



Estate record keeper

CREATE OPPORTUNITIES FOR THE NEXT GENERATION

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Date prepared/updated: _____

Personal information

Your information

Name:	_____	Health Card #:	_____
Current address:	_____	Spouse/partner's Health Card #:	_____
	_____	Social Insurance #:	_____
Driver's License #:	_____	Spouse/partner's Social Insurance #:	_____

Children

Name:	_____	Name:	_____
Current address:	_____	Current address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____
Name:	_____	Name:	_____
Current address:	_____	Current address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____

Other beneficiaries of your will

Name:	_____	Name:	_____
Relationship:	_____	Relationship:	_____
Address:	_____	Address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____
Name:	_____	Name:	_____
Relationship:	_____	Relationship:	_____
Address:	_____	Address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____

Personal Advisors

Your powers of attorney

☐ Property ☐ Personal Care

Location:	
Attorney:	
Address:	
Phone number:	
Attorney:	
Address:	
Phone number:	

Your spouse / partner's powers of attorney

☐ Property ☐ Personal Care

Location:	
Attorney:	
Address:	
Phone number:	

Your professional advisors

Doctor

Name:		Name:	
Firm:		Firm:	
Address:		Address:	
Phone number:		Phone number:	
Fax number:		Fax number:	

Lawyer

Name:		Name:	
Firm:		Firm:	
Address:		Address:	
Phone number:		Phone number:	
Fax number:		Fax number:	

Accountant

Name:	_____	Name:	_____
Firm:	_____	Firm:	_____
Address:	_____	Address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____
Fax number:	_____	Fax number:	_____

Financial advisor

Name:	_____	Name:	_____
Firm:	_____	Firm:	_____
Address:	_____	Address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____
Fax number:	_____	Fax number:	_____

Banking contact

Name:	_____	Name:	_____
Firm:	_____	Firm:	_____
Address:	_____	Address:	_____
	_____		_____
Phone number:	_____	Phone number:	_____
Fax number:	_____	Fax number:	_____

Important documents / items

Your will

Date of last will/codicil:	_____
Will location:	_____

Executor/Trustee:	_____
Address:	_____
Phone number:	_____
Executor/Trustee:	_____
Address:	_____
Phone Number:	_____

Your spouse / partner's will

Date of last will/codicil: _____

Will location: _____

Executor/Trustee: _____

Address: _____

Phone number: _____

Executor/Trustee: _____

Address: _____

Phone Number: _____

Funeral arrangement

Pre-planned funeral: ☐ Yes ☐ No

Funeral home address: _____

Contact name: _____

Phone number: _____

Details of other arrangement: _____

Cemetery plot

Plot number and location: _____

Location of plot deed: _____

Contact name: _____

Phone number: _____

Safety deposit box

Box 1 location: _____	Box 2 location: _____
Box number: _____	Box number: _____
Key location: _____	Key location: _____

Location of other important documents

Your birth certificate: _____

Spouse/partner's birth certificate: _____

Children's birth certificate: _____

Marriage certificate: _____

Citizenship and passports: _____

Social Insurance card: _____

Spouse/partner's
Social Insurance card: _____

Health card: _____

Spouse/partner's
Health card: _____

Medical records: _____

Income tax returns: _____

Banking records: _____

Investment records: _____

Loans/Mortgage records: _____

Vehicle ownership records: _____

Driver's License: _____

Separation/Divorce Papers: _____

Marriage/Cohabitation/
Separation agreement: _____

Custody/Adoption records: _____

Social Media
(logins and passwords): _____

Other (specify): _____

Accounts

Household accounts

Electricity / Hydro provider:

Account number: _____

Phone number: _____

Cable / Satellite provider:

Account number: _____

Phone number: _____

Oil / Gas company:

Account number: _____

Phone number: _____

Telephone and long distance service provider:

Account number: _____

Phone number: _____

Internet service provider:

Account number: _____

Phone number: _____

Security monitor provider:

Account number: _____

Phone number: _____

Canada Revenue Agency (CRA):

Account number: _____

Phone number: _____

Water:

Account number: _____

Phone number: _____

**Cellular phone
service provider:**

Account number: _____

Phone number: _____

**Lawn care /
Snow removal provider:**

Account number: _____

Phone number: _____

Magazine:

Account number: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Property tax:

Account number: _____

Phone number: _____

Sewage:

Account number: _____

Phone number: _____

Newspaper:

Account number: _____

Phone number: _____

Club membership:

Membership number: _____

Contact person: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Other:

Account number: _____

Phone number: _____

Bank account information

Name of financial institution:

Address:

Phone number:

Account number

Account type

Ownership (individual, joint)

Name of financial institution:

Address:

Phone number:

Account number

Account type

Ownership (individual, joint)

Name of financial institution:

Address:

Phone number:

Account number

Account type

Ownership (individual, joint)

Name of financial institution:

Address:

Phone number:

Account number

Account type

Ownership (individual, joint)

Financial assets

Investment account information

(Account type includes cash account, margin account, RRSPs, RRIFs, locked-in accounts, RESPs, annuities)

Firm: _____
Account type _____

Firm: _____
Account type _____

Firm: _____
Account type _____

Other investments (e.g. Canada Savings Bonds, share certificates)

Item description	Location
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Pension plans (DB, DC, DPSP, or group RRSP)

Company name: _____	Company name: _____
Phone number: _____	Phone number: _____
Employee/Plan number: _____	Employee/Plan number: _____

Company name: _____	Company name: _____
Phone number: _____	Phone number: _____
Employee/Plan number: _____	Employee/Plan number: _____

Annuities

Issuing company _____	Issuing company _____
Phone number: _____	Phone number: _____
Policy number: _____	Policy number: _____
Policy location: _____	Policy location: _____

Other assets

Valuable personal assets (e.g. cars, art, jewelry, coin collection, etc.)

Item description	Location
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Real Estate

Principal residence:

Address:	_____
Purchase date:	_____
Purchase price:	_____
Owner(s):	_____
Deed location:	_____

Mortgage:

Company:	_____
Address:	_____
Phone number:	_____
Reference number:	_____
Location of mortgage document:	_____

Property tax information:

Property identifier number:	_____
Municipality:	_____
Phone number:	_____
Location of rental agent (where applicable):	_____

Other property:

Address:	_____
Purchase date:	_____
Purchase price:	_____
Owner(s):	_____
Deed location:	_____

Mortgage:

Company: _____
Address: _____
Phone number: _____
Reference number: _____
Location of mortgage document: _____

Property tax information:

Property identifier number: _____
Municipality: _____
Phone number: _____
Location of rental agent (where applicable): _____

Business interest

Company name: _____
Sole proprietor/
Partnership/Corporation: _____
Location of key documents
(e.g. shareholder,
buy/sell agreements): _____

Company name: _____
Sole proprietor/
Partnership/Corporation: _____
Location of key documents
(e.g. shareholder,
buy/sell agreements): _____

Insurance

Life insurance (term / whole life / universal)

Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Face value:	_____	Face value:	_____
Policy number:	_____	Policy number:	_____
Agent's name:	_____	Agent's name:	_____
Phone number:	_____	Phone number:	_____
Policy location:	_____	Policy location:	_____

Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Face value:	_____	Face value:	_____
Policy number:	_____	Policy number:	_____
Agent's name:	_____	Agent's name:	_____
Phone number:	_____	Phone number:	_____
Policy location:	_____	Policy location:	_____

Disability / Critical illness / Long-term care insurance

Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Coverage amount:	_____	Coverage amount:	_____
Policy number:	_____	Policy number:	_____
Agent's name:	_____	Agent's name:	_____
Phone number:	_____	Phone number:	_____
Policy location:	_____	Policy location:	_____
Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Coverage amount:	_____	Coverage amount:	_____
Policy number:	_____	Policy number:	_____
Agent's name:	_____	Agent's name:	_____
Phone number:	_____	Phone number:	_____
Policy location:	_____	Policy location:	_____

Other insurance (health, home, auto, travel, mortgage, other)

Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Policy number:	_____	Policy number:	_____
Coverage amount:	_____	Coverage amount:	_____
Insurer contact number:	_____	Insurer contact number:	_____
Policy location:	_____	Policy location:	_____

Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Policy number:	_____	Policy number:	_____
Coverage amount:	_____	Coverage amount:	_____
Insurer contact number:	_____	Insurer contact number:	_____
Policy location:	_____	Policy location:	_____

Insurer:	_____	Insurer:	_____
Insured:	_____	Insured:	_____
Type:	_____	Type:	_____
Policy number:	_____	Policy number:	_____
Coverage amount:	_____	Coverage amount:	_____
Insurer contact number:	_____	Insurer contact number:	_____
Policy location:	_____	Policy location:	_____

Liabilities

Loan and credit line information

Company:	_____
Address:	_____
Contact name:	_____
Phone number:	_____
Borrower:	_____
Details:	_____

Company:	_____
Address:	_____
Contact name:	_____
Phone number:	_____
Borrower:	_____
Details:	_____

Credit cards

Company:	_____	Company:	_____
Name on card:	_____	Name on card:	_____
Card number:	_____	Card number:	_____
Company:	_____	Company:	_____
Name on card:	_____	Name on card:	_____
Card number:	_____	Card number:	_____

Digital assets

General digital account access (computer, mobile, hard drive)

Type	Name	Account number	Details
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Email accounts

Email address	Notes
1. _____	_____
2. _____	_____
3. _____	_____

Online business accounts (intellectual property, websites, domain names, blogs)

Type	Account name	Account number	Notes
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Smart home devices (e.g. Google, Alexa, Amazon Echo, etc.)

Type	Account name	Account number	Notes
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Media (social media) accounts

	User name	Notes	
LinkedIn			www.linkedin.com
Facebook			www.facebook.com
X			www.twitter.com
WhatsApp			www.whatsapp.com
Tumblr			www.tumblr.com
Instagram			www.instagram.com
Snapchat			www.snapchat.com
Pinterest			www.pinterest.com
Reddit			www.reddit.com
FourSquare			www.foursquare.com
Dropbox			www.dropbox.com
Vimeo			www.vimeo.com
Youtube			www.youtube.com
Skype			www.skype.com
E-reader (Kindle, Kobo)			
Other			

Subscription accounts

	Account name	Notes
Netflix		
Apple		
Spotify		
Google Play		

Loyalty rewards (e.g. Aeroplan, Airmiles, Westjet, Optimum card, etc.)

Type	Account name	Account number	Notes
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Cryptocurrency (e.g. Bitcoin, Litecoin, Ethereum, Ripple etc.)

Type	Account name	Account number	Notes
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Online gaming (e.g. Xbox, Steam, Playstation, Nintendo)

Type	Account name	Notes
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Sentimental (digital family photos albums)

Type	Account name	Notes
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

We're here to help.



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Portfolio Manager, Investment Advisor



Krystina Meunier
Associate



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