

**Information Required to Administer your Estate.**

You have prepared a Will and chosen someone you trust to look after your financial affairs. Now it is time to provide them with the information they require to fulfill this obligation.

1. Where is your original Will located ? (You should make sure your executor has an up-to-date copy)  
\_\_\_\_\_
2. Do you have a 'Living Will'? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where is it located? \_\_\_\_\_  
\_\_\_\_\_
3. Do you want your organs donated? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Please attach a list of your family and friends that you would like to have contacted; name and phone number.  
Do you want your executor to contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, who would you like to contact them? Name \_\_\_\_\_ Phone # \_\_\_\_\_
5. Would you like your medical service providers contacted? For example, doctor, dentist, optometrist, specialist, podiatrist, chiropractor.  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please attach a list.
6. Have you made funeral arrangements? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, with whom? \_\_\_\_\_  
If not, do you have a preferred funeral home? \_\_\_\_\_  
Please provide directions for the type of service you would like, if any. Either attach a copy of these directions to this checklist or provided the name and number of the person you gave them to.
7. Where is your birth certificate kept? \_\_\_\_\_
8. Where is your marriage certificate kept? \_\_\_\_\_
9. Were you in the military? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, are you receiving a military pension? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your veteran's number? \_\_\_\_\_
10. What was your maiden name? \_\_\_\_\_
11. Do you go by any other names? If yes please provide details. Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_
12. What were your parents full names? Father \_\_\_\_\_  
Mother \_\_\_\_\_
13. In which city and country were you, your spouse and your parents born?  
You City \_\_\_\_\_ Country \_\_\_\_\_  
Spouse City \_\_\_\_\_ Country \_\_\_\_\_  
Father City \_\_\_\_\_ Country \_\_\_\_\_  
Mother City \_\_\_\_\_ Country \_\_\_\_\_

## Information Required to Administer your Estate.

Your executor is going to require the names of your key advisors to assure correct probate documents are filed, your final tax return can be prepared, and all assets are accounted for

1. Executor -	Name	_____
	Address	_____
	Phone number	_____
Alternate executor -	Name	_____
	Address	_____
	Phone number	_____
2. Accountant -	Name	_____
	Address	_____
	Phone number	_____
3. Lawyer -	Name	_____
	Address	_____
	Phone number	_____
4. Financial advisor -	Name	_____
	Address	_____
	Phone number	_____
5. Employer -	Name	_____
	Address	_____
	Phone number	_____
6. Insurance Agent - - Life	Name	_____
	Address	_____
	Phone number	_____
7 - Medical/disability	Name	_____
	Address	_____
	Phone number	_____

Your executor will have your Will probated, and the appropriate tax returns filed before distributions can be made to your beneficiaries. They will probably have your lawyer and your accountant prepare these as it can be complicated. The lawyer and the accountant will both need all your financial information for this. To assist your executor in providing the information they ask for, please complete the following section.

**Information Required to Administer your Estate.**

1. The name of your bank \_\_\_\_\_

- Branch \_\_\_\_\_

- Account numbers \_\_\_\_\_

- GIC's Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach statements

- Safety deposit box Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where is key located \_\_\_\_\_

2. The name of your bank \_\_\_\_\_

- Branch \_\_\_\_\_

- Account numbers \_\_\_\_\_

- GIC's Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach statements

- Safety deposit box Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where is key located \_\_\_\_\_

3. Do you have more than two banks where you have accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a sheet with the information.

4. Do you own your home? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where is the certificate of title filed? \_\_\_\_\_

Has this house been your principal residence since you purchased it? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, when was it purchased? \_\_\_\_\_  
When did it become your principal residence? \_\_\_\_\_

5. Do you own another property (rental, cottage, ski condo)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a sheet showing description of property, year purchased, and cost. If any improvements have been made since you purchased the property how much did you spend? \_\_\_\_\_

6. Do you have life insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_  
Where do you keep the policy? \_\_\_\_\_

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- |                                   |     |       |          |
|-----------------------------------|-----|-------|----------|
| 7. Do you receive payments from - |     |       |          |
| CPP                               | Yes | _____ | No _____ |
| OAS                               | Yes | _____ | No _____ |
| Foreign pensions                  | Yes | _____ | No _____ |
| Private pension plans             | Yes | _____ | No _____ |
| Annuities                         | Yes | _____ | No _____ |
| RRSP's                            | Yes | _____ | No _____ |
| RRIF's                            | Yes | _____ | No _____ |
| DPSP's                            | Yes | _____ | No _____ |
| Trusts                            | Yes | _____ | No _____ |

If yes, please provide details

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- |  |     |       |          |
|--|-----|-------|----------|
| 8. Do you have investments not in a registered plan? | Yes | _____ | No _____ |
| If yes, Stocks                                       | Yes | _____ | No _____ |
| Bonds  | Yes | _____ | No _____ |
| Other  | Yes | _____ | No _____ |

Does your broker/financial advisor know the original cost of these investments?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please attach a list showing costs.

- |                                     |     |       |          |
|-------------------------------------|-----|-------|----------|
| 9. Do you have other assets?        | Yes | _____ | No _____ |
| If yes, vehicle(s)                  | Yes | _____ | No _____ |
| recreational vehicle                | Yes | _____ | No _____ |
| collections, jewelry, art, antiques | Yes | _____ | No _____ |
| other                               | Yes | _____ | No _____ |

Please provide details

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- |                           |     |       |          |
|---------------------------|-----|-------|----------|
| 10. Do you have any debt? | Yes | _____ | No _____ |
| If yes, credit card       | Yes | _____ | No _____ |
| line of credit            | Yes | _____ | No _____ |
| mortgage                  | Yes | _____ | No _____ |
| other                     | Yes | _____ | No _____ |

Please provide details

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Is any of the debt life-insured?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide details

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