



HOSPICE NIAGARA

helping you live well

ESTATE PLANNING INFORMATION & GUIDE

HOSPICE NIAGARA

helping you live well

Our Vision

Exceptional and compassionate care.
Everyone. Everywhere. Every time.

Our Mission

We help people and families
live well from diagnosis to bereavement.

We Value

Compassion. Dignity.
Respect. Integrity. Acceptance.

PERSONAL RECORDS

All adult individuals have the responsibility to keep their personal records and affairs in proper order so, in the event of their death, the next of kin and/or executor is not burdened with one's estate. In the case of an individual who is near end of life, it is particularly crucial to review and complete one's personal information to the best of their ability.

PERSONAL INFORMATION

Full Legal Name: _____

Address: _____

Social Insurance Number: _____

Date of Birth: _____

Place of Birth: _____

Birth Certificate is Located: _____

Adopted: YES NO _____

Adoption Papers are Located: _____

Married: YES NO _____

Marriage Certificate is Located: _____

Divorced: YES NO _____

Divorce Certificate is Located: _____

Canadian Citizen: YES NO _____

Citizenship Papers are Located: _____

Military Service: YES NO Country: _____

Discharge Papers are Located: _____

Veteran's Number: _____

NEXT OF KIN

Name: _____

Relationship: _____

Contact Information: _____

Spouse's Name: _____

CHILDREN

Name	Date of Birth	Contact Information

GRANDCHILDREN

Name	Date of Birth	Contact Information

SIBLINGS

Name	Date of Birth	Contact Information

PARENTS

Name	Date of Birth	Contact Information

CHOSEN FAMILY

Name	Date of Birth	Contact Information

OTHER

Name	Date of Birth	Contact Information

YOUR WILL

Do You Have a Will? YES NO

Lawyer Involved? _____

Lawyer's Name/Contact: _____

Original is Located: _____

Copy is Located: _____

Do You Have an Executor
of Your Will? YES NO

Is This Person Aware and
Agreed to This Role? YES NO

POWER OF ATTORNEY

Do You Have a Power
of Attorney for HEALTH CARE? YES NO

Name/Contact: _____

Lawyer Involved? YES NO

Is This Person Aware and has
Agreed to This Role? YES NO

Original is Located: _____

Copy is Located: _____

Do You Have a FINANCIAL
Power of Attorney? YES NO

Name/Contact:: _____

Lawyer Involved? YES NO

Is This Person Aware and has
Agreed to This Role? YES NO

Original is Located: _____

Copy is Located: _____

INSURANCE POLICIES

MEDICAL INSURANCE

Provincial Health Card #: _____

Insurance Company Name: _____

Contact Person: _____

Policy #: _____

Policy Location: _____

MEDICAL AND/OR DISABILITY INSURANCE

Insurance Company Name: _____

Contact Person: _____

Policy #: _____

Policy Location: _____

LIFE INSURANCE

Insurance Company Name: _____

Contact Person: _____

Policy #: _____

Policy Location: _____

Additional Notes:

EMPLOYERS *most recent first*

Company Name: _____

Contact Person: _____

Years of Employment: _____

Contact Information: _____

Employee Number: _____

Pension Information: _____

Insurance Information: _____

Company Name: _____

Contact Person: _____

Years of Employment: _____

Contact Information: _____

Employee Number: _____

Pension Information: _____

Insurance Information: _____

Additional Notes:

FINANCIAL INFORMATION

FINANCIAL CONSULTANTS

Accountant/Consultant Name: _____

Contact information: _____

FINANCIAL INSTITUTIONS

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Account #: _____

Account Holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Account #: _____

Account Holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Account #: _____

Account Holder(s) Names: _____

FINANCIAL INVESTMENTS (INCLUDING RRSP, RRIF, BONDS, STOCKS, ETC.)

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Type of Account: _____

Account #: _____

Account Holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Type of Account: _____

Account #: _____

Account Holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Type of Account: _____

Account #: _____

Account Holder(s) Names: _____

FINANCIAL INVESTMENTS (INCLUDING RRSP, RRIF, BONDS, STOCKS, ETC.)

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Account #: _____

Account Holder(s) Names: _____

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Contact Person: _____

Branch # and Address: _____

Type of Account: _____

Account #: _____

Account Holder(s) Names: _____

Name of Institution: _____

Contact Person: _____

Branch # and Address: _____

Type of Account: _____

Account #: _____

Account Holder(s) Names: _____

SAFETY SECURITY BOX

Do You Have
a Safety Deposit Box? YES NO

Location: _____

Key Holder(s): _____

Key(s) Located: _____

Contents: _____

CREDIT/DEBIT CARD(S)

Name of Institution: _____

Account #: _____

Account Holder(s) Names: _____

Password/PIN #: _____

Name of Institution: _____

Account #: _____

Account Holder(s) Names: _____

Password/PIN #: _____

Name of Institution: _____

Account #: _____

Account Holder(s) Names: _____

Password/PIN #: _____

FINANCIAL OBLIGATIONS

MORTGAGE OR RENT PAYMENTS

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

OUTSTANDING LOANS

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

Lender's Name: _____

Contact Information: _____

Amount \$: _____ Due Date: _____

PERSONAL OWNERSHIP

REAL ESTATE OWNED

Address: _____

Owner's Name(s): _____

Mortgage Institution: _____

Deed is Located: _____

Property Survey is Located: _____

Property Insurance Institution: _____

Property Taxes Located: _____

Maintenance Details: _____

Lessee Details: _____

Address: _____

Owner's Name(s): _____

Mortgage Institution: _____

Deed is Located: _____

Property Survey is Located: _____

Property Insurance Institution: _____

Property Taxes Located: _____

Maintenance Details: _____

Lessee Details: _____

VEHICLES OWNED (INCLUDING CARS, TRUCKS, BOATS, CAMPERS, TRAILERS, ETC.)

Type: _____

Make & Model/Year/Colour: _____

License #: _____ Vehicle Liens or Loans? YES NO

Ownership Located: _____

Insurance Located: _____

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License #: _____ Vehicle Liens or Loans? YES NO

Ownership Located: _____

Insurance Located: _____

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License #: _____ Vehicle Liens or Loans YES NO

Ownership Located: _____

Insurance Located: _____

Loan Institution: _____

PERSONAL PROPERTY

Do You Own any
Collection, Jewelry, etc.? YES NO

Description of **Collections**: _____

Location: _____

Value: _____

Appraiser: _____

Description of **Jewelry**: _____

Location: _____

Value: _____

Appraiser: _____

Description of **Antiques**: _____

Location: _____

Value: _____

Appraiser: _____

PERSONAL PROPERTY DISPOSAL

Do You Have Written instructions as to the Disposal of Your Personal Property? YES NO

Instructions are Located: _____

Instructions are as follows:

Item: _____

Name of Recipient: _____

Instructions:

Item: _____

Name of Recipient: _____

Instructions:

Item: _____

Name of Recipient: _____

Instructions:

Item: _____

Name of Recipient: _____

Instructions:

Item: _____

Name of Recipient: _____

Instructions:

Item: _____

Name of Recipient: _____

Instructions: _____

CONTRACTUAL OBLIGATIONS

PERSONAL LOANS: MONEY OWED

Person's Name(s): _____

Contact Information: _____

Amount Owed: _____

Conditions of the Loan: _____

Person's Name(s): _____

Contact Information: _____

Amount Owed: _____

Conditions of the Loan: _____

PERSONAL LOANS: MONEY LOANED

Person's Name(s): _____

Contact Information: _____

Amount Due: _____

Conditions of the Loan: _____

Person's Name(s): _____

Contact Information: _____

Amount Due: _____

Conditions of the Loan: _____

CONTRACTUAL OBLIGATIONS

CLUBS, ASSOCIATIONS, SUBSCRIPTIONS

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

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Contact Name: _____ Contact Number: _____

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

Name of Obligation: _____

Contact Name: _____ Contact Number: _____

CONTRACTUAL OBLIGATIONS

REWARD CARDS, SERVICES, UTILITIES, CELLPHONES

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

Name of Obligation: _____

Payment Due: _____ Paid how: _____

PRIVACY ACCESS

PASSWORDS, BANKING, PURCHASING SITES, ETC.

Online Password Codes

Account Manager App: Username Password

Computer Start-up: Username Password

Email Access: Username Password

Social Media

FACEBOOK Username Password

TWITTER Username Password

INSTAGRAM Username Password

YOUTUBE Username Password

LINKEDIN Username Password

Other:: Username Password

Other: Username Password

Other: Username Password

Banking (utility, cell phone etc.):

Other: Username Password

Other Username Password

Other Username Password

Other Username Password

PRIVACY ACCESS

Purchasing Sites (eBay, itunes, e-subscriptions):

Other	Username	Password
Other	Username	Password
Other	Username	Password
Other	Username	Password
Other	Username	Password

HOME PASSWORDS AND SECURITY CODES

Home Security System: _____

Voicemail (cell): _____

Voicemail (home): _____

WIFI: _____

Internet Router: _____

Other: _____

Other: _____

Other _____

Other _____

Other _____

HOSPICE NIAGARA

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We rely on donations to provide our programs and services throughout Niagara.
Official income tax receipts are provided for donations of \$20 or more.

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Fax: 905-735-1703

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