

BMO NESBITT BURNS

# Estate Information Organizer



BMO  Nesbitt Burns®

Making money make sense™



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## PERSONAL & CONFIDENTIAL

Everyone has their own filing system for important documents and financial information and can easily access this information when needed. However, if someone else were to step into your shoes, would they know where you keep your Will, life insurance policies or your safety deposit box?

The Estate Information Organizer will help your family and your executor locate all of your important documents and the other information that will be needed to administer your estate. You can specify where documents or accounts are located and the appropriate contact person. The Estate Information Organizer will be invaluable to your executor and it will help to ensure that nothing is overlooked. You should keep your Estate Information Organizer in a location where it is readily accessible.

It is a good idea to either make a copy or at a minimum tell your executor where it can be located. Be sure to review your Estate Information Organizer regularly to make sure it is up to date.

Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## PART 1 – DETAILS OF FUNERAL ARRANGEMENTS

Since my executor may not be able to access my Will on very short notice, here is a summary of my funeral directions.

Name  <i>Include information regarding pre-arranged services, cemetery plots, burial/cremation instructions, organ donation, etc.</i>	_____ (Client) _____ _____ _____ _____ _____ _____ _____	_____ (Spouse) _____ _____ _____ _____ _____ _____ _____
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## PART 2 – WILL DOCUMENTS AND SAFETY DEPOSIT BOX

	<b>WILL DOCUMENTS</b>			
	<b>Client</b>		<b>Spouse</b>	
	Location	Dated	Location	Dated
Original Will	_____	_____	_____	_____
Copy of Will	_____	N/A	_____	N/A
Codicil	_____	_____	_____	_____
Personal Effects List	_____	_____	_____	_____
	<b>NAME AND ADDRESS OF EXECUTOR</b>			
	<b>Client</b>		<b>Spouse</b>	
Name	_____		_____	
Address	_____		_____	
City, Province	_____		_____	
Telephone	_____		_____	
	<b>SAFETY DEPOSIT BOX</b>			
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		<input type="checkbox"/> Client <input type="checkbox"/> Spouse	
	<input type="checkbox"/> Joint Client & Spouse		<input type="checkbox"/> Joint Client & Spouse	
Location	_____		_____	
Box Number	_____		_____	
Location of Keys	_____		_____	
Persons Authorized to Access Safety Deposit Box	_____		_____	

### PART 3 – CHILDREN/DEPENDANTS

	Child/Dependant	Child/Dependant
Name of Child/Dependant	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Date of Birth	_____	_____
Relationship	_____	_____
	Child/Dependant	Child/Dependant
Name of Child/Dependant	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Date of Birth	_____	_____
Relationship	_____	_____

### PART 4 – LIFE INSURANCE POLICIES

Prompt notification to the following insurance companies will help ensure that there is cash available for meeting immediate and ongoing expenses.

*Include personal term, universal and whole-life policies. Joint insurance should be shown in each column. Show group plans separately in Part 5 Employment Information.*

	Client	Spouse
<b>Insurance Company Name</b>	_____	_____
Policy Number	_____	_____
Face Value of Policy	_____	_____
Location of Policy Document	_____	_____
Beneficiary*	_____	_____
Agent's Name	_____	_____
Agent's Telephone Number	_____	_____
<b>Insurance Company Name</b>	_____	_____
Policy Number	_____	_____
Face Value of Policy	_____	_____
Location of Policy Document	_____	_____
Beneficiary*	_____	_____
Agent's Name	_____	_____
Agent's Telephone Number	_____	_____

\* If this is a joint policy with your spouse, indicate if Last to Die or First to Die.

## PART 5 – EMPLOYMENT INFORMATION

	Employer - Client	Employer - Spouse
Name	_____	_____
Address	_____	_____
City, Province	_____	_____
Telephone*	_____	_____
I participate in the following employer plans	<i>* The person to contact regarding employee benefit plans</i>	
	<input type="checkbox"/> Registered Pension <input type="checkbox"/> Group RRSP <input type="checkbox"/> Employee Stock Purchase <input type="checkbox"/> Deferred Profit Sharing	<input type="checkbox"/> Group Life Insurance <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Employee Stock Option <input type="checkbox"/> Other _____

## PART 6 – CURRENT INCOME SOURCES

Income is currently being received from the sources listed below. These individuals or institutions must be advised so they can make the necessary adjustments to the amount of income being paid or to re-direct the payment.

	Payor Information - Client	Payor Information - Spouse
Name Address City, Province Telephone	<b>ALIMONY/CHILD SUPPORT</b>	
	_____	_____
	_____	_____
	_____	_____
Name Address City, Province Telephone	<b>ANNUITY</b>	
	_____	_____
	_____	_____
	_____	_____
Name Address City, Province Telephone	<b>REGISTERED PENSION PLAN</b>	
	_____	_____
	_____	_____
	_____	_____
Name Address City, Province Telephone	<b>RENTAL INCOME</b>	
	_____	_____
	_____	_____
	_____	_____
Name Address City, Province Telephone	<b>OTHER (I.E. FOREIGN PENSION)</b>	
	_____	_____
	_____	_____
	_____	_____
	<b>I AM RECEIVING CANADA/QUEBEC PENSION PLAN PAYMENTS</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>I AM RECEIVING OLD AGE SECURITY PAYMENTS</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PART 7 – DESCRIPTION AND LOCATION OF ASSETS AND LIABILITIES

### ASSETS

*Include items such as savings and chequing accounts, investment accounts, RRSPs, RRIFs, RESPs and Locked-In accounts.*

Account Description	Name and Address (or branch) of Financial Institution	Account Number	Ownership <sup>1</sup>
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other

### REAL ESTATE

*Include items such as your residence, cottage, vacation property and rental property.*

Description of Property	Address	Location of Property Deed	Ownership <sup>1</sup>
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other

<sup>1</sup> *If the account is jointly owned between client and other, check both “Client” and “Joint Other” boxes. If the account is jointly owned between spouse and other, check both “Spouse” and “Joint Other” boxes.*



**OTHER ASSETS**

*Include jewellery, automobiles, loan receivables, business assets including private company shares and other valuables.*

Description of Asset	Location <i>(Include name and address of contact person, if applicable)</i>	Ownership <sup>1</sup>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other

**LIABILITIES**

*Include mortgages, lines of credit and other loans including personal guarantees given.*

Description of Liability	Name and Address (or branch) of Financial Institution	Account Number	Owed By or Debtor
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other
_____	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Joint Client/Spouse <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Other

<sup>1</sup> *If the account is jointly owned between client and other, check both “Client” and “Joint Other” boxes. If the account is jointly owned between spouse and other, check both “Spouse” and “Joint Other” boxes.*



## PART 8 – LOCATION OF IMPORTANT DOCUMENTS

	Client	Spouse
Marriage or Co-Habitation Agreement	_____	_____
Separation Agreement or Divorce Decree	_____	_____
Child Support Agreements	_____	_____
Business Agreements/Contracts	_____	_____
Formal Trust Documents where you are the Beneficiary or the Trustee	_____	_____
Property Insurance	_____	_____
Lease Agreements	_____	_____
Other Agreements	_____	_____
Birth Certificate	_____	_____
Passport	_____	_____
Prior 2 Years' Income Tax Returns	_____	_____

## PART 9 – CREDIT CARDS, MEMBERSHIPS AND SUBSCRIPTIONS

*The following credit card, memberships and subscriptions will need to be cancelled.*

	Client	Spouse
MasterCard	# _____	# _____
VISA	# _____	# _____
American Express	# _____	# _____
Other Credit Card	# _____	# _____
Other Credit Card	# _____	# _____
Professional Memberships	_____	_____
Fitness Memberships	_____	_____
Other Memberships	_____	_____
Magazine Subscriptions	_____	_____
Newspaper Subscriptions	_____	_____
Other	_____	_____
Other	_____	_____

**PART 10 – FINANCIAL ADVISORS**

	<b>Client</b>	<b>Spouse</b>
	<b>Lawyer/Legal Advisor</b>	<b>Lawyer/Legal Advisor</b>
Advisor's Name	_____	<input type="checkbox"/> Same as client _____
Firm	_____	_____
Address	_____	_____
Telephone	_____	_____
	<i>Or attached business card here</i>	<i>Or attached business card here</i>
	<b>Accountant/Financial Planner</b>	<b>Accountant/Financial Planner</b>
Advisor's Name	_____	<input type="checkbox"/> Same as client _____
Firm	_____	_____
Address	_____	_____
Telephone	_____	_____
	<i>Or attach business card here</i>	<i>Or attach business card here</i>
	<b>Investment Advisor</b>	<b>Investment Advisor</b>
Advisor's Name	_____	<input type="checkbox"/> Same as client _____
Firm	_____	_____
Address	_____	_____
Telephone	_____	_____
	<i>Or attach business card here</i>	<i>Or attach business card here</i>
	<b>Other Important People</b> (i.e. Business partners, Bank Manager)	<b>Other Important People</b> (i.e. Business partners, Bank Manager)
Advisor's Name	_____	<input type="checkbox"/> Same as client _____
Firm	_____	_____
Address	_____	_____
Telephone	_____	_____
	<i>Or attach business card here</i>	<i>Or attach business card here</i>





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