

ESTATE RECORD KEEPER
Robin & Co., Chartered Accountant



Client Information

Date _____

Title	Given	Middle Name	Surname	Sex
Client 1				
Client 2				
Marital status:				

Personal

	Client 1	Client 2
Birth date		
SIN		
Drivers License		
Health Card		

Addresses

	Home	Business	Other
Mailing and Street address			
City, province			
Postal code:			
E-mail			
Home Phone			
Cell			

Employment

	Client 1	Client 2
Employment status		
Company		
Occupation		
Years of service with current employer		
Business phone	<input type="checkbox"/> Call at work Ext:	<input type="checkbox"/> Call at work Ext:
Fax		

Dependants

Name	Relationship	Birth Date	SIN	Infirm
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Adult Children/Beneficiaries

Adult Children/Beneficiaries		Adult Children/Beneficiaries	
Name		Name	
Relationship		Relationship	
SIN		SIN	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Home Phone		Home Phone	
Cell		Cell	

Adult Children/Beneficiaries

Adult Children/Beneficiaries		Adult Children/Beneficiaries	
Name		Name	
Relationship		Relationship	
SIN		SIN	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Home Phone		Home Phone	
Cell		Cell	

Adult Children/Beneficiaries

Adult Children/Beneficiaries		Adult Children/Beneficiaries	
Name		Name	
Relationship		Relationship	
SIN		SIN	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Home Phone		Home Phone	
Cell		Cell	

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Detailed Assets

Description	Owner	Purchase \$	Current FMF
House	C S J O		
Contents	C S J O		
Cabin/Condo	C S J O		
Vehicles	C S J O		
Recreational vehicles	C S J O		
Business	C S J O		
	C S J O		
	C S J O		
	C S J O		
	C S J O		

Owner: C=Client; S=Spouse; J=Joint; O=Other

RRSP Client 1

RRSP Client 2

Account Number	Firm	Account Number	Firm

RRIF Client 1

RRIF Client 2

Account Number	Firm	Account Number	Firm

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Open Investments

Account Number	Firm	Ownership
		C S J O
		C S J O
		C S J O
		C S J O
		C S J O
		C S J O
		C S J O
		C S J O

Owner: C=Client; S=Spouse; J=Joint; O=Other

Bank Accounts

Account Number	Type	Firm	Ownership
	C S		C S J O
	C S		C S J O
	C S		C S J O
	C S		C S J O
	C S		C S J O
	C S		C S J O

Type: C=Chequing, S=Savings Owner: C=Client; S=Spouse; J=Joint; O=Other

Life/ Critical Illness Insurance Policies

Policy Number	Type	Firm	Ownership
	T G W U		C S J O
	T G W U		C S J O
	T G W U		C S J O
	T G W U		C S J O
	T G W U		C S J O

Type: T= Term, G=Group, W=Whole Life, U= Universal Life
 Owner: C=Client; S=Spouse; J=Joint; O=Other

Critical Illness Insurance Policies

Policy Number	Type	Firm	Ownership
	T G W		C S J O
	T G W		C S J O
	T G W		C S J O
	T G W		C S J O
	T G W		C S J O

Type: T= Term, G=Group, W=Whole Life
 Owner: C=Client; S=Spouse; J=Joint; O=Other

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Disability Insurance Policies

Policy Number	Type	Firm	Ownership
	T G L		C S J O
	T G L		C S J O
	T G L		C S J O
	T G L		C S J O
	T G L		C S J O

Type: T= Term, G=Group, L=Level to age 65

Owner: C=Client; S=Spouse; J=Joint; O=Other



Detailed Liabilities

Mortgages

	Mortgage		Mortgage
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Property Address		Property Address	
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

Line Of Credit

	Loan		Loan
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Used For		Used For	
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consumer Loan

	Loan		Loan
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Used For		Used For	
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Other Loans

Loan		Loan	
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Used For		Used For	
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Debt

Credit Card		Credit Card	
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Debt

Credit Card		Credit Card	
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pension Providers

Pension		Pension	
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Plan Number		Plan Number	

Pension Providers

Pension		Pension	
Client Name		Client Name	
Institution		Institution	
Rep Name		Rep Name	
Rep Phone		Rep Phone	
Plan Number		Plan Number	

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Will Information

	Client 1		Client 2
Last update		Last Update	
Safety Deposit Box		Safety Deposit Box	
Other Location		Other Location	

Executors

	Client 1		Client 2
Name 1		Name 1	
Address Name 1		Address Name 1	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	
	Client 1		Client 2
Name 2		Name 2	
Address Name 2		Address Name 2	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

Funeral

	Client 1		Client 2
Preplanned		Preplanned	
Funeral Home		Funeral Home	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	

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Power of Attorney

Client 1		Client 2	
Name 1		Name 1	
Address Name 1		Address Name 1	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	
Client 1		Client 2	
Name 2		Name 2	
Address Name 2		Address Name 2	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

Professionals

Doctor		Doctor	
Institution		Institution	
Name		Name	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

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Professionals

	Lawyer		Accountant
Institution		Institution	
Name		Name	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

Professionals

	Financial Planner		Investment Advisor
Institution		Institution	
Rep Name		Rep Name	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

Professionals

	Bank		Other
Institution		Institution	
Rep Name		Rep Name	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

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Life/ Disability/Critical/ Illness Insurance

Client 1		Client 2	
Institution		Institution	
Agent		Agent	
Address		Address	
City, province		City, province	
Postal code:		Postal code:	
E-mail		E-mail	
Phone		Phone	
Cell		Cell	

Other Important Documents

	Location
Birth Certificate Client 1	
Birth Certificate Client 2	
Children's Birth Certificates	
Marriage Certificate	
Passports	
Citizenship papers	
Medical Records	
Tax returns	
Bank Records	
Investment Records	
Mortgage Records	
Loan Records	
Vehicle Ownership Records	
Separation/Divorce Papers	
Prenuptial Agreements	
Adoption Papers	
Custody papers	