

BMO NESBITT BURNS

# Estate Information Organizer





## PERSONAL & CONFIDENTIAL

Everyone has their own system for filing 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, Executor or Power of Attorney 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 secure and readily accessible location.

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:

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Date:

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## Part 1 – Details of Funeral Arrangement

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

	Client	Spouse
Name		
Include information regarding pre-arranged services, cemetery plots, burial/cremation instructions, organ donation, etc.		

## Part 2 – Will Documents and Safety Deposit Box

### Will Documents

	Client		Spouse	
	Location	Dated	Location	Dated
Original Will				
Copy of Will				
Codicil				
Personal Effects List				

### Name and Address of Executor

	Client	Spouse
Name		
Address		
City, Province		
Telephone		

### Safety Deposit Box

	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Client & Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Client & Spouse
Location		
Box Number		
Location of Keys		
Person Authorized to Access Safety Deposit Box		

## Part 3 – Children/Dependents

	Child/Dependent	Child/Dependent
Name		
Address		
Telephone Number		
Date of Birth		
Relationship		

	Child/Dependent	Child/Dependent
Name		
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
Insurance Company Name		
Policy Number		
Face Value of Policy		
Location of Policy Document		
Beneficiary*		
Agent's Name		
Agent's Telephone Number		

	Client	Spouse
Insurance Company Name		
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	<input type="checkbox"/> Registered Pension <input type="checkbox"/> Group RRSP <input type="checkbox"/> Group Life Insurance <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Employee Stock Purchase <input type="checkbox"/> Other <input type="checkbox"/> Employee Stock Option <input type="checkbox"/> Deferred Profit Sharing	<input type="checkbox"/> Registered Pension <input type="checkbox"/> Group RRSP <input type="checkbox"/> Group Life Insurance <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Employee Stock Purchase <input type="checkbox"/> Other <input type="checkbox"/> Employee Stock Option <input type="checkbox"/> Deferred Profit Sharing

\*The person to contact regarding employee benefit plans.

## Part 6 – Current Income Source

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.

Alimony/Child Support	Payor Information – Client	Payor Information – Spouse
Name		
Address		
City, Province		
Telephone		

### Annuity

Name	
Address	
City, Province	
Telephone	

### Registered Pension Plan

Name	
Address	
City, Province	
Telephone	

### Rental Income

Name	
Address	
City, Province	
Telephone	

### Other (i.e. Foreign Pension)

Name	
Address	
City, Province	
Telephone	

I receive CPP/QPP payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I receive OAS payments	<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

<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.

### 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

## Other Assets

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

Description of Assets	Location (Include name and address of contact person , if applicable)	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
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		<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.

## 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



## 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

	Lawyer/Legal Advisor – Client	Lawyer/Legal Advisor – Spouse	<input type="checkbox"/> Same as client
Advisor's Name			
Firm			
Address			
Telephone			

*Or attached business card here*

*Or attached business card here*

	Accountant/Financial Planner – Client	Accountant/ Financial Planner – Spouse	<input type="checkbox"/> Same as client
Advisor's Name			
Firm			
Address			
Telephone			

*Or attached business card here*

*Or attached business card here*

	Investment Advisor – Client	Investment Advisor – Spouse	<input type="checkbox"/> Same as client
Advisor's Name			
Firm			
Address			
Telephone			

*Or attached business card here*

*Or attached business card here*

	Other important People (i.e. Business partners, Bank Manager) – Client	Other important People (i.e. Business partners, Bank Manager) – Spouse	<input type="checkbox"/> Same as client
Advisor's Name			
Firm			
Address			
Telephone			

*Or attached business card here*

*Or attached business card here*

## Notes

*Use this page to give any further instructions or information not provided elsewhere in this document.*

*For example, indicate if you have a collection of value that requires an appraisal or if your collection is on loan to a gallery or museum.*



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