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 <a href="mailto:coem/ca@chaplinco.com/ca

Full name:	_ Children
Date of birth:	Full name:
Place of birth:	_ Address:
Location of birth certificate:	
Social Insurance Number:	Telephone number:
Other items of interest:	_ Date of birth:
	Place of birth:
	Location of birth certificate:
Spouse	
Full name:	Full name:
Date of birth:	_ Address:
Place of birth:	_
Location of birth certificate:	Telephone number:
Social Insurance Number:	_ Date of birth:
Other items of interest:	_ Place of birth:
	Location of birth certificate:
IF SINGLE	Full name:
Full name of next of kin or best friend:	Address:
Relationship:	·
Address:	
Other items of interest:	
Telephone number:	

WILL & POWER OF ATTORNEY

My will and power of attorney is located at:	policies for supplementary coverage. These are listed below.
My Executor(s) has a copy of my will and power of	Government Health Insurance Certificate number:
attorney	Supplementary Health Insurance
Name of Executor:	Name of company:
Address of Executor:	
	Policy or certificate number:
Telephone number:	Address of company:
LIFE INSURANCE	
	Name of company:
I carry life insurance policies as noted below:	
Name of company:	Policy or certificate number:
Contact:	Address of company:
Policy number:	
Policy amount:	
Policy held at:	PROPERTY INSURANCE
Name of company:	I carry property insurance as noted below:
Contact:	Name of company:
Policy number:	
Policy amount:	Policy number:
Policy held at:	Policy amount:
	Property covered:
	Policy held at:

HEALTH INSURANCE

I carry government health insurance as well as

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.

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: I have as assets negotiable items such as stocks, bonds and notes. These are in my safety box (see Name of Credit Union: Safety Deposit Boxes), or with my broker who is: Name or brokerage company: _____ Address: Account number: _____ Address: SAFETY DEPOSIT BOXES Contact: I have a safety deposit box or safekeeping Telephone number: ______ privileges at: Name of bank of trust company: _____ Branch address: REAL PROPERTY Box number: I have the following Real Property (land, building, Key located at: _____ automobile, boats): Type of property: Location: _____ **MORTGAGES** Type of property: I owe a mortgage ☐ Yes ☐ No Location: _____ If yes, mortgage held by: Method of payment: Type of property: _____ Location: _____ Shared Assets: CONSIDER CREATING TWO WILLS IF YOU OWN SHARES Type of property: OF PRIVATE COMPANIES IN ORDER TO REDUCE PROBATE **FEES** Shared with: _____

INVESTMENTS

Address:

MONEY OWED

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

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:
Telephone number:
Name of Organization:
Address:
Contact: Telephone number:
Name of Organization:
Address: Contact: Telephone number:
Name of Organization:
Address:

LODGES, SOCIETIES, CLUBS, ALUMNAE ASSOCIATIONS PROFESSIONAL ASSOCIATIONS

Telephone number:

SPECIAL INFORMATION

COLLECTIONS

I have listed below any special arrangements I have made regarding transplants of my organs, and bequest of my eyes.	I am a collector. This collection should be evaluated by a proper appraiser: I collect:
	Collection held at:
	I collect: Collection held at:
	Collection held at:
	PROFESSIONALS
	My personal accountant is:
DOCUMENTS	Address of accountant:
I have made duplicate copies of a great many important documents (my will, list of stocks and bonds, last income tax return, mortgage agreement). These are held:	Telephone number:
In my desk at home: ☐ Yes ☐ No	My personal lawyer is:
Other places (describe):	Address of lawyer:
	Telephone number:
IT IS CRITICAL TO TELL YOUR HEIRS WHERE THIS LIST OF ASSETS AND LIABILITIES IS LOCATED.	Date:

NOTES

This page is for suggestions, such as disposal of assets; handling of estate proceeds; children keepsakes; any requests concerning items of property not listed in "Wills"; or wish burial/cremation.	en's education; nes concerning
	_