

2006 INHERITANCE GUIDE

In the course of our work, we receive inquiries about what to do following the death of a spouse or relative. To ensure that the surviving partner is aware of vital information, we have developed this guide. If you need further help, please contact Chaplin & Co., Chartered Accountants, at 416 667 7060 or ca@chaplinco.com
WE SUGGEST THAT YOU REVIEW THIS GUIDE ANNUALLY AND YOUR WILL AT LEAST EVERY 5 YEARS OR WHEN YOUR CIRCUMSTANCES CHANGE.

Full name: _____

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

Social Insurance Number: _____

Other items of interest: _____

Spouse

Full name: _____

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

Social Insurance Number: _____

Other items of interest: _____

IF SINGLE

Full name of next of kin or best friend: _____

Relationship: _____

Address: _____

Other items of interest: _____

Telephone number: _____

Children

Full name: _____

Address: _____

Telephone number: _____

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

Full name: _____

Address: _____

Telephone number: _____

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

Full name: _____

Address: _____

Telephone number: _____

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

WILL & POWER OF ATTORNEY

My will and power of attorney is located at:

My Executor(s) has a copy of my will and power of attorney

Name of Executor: _____

Address of Executor: _____

Telephone number: _____

LIFE INSURANCE

I carry life insurance policies as noted below:

Name of company: _____

Contact: _____

Policy number: _____

Policy amount: _____

Policy held at: _____

Name of company: _____

Contact: _____

Policy number: _____

Policy amount: _____

Policy held at: _____

CONSIDER DIRECTING LIFE INSURANCE PROCEEDS TO A TRUST FOR BENEFICIARIES AS SUCH A TRUST CAN PROVIDE FOR ON-GOING INCOME SPLITTING AS WELL AS TAKE CARE OF MINORS' SPECIAL NEEDS AND SUPPORT PAYMENTS.

HEALTH INSURANCE

I carry government health insurance as well as policies for supplementary coverage. These are listed below.

Government Health Insurance

Certificate number: _____

Supplementary Health Insurance

Name of company: _____

Policy or certificate number: _____

Address of company: _____

Name of company: _____

Policy or certificate number: _____

Address of company: _____

PROPERTY INSURANCE

I carry property insurance as noted below:

Name of company: _____

Policy number: _____

Policy amount: _____

Property covered: _____

Policy held at: _____

GROUP LIFE INSURANCE

My group life insurance is carried by my employer, who should be notified at once.

Name of employer: _____

Amount of group insurance: _____

Name of contact: _____

Telephone number: _____

PENSION PLANS

My employer also carries a Pension Plan in which I participate Yes No. The person named above in the group life insurance section under "contact" will be aware of this, and can provide proper information.

I understand that *beneficiaries must apply for benefits* under the **Canada Pension Plan** at the nearest office of **Human Resources Development Canada** or download the application kit from www.hrdc-drhc.gc.ca.

SAVINGS PLANS

Registered Retirement Savings Plans

Registered Home Owners Savings Plans

I carry plans under the names given above.

These were entered into through: _____

Please contact: _____

Telephone number: _____

BANK ACCOUNTS

I have bank accounts as listed below:

Name of bank or trust company: _____

Branch address: _____

Account number: _____

Name of bank or trust company: _____

Branch address: _____

Account number: _____

Name of bank or trust company: _____

Branch address: _____

Account number: _____

CONSIDER HOLDING SOME BANK AND BROKERAGE ACCOUNTS AND SAFETY DEPOSIT BOXES AS JOINT TENANCY WITH RIGHTS OF SURVIVORSHIP IN ORDER TO ENSURE THAT YOUR HEIRS HAVE ACCESS TO MONIES IMMEDIATELY.

CREDIT UNIONS

I have a Credit Union account as listed below:

Name of Credit Union: _____

Address: _____

Account number: _____

SAFETY DEPOSIT BOXES

I have a safety deposit box or safekeeping privileges at:

Name of bank of trust company: _____

Branch address: _____

Box number: _____

Key located at: _____

MORTGAGES

I owe a mortgage Yes No

If yes, mortgage held by: _____

Method of payment: _____

**CONSIDER CREATING TWO WILLS IF YOU OWN SHARES
OF PRIVATE COMPANIES IN ORDER TO REDUCE PROBATE
FEES**

INVESTMENTS

I have as assets negotiable items such as stocks, bonds and notes. These are in my safety box (see Safety Deposit Boxes), or with my broker who is:

Name or brokerage company: _____

Address: _____

Contact: _____

Telephone number: _____

REAL PROPERTY

I have the following Real Property (land, building, automobile, boats):

Type of property: _____

Location: _____

Type of property: _____

Location: _____

Type of property: _____

Location: _____

Shared Assets:

Type of property: _____

Shared with: _____

Address: _____

MONEY OWED

I carry charge accounts as follows and may owe some balance on these accounts:

Credit card or charge account with:

Name of company: _____

Credit card or charge account with:

Name of company: _____

Credit card or charge account with:

Name of company: _____

Credit card or charge account with:

Name of company: _____

Credit card or charge account with:

Name of company: _____

Credit card or charge account with:

Name of company: _____

LODGES, SOCIETIES, CLUBS, ALUMNAE ASSOCIATIONS PROFESSIONAL ASSOCIATIONS AND UNIONS

I belong to the following organizations who should be notified, and who may or may not carry some insurance on their members:

Name of Organization: _____

Address: _____

Contact: _____

Telephone number: _____

Name of Organization: _____

Address: _____

Contact: _____

Telephone number: _____

Name of Organization: _____

Address: _____

Contact: _____

Telephone number: _____

Name of Organization: _____

Address: _____

Contact: _____

Telephone number: _____

