WHERE IS EVERYTHING?!



Fill out this form and keep one copy with your Will and give a second copy to your executor or next of kin.

Be sure to update this form as frequently as necessary.

Name:						
Date of Birth:		SIN:				
				ši		
	Banking	g & Insurance Inforn	mation			
Account #s:	Chequing:	Saving:		Other:		
Bank Branch:	Bank Manager:		Phone:			
Life Insurance Policies: #		Company:				
#		Company:				
#		Company:				
Property Insurance:#		Company:				
Auto Insurance:#		Company:				
Property & Casualty Broke	r:	Phone:				
Pension Plans:						
Club Memberships:						
		Where to Find				
Organ Donation Forms		_ Safety Deposit Box Key				
Living Will Instructions		_ Canada Savings Bonds				
Birth Certificate		_ GIC's, Certificate of Deposi	its, Term Deposits	;		
Marriage Certificate						
		_ Stocks				
House Keys		_ Mutual Funds				
Vehicle Keys						
		_ Tax Shelter Investments _				
		Wills				
Document Location		Last Reviewed (dd/mm/yyyy)				
Executors		Guardian(s) of Children				

	Power of A	ttorney			
Document Location	•				
Person(s) Named for Financial Decisions					
1	Personal Directive	es (Living Will)			
Person(s) Named for Personal Care					
	Planned Givi	ina Clause			
	Last Reviewed (mm/dd/yyyy)				
Charities to Support					
lin a of Condia					
			rerse Mortgage		
	Lease Ents Other Liabilities				
Account Use					
Account instructions					
Account Use	r-name	Password			
Account instructions					
Email Address		Password			
Account instructions					
Email Address		Password			
Account instructions					
	_				
have discussed my funeral wishes with my	·				
Funeral details are attached: \square YES or \square N	NO Funeral details ar	e located			
	Additional In	formation			

Capital Estate Planning

Providers of your Voluntary Benefits Program