

Annuities

Trustee: _____

Trustee: _____

Trustee: _____

Securities

Mutual Funds located: _____

Various stocks and bonds located: _____

Record of purchases and sales located: _____

Securities on deposit as loan security: _____

Other Located: _____

Canada Savings Bonds

Savings Bonds under the registration of:

My name alone Yes () No ()

Co-owner with: _____

At my death the beneficiary is: _____

Address: _____

A list of bond and serial numbers located: _____

Tangible Personal Property

The following types of tangible personal property are owned:

Household furnishings located: _____

Jewelry located: _____

Automobile located: _____

Fire, theft or liability income carried on this property? Yes () No ()

Policy nos: _____

Location: _____

Collectibles located: _____

Other—located: _____

Disability Insurance

I carry accident and sickness and such other insurances: Yes () No ()

Some or all of my life insurance policies also contain extra disability benefits: Yes () No ()

Life Insurance

The following owe money to me: _____

I owe the following money: _____

Funeral Arrangements

Plot? Yes () No () Located: _____

Deed located: _____

Instructions regarding my funeral arrangements located: _____

Tax Returns

Copies of all income tax returns, receipts and records located: _____

Currently withholding tax forms and receipts received from employer and others located: _____

Other Real Estate

I also own the following property not previously listed: _____

Located: _____

Deeds located: _____

Persons to Contact in the Event of My Death

Accountant: _____

Bank Manager: _____

Credit Union Manager: _____

Broker: _____

Clergyman: _____

Physician: _____

Employer: _____

Executor(s): _____

Insurance Representative: _____

Lawyer: _____

Relatives and Friends: _____



“I died,
and no
one
could
find a
thing!”

Personal Affairs Record of

Name _____

Address _____

Date _____

Keep this in a safe place



Personal Affairs Record

Most of us are vaguely aware of the need for keeping important documents in a safe place.

All family documents should be readily available in the event of death.

The following should be completed for use as a reference. Make certain your family members know where this document can be located.

Last Will and Testament

Will made? Yes () No ()

Original executed copy of Will located:

Date of last Will is: _____

Name of lawyer who drew last Will:

Address: _____

Personal Certificates

Birth Certificate? Yes () No ()

Location: _____

Marriage Certificate? Yes () No ()

Location: _____

Citizenship Papers? Yes () No ()

Location: _____

Adoption Papers? Yes () No ()

Location: _____

Marriage Contract? Yes () No ()

Location: _____

Separation Agreement? Yes () No ()

Location: _____

Social Insurance No: _____

Location: _____

MB Health No: _____

Military Service? Yes () No ()

Discharge Papers? Yes () No ()

Location: _____

Property Safekeeping Arrangements

Safety Deposit Box? Yes () No ()

Location: _____

Key No: _____

Location: _____

These persons have access to the box:

Personal Employment Arrangements

My employer has the following benefits plans in which I participate:

Pension: Yes () No ()

Group Insurance Options:

Life: Yes () No () Dental: Yes () No ()

Auto: Yes () No () Home: Yes () No ()

Extended Health: Yes () No ()

Retirement Allowance: Yes () No ()

Other: _____

Residence and Other Real Estate

Own residence? Yes () No ()

()

Alone? Yes () No ()

()

If No, joint ownership with: _____

Mortgage: Yes () No ()

()

Held by: _____

Is mortgage life insured? Yes () No ()

()

Insurance agent: _____

All of the following papers specified are located at:

Deed () Surveys ()

Leases () Blueprints ()

Building Cost Figures ()

Tax Receipts ()

Closing Statement ()

Copy of Mortgage ()

Credit Union / Bank / Trust Company Accounts

Credit Union: _____

Acct. No: _____

Bank: _____

Acct. No.: _____

Trust Co.: _____

Acct. No.: _____

Cheque books, savings books and records located:

Accounts in joint names of myself and _____

Has the power to sign cheques for me: _____

Life Insurance

All insurance policies carried on my life are:

Company: _____

Policy No.: _____

Company: _____

Policy No.: _____

Company: _____

Policy No.: _____

Company: _____

Policy No.: _____

Location of above policies: _____

Policies I own on the lives of others:

Company: _____

Policy No.: _____

Company: _____

Policy No.: _____

Principal life insurance advisor: _____

Address: _____

Phone: _____

Registered Retirement Savings Plans

Trustee: _____

Plan No.: _____

Beneficiary: _____

Trustee: _____

Plan No.: _____

Beneficiary: _____

Trustee: _____

Plan No.: _____

Beneficiary: _____

Pension Plans

Employer: _____

Address: _____

Employer: _____

Address: _____

Employer: _____

Address: _____