

Personal Records Inventory

It's good to have money and the things that money can buy, but it's good, too, to check up once in a while and make sure that you haven't lost the things that money can't buy. – George Lorimer

GOAL – Keep in a safety deposit box. This is particularly useful for those that have to deal with your affairs when you are unable to. For example, if you are incapacitated, your enduring power of attorney could benefit from this information or, in the event of death, your named executor would need this information to deal with your estate.

NAME:

DATE:

DOB (dd/mm/yyyy):

SIN:

ADDRESS:

Street

City

Prov.

Postal Code:

Email:

Phone #:

Cell #:

MARITAL STATUS:

Single

Married

Civil Union

Common-Law

Divorced

Widowed

No Longer Living With Partner

Legally Separated

Full name of spouse/partner at birth:

DOB (dd/mm/yyyy):

SIN:

ADDRESS (if different):

Street

City

Prov.

Postal Code:

Email:

Phone #:

Cell #:

IMMEDIATE CONTACT PERSON:

Name

Phone

CHILDREN

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

GRANDCHILDREN

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

Name DOB

PROFESSIONAL REPRESENTATIVES**Financial Planner/Estate Planner:**

Name Phone

Firm

Lawyer:

Name Phone

Firm

Accountant:

Name Phone

Firm

Stockbroker:

Name Phone

Firm

Physician:

Name

Phone

Office/Clinic name

Dentist:

Name

Phone

Office/Clinic name

Pharmacy:

Name

Phone

Business Partner:

Name

Phone

LEGAL DOCUMENTS

Will

YES NO

Date of last will:

Location of will (or copy):

Is the Will notarized/drawn up by a notary:

YES NO

Firm

Name

Phone

Power of Attorney:

Name

Phone

Executor/administrator for the estate:

Name

Phone

Alternate executor/administrator:

LIVING WILL

Date of living will:

Location of original or copy of the living will:

Living will drawn up by a lawyer:

YES NO

Firm

Name

Phone

FUNERAL ARRANGEMENTS

Prepared funeral instructions: YES NO

Person appointed to handle funeral arrangements: YES NO

Name Phone

Remains to be prepared for: Cremation Burial

Other details:

Instructions are detailed: in the will

in another document located where?

Prearranged funeral contract: YES NO

Funeral Home Name:

City Phone

Location of funeral contract documents:

INSURANCE

Personal Life Insurance:

Name Phone

Firm

Group Life Insurance:

Name Phone

Firm

Disability Insurance:

Name Phone

Firm

Critical Illness Insurance:

Name Phone

Firm

Long Term Care Insurance:

Name Phone

Firm

Home Insurance:

Name Phone

Firm

Auto Insurance:

Name Phone

Firm

Pensions:

Firm

Contract # Phone

Firm

Contract # Phone

Firm

Contract # Phone

Investments:

Firm

Contract # Phone

Firm

Contract # Phone

Firm

Contract # Phone

Banking information:

Savings Accounts

Institution

Account # Phone

Institution

Account # Phone

Chequing Accounts

Institution

Account # Phone

Institution

Account # Phone

Credit Cards:

Firm

Account #

Phone

Firm

Account #

Phone

Firm

Account #

Phone

Income Tax Return Preparer:

Name

Phone

Firm

Social Media Accounts

Platform	Username	Password	Close	
			<input type="radio"/> YES	<input type="radio"/> NO
			<input type="radio"/> YES	<input type="radio"/> NO
			<input type="radio"/> YES	<input type="radio"/> NO
			<input type="radio"/> YES	<input type="radio"/> NO

Debts and Financial Obligations:

Firm

Contract #

Phone

Firm

Contract #

Phone

Firm

Contract #

Phone

Full owner of home? YES NO**Joint owner of home?** YES NO

Joint owner's name:

Joint owner's phone #:

Mortgage on this property? YES NO

Firm

Name Phone

Life, critical illness insurance on mortgage? YES NO

Firm

Name Phone

Cottage or other property? YES NO

Full owner? YES NO

Joint owner? YES NO

Joint owner's name:

Joint owner's phone #:

Mortgage on this property? YES NO

Firm

Name Phone

Life, critical illness insurance on mortgage? YES NO

Firm

Name Phone

Business Owner or Partner: YES NO

Name Phone

Name Phone

Name Phone

Name Phone

Name of business:

Business address:

Phone:

Other details:

Other Personal Effects:

Organ donation on health card:

YES NO

LOCATION OF OTHER IMPORTANT DOCUMENTS:

Safe or safety deposit box:

YES NO

Financial institution:

Safety Deposit Box number:

Location of key:

Location of document originals:

Location of document copies:

Other Information:
