

## 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](mailto: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: \_\_\_\_\_

\_\_\_\_\_

## WILLS

My will is located at: \_\_\_\_\_  
\_\_\_\_\_

My Executor has a copy of my will.

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.hrhc-drhc.gc.ca](http://www.hrhc-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 or trust company: \_\_\_\_\_

Branch address: \_\_\_\_\_

Box number: \_\_\_\_\_

Key located at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MORTGAGES

I owe a mortgage  Yes  No

If yes, mortgage held by: \_\_\_\_\_

Method of payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_



