

Where is Everything?

An Inventory of your Physical Property

SCHEDULE OF IMPORTANT DOCUMENTS,

ADVISORS AND OTHER MATTERS

To assist your family, executor and power of attorney holder to find your property and prepare an estate inventory listing when necessary

For	(name)
DATE OF PREPARATION:	

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

IMPORTANT: Record detail of all of your online accounts, including passwords (in a safe place). Use the "Inventory for Digital Assets and Digital Devices" provided by the Society of Trust and Estate Practitioners (STEP) for this purpose, as attached or available at https://irp-

cdn.multiscreensite.com/3836e627/files/uploaded/Digital%20Assets%20Inventory.pdf

Name:		
Spouse's Name:		
Address:		
City, Province, Postal Code:		
Phone:		
Name of Businesses:		
Business Address:		
In emergency, please notify (indicate	e 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:		
Record details of online accounts in the	e separate Inventory for Digital Assets an	nd Digital Devices
		

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.)
August a list of investments and destify leasting of investments and and entities to
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:
Location of Advance Care Planning documents and Health Care Directive:
Health care Proxy or Delegate (for health care decisions) is:
Location of funeral plan:
Executor for Will:
Location of birth certificate:
Location of marriage certificate:
Location of military discharge papers:
Total Challenger
Location of diplomas:
D' N. I' N. I
Driver's License No.:
Location of other documents (citizenship, divorce, adoption, etc.):
Layuvar (nama address phone no)
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	ey #):
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	ee, policy #):
Location/details of group life 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: With regard to profit sharing, pension plan and/or other benefits, contact:	OTHER INSURANCE DATA
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: With regard to profit sharing, pension plan and/or other benefits, contact:	Location of auto insurance policies:
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: With regard to profit sharing, pension plan and/or other benefits, contact:	
Location of home and/or mortgage insurance policy: Policy no.: Name of insurer: EMPLOYMENT DATA Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	Policy no.:
Policy no.: Name of insurer: EMPLOYMENT DATA Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	Name of insurers:
Policy no.: Name of insurer: EMPLOYMENT DATA Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	
Name of insurer: EMPLOYMENT DATA Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	Location of home and/or mortgage insurance policy:
Name of insurer: EMPLOYMENT DATA Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	
EMPLOYMENT DATA Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	Policy no.:
Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	Name of insurer:
Name of employer: Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	
Name and title of immediate supervisor: With regard to profit sharing, pension plan and/or other benefits, contact:	EMPLOYMENT DATA
With regard to profit sharing, pension plan and/or other benefits, contact:	Name of employer:
With regard to profit sharing, pension plan and/or other benefits, contact:	
	Name and title of immediate supervisor:
	With regard to profit sharing, pension plan and/or other benefits, contact:
Benefits due from business, professional and/or fraternal organizations, contact:	Benefits due from business, professional and/or fraternal organizations, contact:

DETAILS OF LIABILITIES					
<u>Lender</u>	Location	Amount	<u>Contact</u>		
Details of guarantees provided:					
Borrower	Lender	Location	Contact		
Other liability details:					
Details of amounts receivable (owing to you):					
Borrower	Amount		Contact		

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

Remember to complete the Inventory for Digital Assets and Digital Devices to avoid your estate losing the benefit of your online bank accounts and investments, as well as your loyalty points, (e.g., frequent flyer points) from retailers. In addition, your social media accounts need to be appropriately closed and online billing accounts redirected, etc.