
Wills and Estates Planning

What to consider when estate and transition planning

PERSONAL INFORMATION

Name _____ Date _____

Date of birth _____

Place of birth _____

Name of Spouse/Partner _____

Name(s) of children/dependents

Social Insurance Number _____

Province of residence _____

POWER OF ATTORNEY

Name of Power of Attorney for property _____

This empowers another to exercise authority to manage your property.

Name of Power of Attorney for personal care _____

This empowers another to exercise authority to make personal care decisions on your behalf in case you become incapable of making these decisions yourself.

Name of proxy for end-of-life care

This empowers another to exercise authority to make health care decisions on your behalf if you become incapable of making these decisions yourself.

The Power of Attorney documents are kept _____

Prepared by _____

Law firm to contact with original copy of will _____

This tool has no legal effect. It is not a will, nor does it contain any legal or financial advice. Please seek professional advice for estate planning purposes if you have questions on any of the information referenced in this tool.

WILL AND FUNERAL ARRANGEMENTS

Name of Executor/Executrix and/or trustees of my will are:

_____ / _____

The original copy of my will is located _____

The date of the will is _____

The will was prepared by _____

I wish to be cremated **yes / no**

The cemetery or mausoleum plot is located _____

Address of funeral home if selected _____

My place of worship is _____

My preferred clergy/pastor is _____

Please notify these contacts _____

Any other funeral directions _____

REAL ESTATE

(Property such as farmland, houses, cottages, businesses, foreign properties, etc.)

Address _____

Mailing address (if different from above) _____

Ownership (sole, joint, etc.) _____

Mortgage **yes / no** Mortgage company _____

Location of deed _____

Address _____

Mailing address (if different from above) _____

Ownership (sole, joint, etc.) _____

Mortgage **yes / no** Mortgage company _____

Location of deed _____

Address _____

Mailing address (if different from above) _____

Ownership (sole, joint, etc.) _____

Mortgage **yes / no** Mortgage company _____

Location of deed _____

Check this box if you have listed additional properties on the last page of the tool

PERSONAL ASSETS

(Vehicles, jewelry, antiques, collections, etc.)

ITEM OWNED **yes / no** Estimated worth or appraisal

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FARM ASSETS

(Equipment, vehicles, livestock, inputs, etc.)

ITEM OWNED **yes / no** Estimated worth or appraisal

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BANKING

Bank name _____

Address _____

Account number _____

Bank name _____

Address _____

Account number _____

Bank name _____

Address _____

Account number _____

Safety deposit box

Name of bank _____ Keys are located _____

Household safe

Lock combination _____ Keys are located _____

Automatic withdrawals

Name	Amount	Frequency	Bank
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEBTS

Name of loan	Date	Amount	Lender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT CARDS

Type	Number	Card company
_____	_____	_____
_____	_____	_____
_____	_____	_____

INVESTMENTS

Bonds, stocks, mutual funds, TFSAs, RRIFs, pension plans, etc.

Investment	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIFE INSURANCE

Company	Amount	Policy #	Beneficiary
_____	_____	_____	_____
Company	Amount	Policy #	Beneficiary
_____	_____	_____	_____

OTHER INSURANCE

	Amount	Policy #	Company
Automobile insurance	_____	_____	_____
Disability insurance	_____	_____	_____
Critical illness insurance	_____	_____	_____
Property insurance	_____	_____	_____
Equipment insurance	_____	_____	_____
Other	_____	_____	_____

PERSONAL INCOME TAX

Accountant's name _____ Tax files are located _____
Phone number _____ Address _____

FARM INCOME TAX

Farm tax structure (Choose 1) - Sole proprietor/partnership/corporation

Accountant's name _____ Tax files are located _____
Phone number _____ Address _____

ADVISORS

Lawyer's name _____ Investment advisor's name _____

Firm _____ Firm _____

Phone number _____ Phone number _____

Doctor's name _____ Insurance agent's name _____

Location _____ Location _____

Phone number _____ Phone number _____

DIGITAL

Social media and other accounts

Account name _____ Password _____

Account name _____ Password _____

Account name _____ Password _____

Account name _____ Password _____

Cell phone company _____ Phone number _____

Specify important computer data for keeping (pictures, company records, etc.)

Specify important phone data for keeping (pictures, contacts, app information, etc.)

Other _____

My farm/business transition plan is located _____

Contacts/neighbours who can help with farm needs if I'm unable to:

Name _____ Phone number _____

Name _____ Phone number _____

ADDITIONAL INFORMATION

SPECIAL DOCUMENTS

Keep these in a safe place.

- Social insurance cards
- Birth certificates
- Marriage license
- Citizenship card
- Separation agreement
- Divorce agreement
- Pre-nuptial agreement
- Co-habitation agreement

OTHER ITEMS TO CONSIDER

- Health card
- Memberships (Costco, local co-op, etc.)
- Utilities – energy, power, phone, internet, cable, etc.
- Land titles
- Old Age Security
- Canada Pension Plan
- Personal pensions

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