

[ESTATE DIRECTORY]

A photograph of an older couple sitting on a white sofa, looking at a laptop. A younger man in a white shirt and tie is pointing at the screen, explaining something to them. The background shows a bookshelf and a window with a radiator. A dark blue horizontal band with a pattern of light blue circles is overlaid on the image.

Insight Planning

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Good record keeping

is key to *effective* wealth management.

The Estate Directory serves as a one-stop place to keep essential information and documents for ongoing reference, as well as emergencies.

In times of stress, there is nothing much worse than struggling to find important information for yourself or a loved one. This organizer helps you centralize data about your personal and financial life – including your medical specialists, advisors, insurance policies, and where you keep your financial assets and legal documents such as your will(s) and powers of attorney.

Taking the time to document this information in one spot creates other benefits. It helps ensure we have the correct and up-to-date information needed to provide you with comprehensive and sound advice to meet your personal goals.

Once the task is completed, your Estate Directory provides an immediate and lasting benefit – a sense of control over your financial and personal affairs. We encourage you to put it to good use – show your family members where to find this document should tragedy hit.

IMPORTANT: *Once this document is completed, it contains private personal information and should be kept in a safe and secure location.*

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Personal Information

	Client 1	Client 2
Name		
Street address		
City, Province		
Postal Code		
Home phone #		
Cell phone #		
Business phone #		
Email address		
Date of birth		
Place of birth		

Marriage/Partnership Information

Marital Status		
Marriage Date & Year		
Province Married in		
Marriage License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Domestic Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Separation/Divorce Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:

Identification Numbers

	Client 1	Client 2	Location
Birth Certificate number			
Social Insurance number			
Driver's License number			
Provincial Health Card number			
Passport number with expiry date			
Permanent resident			
Landed Immigrant			

Children's Information

	Child 1	Child 2
Name		
Current street address		
City, Province		
Postal Code		
Home phone #		
Cell phone #		
Business phone #		
Email address		
Date of birth		
Place of birth		
Birth certificate		
Custody adoption papers		
Blood Type		
Health Card number (for minors)		
Social Insurance # (for minors)		
Passport number (for minors)		

	Child 3	Child 4
Name		
Current street address		
City, Province		
Postal Code		
Home phone #		
Cell phone #		
Business phone #		
Email address		
Date of birth		
Place of birth		
Birth certificate		
Custody adoption papers		
Blood Type		
Health Card number (for minors)		
Social Insurance # (for minors)		
Passport number (for minors)		
Other beneficiaries of your will (e.g. university trust, charity, etc.)		

Employment Information

	Client 1	Client 2
Company name		
Current street address		
City, Province, Postal Code		
Contact name		
Phone number		
Email address		

Medical Information

	Client 1	Client 2
Blood Type		
Allergies		
Medications		
Medical Records		
Other notes		

Medical Contacts

	Client 1	Client 2
Group insurance plan carrier		
Plan number		
Family doctor		
Phone		
Address		
Dentist		
Phone		
Address		

Specialist 1		
Phone		
Address		
Specialist 2		
Phone		
Address		

Military Service

Are you currently in active duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Discharge papers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:
Country of enlistment		
Veteran's number		
Military pension number		

Club or Association Memberships

	Client 1	Client 2
Name		
Membership #		
Title		
Name		
Membership #		
Title		

Professional Advisors

	Client 1	Client 2
Financial Advisor		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Lawyer		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		

Accountant		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Tax Advisor		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Other _____		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		
Other _____		
Street address		
City, Province, Postal Code		
Business phone #		
Email address		

Assets

SAVINGS/INVESTMENTS

Banks/Financial Institutions

	Institution 1	Institution 2
Name of Institution		
Key contact		
Institution address		
City, Province, Postal Code		
Phone Number		
Email address		
Account 1 - Holder(s)		
Account 1 - Type		
Account 1 - Number		
Account 2 - Holder(s)		
Account 2 - Type		
Account 2 - Number		
Account 3 - Holder(s)		
Account 3 - Type		
Account 3 - Number		
	Institution 3	Institution 4
Name of Institution		
Key contact		
Institution address		
City, Province, Postal Code		
Phone Number		
Email address		
Account 1 - Holder(s)		
Account 1 - Type		
Account 1 - Number		
Account 2 - Holder(s)		
Account 2 - Type		
Account 2 - Number		
Account 3 - Holder(s)		
Account 3 - Type		
Account 3 - Number		

Pension Plans *(current/past employers)*

	Plan 1	Plan 2	Plan 3
Plan Holder			
Type of Plan (ie. RPP, DPSP, ESP, Annuity etc)			
Employer/Organization			
Plan number			
Service provider			
Key contact			
Address			
City, Province, Postal Code			
Phone number			
Email address			

Annuities

	Plan 1	Plan 2	Plan 3
Policy holder			
Issuing Company			
Policy number			

Investments *(include Cash Accounts, Margin Accounts, GICs, RRSPs, AA, RRIF, RESPs etc.)*

	Investment 1	Investment 2	Investment 3
Company/Institution			
Account holder (s)			
Type of Plan (ie. GIC, RRSP, AA, RRIF, etc.)			
Account number			
Key contact			
Address			
City, Province, Postal Code			
Phone number			
Email address			

	Investment 4	Investment 5	Investment 6
Company/Institution			
Account holder (s)			
Type of Plan (ie. GIC, RRSP, AA, RRIF, etc.)			
Account number			
Key contact			
Address			
City, Province, Postal Code			
Phone number			
Email address			

Business Interests

Company name	
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Location of key documents (e.g. shareholder agreement, buy/sell agreement)	
Company name	
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Location of key documents (e.g. shareholder agreement, buy/sell agreement)	
Company name	
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Location of key documents (e.g. shareholder agreement, buy/sell agreement)	

REAL ESTATE**Principle Property**

Address	
Purchase Date	
Purchase Price	
Owner(s)	
Deed location	
Property tax number	
Municipality	
Phone number	

Secondary Property

Address	
Purchase Date	
Purchase Price	
Owner(s)	
Deed location	
Property tax number	
Municipality	
Phone number	

Other Property

Address	
Purchase Date	
Purchase Price	
Owner(s)	
Deed location	
Property tax number	
Municipality	
Phone number	

DIGITAL ASSETS**Password Record or Book**

Location	
Details	

Loyalty Rewards Program

Name	
Account number	
Name	
Account number	
Name	
Account number	
Name	
Account number	
Name	
Account number	
Name	
Account number	
Name	
Account number	
Name	
Account number	

Digital Media Accounts

Photo Library	
User Name	
Password	
Music	
User Name	
Password	
Personal Blog	
Web Address	
User Name	
Password	

Email and Social Media Accounts

Emails	
User Name	
Password	
Facebook	
User Name	
Password	
Linkedin	
User Name	
Password	
Twitter	
User Name	
Password	
Instagram	
User Name	
Password	
YouTube/Video accounts	
User Name	
Password	

Digital Devices

Desktop	
User Name	
Password	
Laptop	
User Name	
Password	
Tablets	
User Name	
Password	
Mobile Phones	
User Name	
Password	
Other	

OTHER ASSETS

Valuable Personal Assets (i.e. safety deposit box, art, jewelry, collections, etc.)

Item description	Location	Person To Inherit

Liabilities

Mortgage(s)

	Mortgage 1	Mortgage 2
Property address		
Property owner(s)		
Mortgage holder		
Mortgage number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		

Vehicle Loan(s)

	Vehicle 1	Vehicle 2
Vehicle description		
Vehicle owner(s)		
Loan holder		
Loan number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		
Vehicle ownership records		

Credit Card(s)

	Credit Card 1	Credit Card 2
Issuing organization		
Type of card		
Name on card		
Card number		
Customer service phone number		
Available limit		
Expiry date		
Terms/other information		

	Credit Card 3	Credit Card 4
Issuing organization		
Type of card		
Name on card		
Card number		
Customer service phone number		
Available limit		
Expiry date		
Terms/other information		

	Credit Card 5	Credit Card 6
Issuing organization		
Type of card		
Name on card		
Card number		
Customer service phone number		
Available limit		
Expiry date		
Terms/other information		

Other Loans (ie. *Personal loan, Line of credit*)

	Loan 1	Loan 2
Loan holder		
Loan number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		

	Loan 3	Loan 4
Loan holder		
Loan number		
Address		
City, Province, Postal Code		
Key contact		
Phone number		
Email address		
Term/other information		

Insurance Policies

Insurance Holder	Type of Insurance	Insurance Company	Policy Number	Agent's Name/ Number	Renewal Date
Automobile					
Home/Mortgage					
Disability/Critical Illness/Long-Term Care					
Life (<i>term, whole life, universal</i>)					
Other					

Household Accounts

Type of Account	Provider	Account number	Telephone number
Electricity/Hydro			
Oil/Gas			
Water			
Internet			
Cable/Satellite			
Home Telephone			
Cellular Phone 1			
Cellular Phone 2			
Home Security			
Lawn care			
Snow removal			
House cleaning			
Magazine subscriptions 1			
Magazine subscriptions 2			
Newspaper 1			
Newspaper 2			
Club membership 1			
Club membership 2			
Home Security Monitoring			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			

Income Tax Returns

	Client 1	Client 2
Location		
Tax Administrator		
Year		
Year		
Year		
Year		
Year		
Year		
Year		

Estate Planning

Wills

	Client 1	Client 2
Location of Will		
Does it contain Living Will?		
Lawyer's name		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Executor's name		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Alternative Executor's Name		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Guardian Name		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Funeral Arrangements

	Client 1	Client 2
Pre-planned funeral	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funeral home address		
Contact name		
Contact phone number		
Details of arrangement		

Cemetery Plot

	Client 1	Client 2
Cemetery Name		
Plot number & location		
Location of plot deed		
Contact name		
Contact phone number		

Powers of Attorney

	Client 1	Client 2
Location of Powers of Attorney		
Lawyer's name		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Continuing Power of Attorney for Property		
Name of person appointed		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Name of alternative person appointed		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Power of Attorney for Personal Care		
Name of person appointed		
Address		
City, Province, Postal Code		
Phone number		
Email address		
Name of alternative person appointed		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Trusts

	Client 1	Client 2
Type of Trust		
Trustee name(s)		
Financial Institution		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Emergency Contacts

	Contact 1	Contact 2
Name		
Relationship		
Address		
City, Province, Postal Code		
Phone number		
Email address		

	Contact 3	Contact 4
Name		
Relationship		
Address		
City, Province, Postal Code		
Phone number		
Email address		

	Contact 5	Contact 6
Name		
Relationship		
Address		
City, Province, Postal Code		
Phone number		
Email address		

Other Important Information



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