:

Account Number:

Advisor's name and firm:

Registered owner(s):

Type of plan:

Account Number:

Advisor's name and firm:

Registered owner(s):

Type of plan:

Account Number:

Advisor's name and firm:

Registered owner(s):

Type of plan:

Account Number:

Advisor's name and firm:

Registered owner(s):

Type of plan:

Account Number:

Advisor's name and firm:

Registered owner(s):

● Do you have any annuity contracts? Yes No

Policy Number:

Institution Name and Address:

Income Amount:

Frequency:

Policy Number:

Institution Name and Address:

Income Amount:

Frequency:

Policy Number:

Institution Name and Address:

Income Amount:

Frequency:

Policy Number:

Institution Name and Address:

Income Amount:

Frequency:

● Are any of your securities pledged for loans? Yes No

With Whom:

Banking

Branch:

Account Number:

Savings Chequing Joint

If Joint, who is the joint owner:

Branch:

Account Number:

Savings Chequing Joint

If Joint, who is the joint owner:

Branch:

Account Number:

Savings Chequing Joint

If Joint, who is the joint owner:

Safety Deposit Box

● Do you have a safety deposit box? Yes No

Where is it located:

Name of others who have access to it:

Pension Plan(s)

- Do you have a Registered Retirement Savings Plan (RRSP) Yes No

Account Number:

Institution name & address:

Beneficiary:

Account Number:

Institution name & address:

Beneficiary:

- Do you have a Registered Education Savings Plan (RESP)? Yes No

Account Number:

Institution name:

Beneficiary:

Account Number:

Institution name:

Beneficiary:

● Do you have a Registered Retirement Income Fund (RRIF)? Yes No

Account Number:

Institution name:

Beneficiary:

Account Number:

Institution name:

Beneficiary:

● Do you have a Tax Free Savings Account (TFSA)? Yes No

Account Number:

Institution name:

Beneficiary:

Account Number:

Institution name:

Beneficiary:

● Do you have an In Trust For Account (ITF)? Yes No

Account Number:

Institution name:

Beneficiary:

Account Number:

Institution name:

Beneficiary:

● Are you a member of a Deferred Profit Sharing Plan (DPSP)? Yes No

Account Number:

Institution name:

Beneficiary:

Information about these plans in located:

● Are you a member of a Registered Pension Plan (RPP)? Yes No

Account Number:

Institution name:

Beneficiary:

Account Number:

Institution name:

Beneficiary:

Personal Property

● List all vehicles you own

Vehicles registration is located:

Bill of sale and insurance papers are located:

Jewelry, stamp collections, coin collections, appraisal documents etc. are located:

Collections/heirlooms/items of special value:

Residence & Other Real Estate

Type of Real Estate	Title is held by (check one)	Is there a mortgage? (check one)	Mortgage is held by	Cost of Real Estate	Purchase Date
<input type="text"/>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

● Have any of these properties been designated a principle residence? Yes No

If yes, which ones and dates?:

<input type="text"/>
<input type="text"/>
<input type="text"/>

● Where are the following located?

Certificate of title:

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Copy of Mortgage:

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Property insurance policies:

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Land Survey:

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Property tax receipts:

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Leases:

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

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Mortgage insurance policies:

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Personal Records
MY NET WORTH STATEMENT
 As of

Assets	What you own	Amount
● Liquid Assets	-Cash on hand	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Chequing/Savings/Broker accounts	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Canada Savings Bonds	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Term Deposits/investment certificates	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Other	\$ <input style="width: 80%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
● Marketable Assets	-Government/corporate bonds	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Common Preferred shares	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Mutual Funds	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Real Estate investments	\$ <input style="width: 80%; height: 20px;" type="text"/>
	-Other (business, interests, farm, etc)	\$ <input style="width: 80%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>

Personal Records (Continued)

Assets	What you own	Amount
<ul style="list-style-type: none"> ● Long-term Assets 	-Cash value of life insurance	\$ <input type="text"/>
	-Total Life Insurance proceeds	\$ <input type="text"/>
	-Registered Retirement Savings	\$ <input type="text"/>
	-Other	\$ <input type="text"/>
	- <input type="text"/>	\$ <input type="text"/>
	- <input type="text"/>	\$ <input type="text"/>
	- <input type="text"/>	\$ <input type="text"/>
<ul style="list-style-type: none"> ● Personal Assets 	-Personal residence	\$ <input type="text"/>
	-Recreation property	\$ <input type="text"/>
	-Vehicles	\$ <input type="text"/>
	-Household Furnishings/equipment	\$ <input type="text"/>
	-Other (art, coins, jewelry, etc.)	\$ <input type="text"/>
	- <input type="text"/>	\$ <input type="text"/>
	- <input type="text"/>	\$ <input type="text"/>
- <input type="text"/>	\$ <input type="text"/>	
<u>Total Assets</u>	\$ <input type="text"/>	

Personal Records (Continued)

Liabilities	(What you owe)	Amount
<ul style="list-style-type: none"> ● Short-term debt 	-Charge accounts/Credit cards	\$ <input type="text"/>
	-Loans/Lines of credit	\$ <input type="text"/>
	-Taxes (income/property tax owing)	\$ <input type="text"/>
	-Unpaid bills	\$ <input type="text"/>
	-Other (income/property tax owing)	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
<ul style="list-style-type: none"> ● Long-term debt 	-Home mortgage	\$ <input type="text"/>
	-Other property mortgage	\$ <input type="text"/>
	-Other (line of credit, margin account etc)	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<u>Total Liabilities</u>	
	Total Assets minus total Liabilities	\$ <input type="text"/>

