



BLAIR CORKUM
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Where is Everything?

SCHEDULE OF IMPORTANT DOCUMENTS, ADVISORS AND OTHER MATTERS

For _____

DATE OF PREPARATION: _____

Ensure your family knows the location of this document; consider keeping a copy with your Will

Name:

Spouse's Name:

Address:

City, Province, Postal Code:

Phone:

Name of Businesses:

Business Address:

In emergency, please notify (indicate relationship and contact information; attached additional sheet if needed):

BANKING DATA

Name of banks and credit unions

Branch

Contact

Location of chequebooks, savings and other books:

Location of cancelled cheques:

Location of safety deposit box:

Location of safety deposit box key:

CREDIT CARDS

Name	Account Number	Expiry Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TAX DATA

Accountant:

Phone No.:

Location of Tax Records:

REAL ESTATE

Address	Type of Property	Total Cost*	Year Acquired	Mortgage Amount (see Liabilities)	Location of Deed

*Important – Your purchase costs, including legal fees, and subsequent major renovation costs will be required for your final tax returns. This information should be kept with your deeds or recorded and its location noted with this document

BUSINESS INTERESTS

Name	Address	Amount Invested	Partner's Name	Location of Records	Contact Name

TRUST DATA

Location of information concerning trusts established:

INVESTMENTS

Stockbroker (name, address, and phone no.)

Financial Planner (name, address, and phone no.)

Attach a list of investments, or identify location of investments records and certificates

WILL/PERSONAL DOCUMENTS

Location of will:

Copies located at:

Location of Power of Attorney:

Power of Attorney is:

Executor:

Location of birth certificate:

Location of marriage certificate:

Location of military discharge papers:

Location of diplomas:

Driver's License No.:

Location of other documents (citizenship, divorce, adoption, etc.):

Lawyer (name, address, phone no.):

MEDICAL DATA

Health card Number

Name of family doctor:

Phone No:

Name and type of medical specialist:

Phone No:

Other:

Location of major medical insurance policies:

Details of medical policy (company name, type of insurance, policy #):

Location of accident, health and disability insurance policies:

Details of other health insurance policies (company name, type of insurance, policy #):

LIFE INSURANCE DATA

Name of life insurance agent:

Location of individual life insurance policies:

Details of life insurance policies (company name, type of insurance, policy #):

Location/details of group life insurance policies:

OTHER INSURANCE DATA

Location of auto insurance policies:

Policy no.:

Name of insurers:

Location of home and/or mortgage insurance policy:

Policy no.:

Name of insurer:

EMPLOYMENT DATA

Name of employer:

Name and title of immediate supervisor:

Social Insurance No.:

With regard to profit sharing, pension plan and/or other benefits, contact:

Benefits due from business, professional and/or fraternal organizations, contact:

DETAILS OF LIABILITIES

<u>Lender</u>	<u>Location</u>	<u>Amount</u>	<u>Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Details of guarantees provided:

<u>Borrower</u>	<u>Lender</u>	<u>Location</u>	<u>Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other liability details:

Details of amounts receivable (owing to you):

<u>Borrower</u>	<u>Amount</u>	<u>Contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional information of importance, including copies of recent investment / loan / business information if it will assist your family.