



Estate Directory

Your Name

Date Completed / Last Updated

Mark Halpern CFP, TEP

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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 experience 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 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 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,
Mark Halpern, CFP, TEP

WEALTHinsurance.com
illnessPROTECTION.com

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: _____

Notary: _____

Telephone: _____

Address: _____

E-Mail: _____

Employer/Bus. Office: _____

Telephone: _____

Address: _____

E-Mail: _____

Lawyer: _____

Telephone: _____

Address: _____

E-Mail: _____

Accountant: _____

Telephone: _____

Address: _____

E-Mail: _____

Bank: _____

Telephone: _____

Address: _____

E-Mail: _____

Insurance Agent: _____

Telephone: _____

Address: _____

E-Mail: _____

Financial Advisor: _____

Telephone: _____

Address: _____

E-Mail: _____

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

Name: _____

Telephone: _____

Address: _____

E-Mail: _____

Name: _____

Telephone: _____

Address: _____

E-Mail: _____

Others - Priest, Rabbi, Clergy:

Name: _____

Telephone: _____

Address: _____

E-Mail: _____

Name: _____

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?

To whom have you 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

Mandatory or representative

Funeral Arrangements

- ◆ Have you made funeral arrangements?

Yes No

Funeral Home & Address:

Telephone: _____

- ◆ Have you set out instructions in your Will?

Yes No

- ◆ In a letter?

Yes No

They are 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: _____

Previous Employers

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

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

Memberships

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

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

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: _____

Amount \$ _____

Due Date: _____

Lender/Address: _____

Amount \$ _____

Due Date: _____

Lender/Address: _____

Amount \$ _____

Due Date: _____

Lender/Address: _____

◆ Charitable Gift

For: _____

Address: _____

For: _____

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: _____

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: _____
Policy is located: _____

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

If joint, who is joint owner? _____

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 (eg. House, Condo, etc.)	Title is held by (circle one)	Is there a mortgage? (circle one)	Mortgage is held by?
---	-------------------------------------	---	----------------------------

You Yes
Spouse No
Joint

You Yes
Spouse No
Joint

You Yes
Spouse No
Joint

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:

A copy is located:

The Will was dated/last updated:

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: _____

◆ Marriage certificate Yes No Divorce certificate

Located:

Personal Records

My Net Worth Statement

As of _____

Assets	What You Own	Amount
❖ 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.)	\$ _____
	Total Assets	\$ _____

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

Digital Passwords

◆ Personal Computer Startup Passwords

Desktop Password: _____

Laptop Password: _____

Tablet Password: _____

◆ Business Computer Startup Passwords

Desktop Password: _____

Laptop Password: _____

Tablet Password: _____

◆ Voicemail Passwords

Telephone #: _____

Password: _____

Telephone #: _____

Password: _____

Telephone #: _____

Password: _____

◆ Online Banking

Financial Institution: _____

Website of Financial Institution: _____

Account #: _____

Username: _____

Password: _____

◆ Online Banking

Financial Institution: _____

Website of Financial Institution: _____

Account #: _____

Username: _____

Password: _____

Financial Institution: _____

Website of Financial Institution: _____

Account #: _____

Username: _____

Password: _____

◆ Frequent Traveller Programs

Name of Airline/Program: _____

Website of Program: _____

Account #: _____

Username: _____

Password: _____

Name of Airline/Program: _____

Website of Program: _____

Account #: _____

Username: _____

Password: _____

Digital Passwords

◆ Frequent Traveller Programs

Name of Airline/Program: _____

Website of Program: _____

Account #: _____

Username: _____

Password: _____

◆ Affinity Programs (eg: Sobey's, Shoppers Drug Mart, etc.)

Name of Program: _____

Website of Program: _____

Account #: _____

Username: _____

Password: _____

Name of Program: _____

Website of Program: _____

Account #: _____

Username: _____

Password: _____

◆ Affinity Programs (eg: Sobey's, 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: _____

Password: _____

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: _____

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: _____

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