

The Estate Directory- Information Check List

Contact Pages:

Name: _____

Emergency Contacts: (Doctor, Executor, Lawyer...etc.)

NAME & TITLE	PHONE & ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Copy of All Important Legal Documents

- Last Will and Testament YES NO
- Living Power of Attorney – personal care YES NO
- Living Power of Attorney – property YES NO
- Land Ownership YES NO

Copy of Health Insurance Documents

- Life YES NO
- Critical Illness YES NO
- Disability YES NO
- Long-Term Care YES NO
- Group Insurance Certificate YES NO

Copy of Property Insurance Documents

- Home YES NO
- Auto YES NO
- Other (Business/Rental) YES NO

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Copy of Investments and banking information documents:

With Tax Consequences:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Pension Documents | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Home Ownership | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Registered Documents | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Government Benefits (CPP, OAS, etc) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Without Tax Consequences:

- | | | |
|---|------------------------------|-----------------------------|
| Non-registered Investments | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Bank Accounts | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mortgages, Loans and Lines of Credit | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Credit Cards | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Intellectual Passwords- (facebook, social media etc.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Pre-Arranged Funeral? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If yes, provide:

Name of Funeral Home _____

Phone Number: _____

Address: _____

Other Information
