

the LATREMOILLE
Group



ESTATE RECORD KEEPER



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Date prepared/updated:

PERSONAL INFORMATION

Your information

| | |
|---------------------------|---------------------------|
| Name: | Health Card #: |
| Current address: | Driver's License #: |
| | |
| 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:
Firm:
Address:
.....
Phone number:
Fax number:

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

Financial advisor

Name: Susan Latremaille
Firm: Richardson GMP Limited
Address: 145 King Street West, Ste 500
Toronto, ON M5H 1J8
Phone number: 416-969-3026
Fax number: 416-969-3031

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

Banking contact

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

Name:
Firm:
Address:
.....
Phone 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:



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:

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:

Cellular phone service provider:

Account number:

Phone number:

Newspaper:

Account number:

Phone number:

Lawn care / Snow removal provider:

Account number:

Phone number:

Club membership:

Membership number:

Contact person:

Phone number:



Magazine:

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: Richardson GMP Limited

Account type

Firm:

Account type

Firm:

Account type

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:

Insured:

Type:

Coverage amount:

Policy number:

Agent's name:

Phone number:

Policy location:

Insurer:

Insured:

Type:

Coverage amount:

Policy number:

Agent's name:

Phone number:

Policy location:

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

Insurer:

Insured:

Type:

Policy number:

Coverage amount:

Insurer contact number:

Policy location:

Insurer:

Insured:

Type:

Policy number:

Coverage amount:

Insurer contact number:

Policy location:

Insurer:

Insured:

Type:

Policy number:

Coverage amount:

Insurer contact number:

Policy location:

Insurer:

Insured:

Type:

Policy number:

Coverage amount:

Insurer contact number:

Policy location:

Insurer:

Insurer:

Insurer:

Insured:

Type:

Policy number:

Coverage amount:

Insurer contact number:

Policy location:

Insurer:

Insurer:

Insured:

Type:

Policy number:

Coverage amount:

Insurer contact number:

Policy location:

Insurer:



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: |

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