

**HOSPICE
NIAGARA**
helping you live well

**ESTATE PLANNING
INFORMATION & GUIDE**

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 Which 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	CONTACT INFORMATION

PARENTS:

NAME	CONTACT INFORMATION

CHOSEN FAMILY:

NAME	CONTACT INFORMATION

YOUR WILL:

Do you have a will? YES NO

Lawyer Involved? YES NO

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

Lawyer Involved? YES NO

Is this person aware and agreed to this role? YES NO

Original is located: _____

Copy is located: _____

Do you have a power of attorney of finances? YES NO

Lawyer Involved? YES NO

Is this person aware and agreed to this role? YES NO

Original is located: _____

Copy is located: _____

INSURANCE POLICIES:

MEDICAL INSURANCE:

Provincial health Card #: _____

Company Name: _____

Contact Person: _____

Policy #: _____

Policy located: _____

MEDICAL AND/OR DISABILITY INSURANCE:

Company Name: _____

Contact Person: _____

Policy #: _____

Policy located: _____

LIFE INSURANCE:

Company Name: _____

Contact Person: _____

Policy #: _____

Policy located: _____

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: _____

FINANCIAL INFORMATION:

FINANCIAL CONSULTANTS:

Name of Accountant/Consultant: _____

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: _____

Name of Institution: _____

Contact Person: _____

Branch # and address: _____

Account #: _____

Account holder(s) Names: _____

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 #: _____

Name of Institution: _____

Account #: _____

Account holder(s) Names: _____

Password/PIN #: _____

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.) CONTINUED:

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 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: _____

PERSONAL OWNERSHIP:

VEHICLES OWNED; INCLUDING CARS, TRUCKS, BOATS, CAMPERS, TRAILERS, ETC.:

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

Type: _____

Make & Model/Year/Colour: _____

License # _____

Ownership Located: _____

Insurance Located: _____

Are there any liens or loans on the vehicle? YES NO

Loan Institution: _____

PERSONAL OWNERSHIP:

Do you own any collections, jewelry, etc. YES NO

Description of collections: _____

Location: _____

Value: _____

Appraiser: _____

Description of Jewelry: _____

Location: _____

Value: _____

Appraiser: _____

Description of Antiques: _____

Location: _____

Value: _____

Appraiser: _____

PERSONAL OWNERSHIP CONTINUED:

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: _____

CONTRACTUAL OBLIGATIONS:

PERSONAL LOANS:

MONEY OWED:

Person's Name(s): _____

Amount Owed: _____

Conditions of the Loan: _____

Person's Name(s): _____

Amount Owed: _____

Conditions of the Loan: _____

Person's Name(s): _____

Amount Owed: _____

Conditions of the Loan: _____

MONEY LOANED:

Person's Name(s): _____

Amount Due: _____

Conditions of the Loan: _____

Person's Name(s): _____

Amount Due: _____

Conditions of the Loan: _____

CONTRACTUAL OBLIGATIONS:

MEMBERSHIPS TO CLUBS, ASSOCIATIONS, PUBLICATION 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: _____

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: _____

CONTRACTUAL OBLIGATIONS:

REWARD CARDS, SERVICES, UTILITIES, SUBSCRIPTIONS, INCLUDING CELL PHONES:

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, SECURITY CODES, VOICE MAIL CODES, ETC:

Online Password Codes:

Username/Password for Password Account
Manager app (if applicable):

Computer Start-up Username:

Email Access:

Social Media Sites:

Social Media Username/Password:

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

Online Banking (including utility companies,
cell phone etc.):

Other:

Personal Codes/Passwords:

Home Security System:

Voice Mail (cell):

Voice Mail (home):

Other:

WIFI:

Internet Router:

HOSPICE NIAGARA

helping you live well

403 Ontario Street, Unit 2 St.
Catharines, ON L2N 1L5
905-984-8766
hospiceniagara.ca

Charitable Registration Number 899716294 RR0001

St. Catharines Office | **Welland Office**

403 Ontario Street, Unit 2, St. Catharines, ON L2N 1L5
F: 905-984-8242

555 Prince Charles Drive, 2nd Floor Welland, ON L3C 6B5
F: 905-735-1703

T: 905-984-8766 | info@hospiceniagara.ca | hospiceniagara.ca | Charitable Registration#: 89971 6294 RR0001

