

## PERSONAL ESTATE RECORD

Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Date \_\_\_\_\_ Province of Domicile \_\_\_\_\_

This guide provides a handy record of essential information about your estate. Keep it up to date and in a place that can be found easily by someone other than yourself. Tell some relatives or close friends exactly where it is located in case of emergency, it can be invaluable to anyone handling your affairs.

Compliments of:



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### NOTE

If there is not enough blank space provided under any of the following sections, use a separate sheet of paper, but be sure to attach it to this form and indicate on the form that a separate sheet has been used.

**(1) Your Will**

The original copy of my will is located \_\_\_\_\_

The date on the will is \_\_\_\_\_

The will was prepared by \_\_\_\_\_

Address \_\_\_\_\_

Executors and / or trustees of my will are:

Name \_\_\_\_\_

Name \_\_\_\_\_

**(2) Funeral Arrangements**

Do NOT put your instructions in your will or safety deposit box. They may not be discovered until after the funeral. Keep a separate record in a place that is easy to find. Tell some relatives or close friends exactly where it is located.

Instructions for my funeral are located \_\_\_\_\_

Cemetery plot at \_\_\_\_\_

Deed to plot is located \_\_\_\_\_

There (is) (is not) a provision for perpetual care of this plot.

**(3) Church, Clubs, Organizations**

My church is \_\_\_\_\_

I belong to the following clubs and organizations

(a) Name \_\_\_\_\_

Address \_\_\_\_\_

Death benefits (if any) \_\_\_\_\_

(b) Name \_\_\_\_\_

Address \_\_\_\_\_

Death benefits (if any) \_\_\_\_\_

(c) Name \_\_\_\_\_

Address \_\_\_\_\_

Death benefits (if any) \_\_\_\_\_

**NOTE**

Your survivors should check their eligibility for the Canada Pension Plan death benefit. It is not available automatically. It must be applied for.

**(4) Personal Property**

(a) Safety Deposit Box # \_\_\_\_\_ Key # \_\_\_\_\_

Location \_\_\_\_\_ Location \_\_\_\_\_

(Check one)

The box is registered in my name alone.

The box is held jointly with:

Name \_\_\_\_\_

Name \_\_\_\_\_

(b) Personal property owned (vehicles, special equipment, etc., - your house will come under the Real Estate section. Include location of ownership papers if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(5) Securities**

(Bonds, stocks, annuities, investments certificates, mutual funds, mortgages, etc.)

Security

Serial No.

Location

| Security | Serial No. | Location |
|----------|------------|----------|
| _____    | _____      | _____    |
| _____    | _____      | _____    |
| _____    | _____      | _____    |
| _____    | _____      | _____    |
| _____    | _____      | _____    |

**(6) Real Estate**

Property owned:

(a) Description \_\_\_\_\_

Held jointly by \_\_\_\_\_

Mortgage \_\_\_\_\_

Location of deed \_\_\_\_\_

(b) Description \_\_\_\_\_

Held jointly by \_\_\_\_\_

Mortgage \_\_\_\_\_

Location of deed \_\_\_\_\_

(c) Description \_\_\_\_\_

Held jointly by \_\_\_\_\_

Mortgage \_\_\_\_\_

Location of deed \_\_\_\_\_

**(7) Professional Advisors**

Executor \_\_\_\_\_ Address \_\_\_\_\_  
Doctor \_\_\_\_\_ Address \_\_\_\_\_  
Lawyer \_\_\_\_\_ Address \_\_\_\_\_  
Accountant \_\_\_\_\_ Address \_\_\_\_\_  
Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_  
Other \_\_\_\_\_ Address \_\_\_\_\_

**(8) Personal and Family records**

Place of birth \_\_\_\_\_ Date \_\_\_\_\_  
Birth certificate location \_\_\_\_\_  
Passport location \_\_\_\_\_  
Marriage certificate location \_\_\_\_\_  
Place of marriage \_\_\_\_\_  
Were you ever divorced? Yes No  
Were you ever legally separated? Yes No  
Province or court of jurisdiction? \_\_\_\_\_  
Location or papers \_\_\_\_\_

**(9) Credit Union, Bank, Trust Company Accounts**

| Name  | Branch | Account # |
|-------|--------|-----------|
| _____ | _____  | _____     |
| _____ | _____  | _____     |
| _____ | _____  | _____     |
| _____ | _____  | _____     |

**(10) Credit Cards**

| Company | Card Numbers | Expiry Date |
|---------|--------------|-------------|
| _____   | _____        | _____       |
| _____   | _____        | _____       |
| _____   | _____        | _____       |
| _____   | _____        | _____       |
| _____   | _____        | _____       |

**(10) Personal Debts**

| <b>Name</b> | <b>Date</b> | <b>Amount</b> |
|-------------|-------------|---------------|
| _____       | _____       | _____         |
| _____       | _____       | _____         |
| _____       | _____       | _____         |
| _____       | _____       | _____         |

**(12) Income Tax**

My tax return files are located \_\_\_\_\_

Accountant's name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**(13) Life Insurance**

| <b>Company</b> | <b>Policy #</b> | <b>Amount</b> |
|----------------|-----------------|---------------|
| _____          | _____           | _____         |
| _____          | _____           | _____         |
| _____          | _____           | _____         |
| _____          | _____           | _____         |

These policies are located \_\_\_\_\_

**(14) Property Insurance**

(a) Property \_\_\_\_\_

Insured with \_\_\_\_\_

Type of coverage- fire, theft, liability \_\_\_\_\_

Policy location \_\_\_\_\_ Policy # \_\_\_\_\_

(b) Property \_\_\_\_\_

Insured with \_\_\_\_\_

Type of coverage- fire, theft, liability \_\_\_\_\_

Policy location \_\_\_\_\_ Policy # \_\_\_\_\_

(c) Property \_\_\_\_\_

Insured with \_\_\_\_\_

Type of coverage- fire, theft, liability \_\_\_\_\_

Policy location \_\_\_\_\_ Policy # \_\_\_\_\_

**(15) Other Insurance**

Automobile insured with \_\_\_\_\_

Policy location \_\_\_\_\_ Policy # \_\_\_\_\_

Disability insurance with \_\_\_\_\_

Policy location \_\_\_\_\_ Policy # \_\_\_\_\_

Group insurance with \_\_\_\_\_

Policy location \_\_\_\_\_ Policy # \_\_\_\_\_

**(16) Pension Plans**

Company plan \_\_\_\_\_

R.R.S.P. \_\_\_\_\_

Other \_\_\_\_\_

**(17) Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE**

Please feel free to make copies of this record if you wish.