

Estate Planner

Planning and Record Keeping



Tea & Toast, Ottawa's Senior Living Advisors
613.698.1319 | info@teaandtoast.ca | teaandtoast.ca

General Information



613.698.1319 | info@teaandtoast.ca
teaandtoast.ca

Personal Information

GENERAL INFORMATION

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Marital Status: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Alternate #: _____

Email 1: _____ Email 2: _____

I have a living will **Y N** Living will location: _____

DOCUMENTS AND LOCATIONS

Driver's Licence #: _____

Location: _____

Birth Certificate: _____

Location: _____

Social Insurance #: _____

Location: _____

Passport: _____

Location: _____

Health Care #: _____

Location: _____

Marriage Certificate: _____

Location: _____

MEDICAL INFORMATION

I have a pacemaker **Y N**

I am an organ donor **Y N**

Blood Type: _____

I have a Do Not Resuscitate Order **Y N**

Allergies/Medical Conditions: _____

Medications I'm currently taking: _____

Contact List

GENERAL INFORMATION

Contact List

Add your financial planners, pharmacy, dentist, family, etc.

CONTACT #1	CONTACT #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone #: _____	Phone #: _____
Alternate #: _____	Alternate #: _____
Email 1: _____	Email 1: _____
Email 2: _____	Email 2: _____
Additional Info: _____ _____	Additional Info: _____ _____
CONTACT #3	CONTACT #4
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone #: _____	Phone #: _____
Alternate #: _____	Alternate #: _____
Email 1: _____	Email 1: _____
Email 2: _____	Email 2: _____
Additional Info: _____ _____	Additional Info: _____ _____
CONTACT #5	CONTACT #6
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone #: _____	Phone #: _____
Alternate #: _____	Alternate #: _____
Email 1: _____	Email 1: _____
Email 2: _____	Email 2: _____
Additional Info: _____ _____	Additional Info: _____ _____

CONTACT #7

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email 1: _____

Email 2: _____

Additional Info: _____

CONTACT #8

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email 1: _____

Email 2: _____

Additional Info: _____

CONTACT #9

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email 1: _____

Email 2: _____

Additional Info: _____

CONTACT #10

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email 1: _____

Email 2: _____

Additional Info: _____

CONTACT #11

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email 1: _____

Email 2: _____

Additional Info: _____

CONTACT #12

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email 1: _____

Email 2: _____

Additional Info: _____

DOCTORS

Name: _____

Dr. Type: _____

Phone #: _____

Alternate #: _____

Email: _____

Address: _____

Additional Info: _____

Name: _____

Dr. Type: _____

Phone #: _____

Alternate #: _____

Email: _____

Address: _____

Additional Info: _____

Name: _____

Dr. Type: _____

Phone #: _____

Alternate #: _____

Email: _____

Address: _____

Additional Info: _____

Name: _____

Dr. Type: _____

Phone #: _____

Alternate #: _____

Email: _____

Address: _____

Additional Info: _____

Name: _____

Dr. Type: _____

Phone #: _____

Alternate #: _____

Email: _____

Address: _____

Additional Info: _____

Name: _____

Dr. Type: _____

Phone #: _____

Alternate #: _____

Email: _____

Address: _____

Additional Info: _____

Power of Attorney Documents & Information

GENERAL INFORMATION



POWER OF ATTORNEY

Power of Attorney of ☐ Finances ☐ Care

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email: _____

Additional Info: _____

Power of Attorney of ☐ Finances ☐ Care

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email: _____

Additional Info: _____

Power of Attorney of ☐ Finances ☐ Care

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email: _____

Additional Info: _____

Power of Attorney of ☐ Finances ☐ Care

Name: _____

Relationship: _____

Phone #: _____

Alternate #: _____

Email: _____

Additional Info: _____

LAWYER

Name: _____

Phone #: _____ Alternate #: _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Additional Info: _____

Real Estate & Vehicle Information

GENERAL INFORMATION

Real Estate &
Vehicle Information



Real Estate Information

PRIMARY RESIDENCE

Mortgage

Lender Name: _____

Mortgage Life Insurance **Y N**

Phone #: _____

☐ Sole Owner

Email: _____

☐ Co-owner with someone else

Co-owner Contact

Name: _____

Phone #: _____ Alternate #: _____

Email: _____

Additional Info: _____

SECONDARY RESIDENCE

Mortgage

Lender Name: _____

Mortgage Life Insurance **Y N**

Phone #: _____

☐ Sole Owner

Email: _____

☐ Co-owner with someone else

Co-owner Contact

Name: _____

Phone #: _____ Alternate #: _____

Email: _____

Additional Info: _____

Vehicle Information

VEHICLE #1

Type: _____

Sole Owner **Y** **N** Co-owner **Y** **N**

Lease **Y** **N** Financed **Y** **N**

If yes, Lender Name: _____

Phone #: _____

Co-owner Contact

Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Additional Info: _____

VEHICLE #2

Type: _____

Sole Owner **Y** **N** Co-owner **Y** **N**

Lease **Y** **N** Financed **Y** **N**

If yes, Lender Name: _____

Phone #: _____

Co-owner Contact

Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Additional Info: _____

VEHICLE #3

Type: _____

Sole Owner **Y** **N** Co-owner **Y** **N**

Lease **Y** **N** Financed **Y** **N**

If yes, Lender Name: _____

Phone #: _____

Co-owner Contact

Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Additional Info: _____

VEHICLE #4

Type: _____

Sole Owner **Y** **N** Co-owner **Y** **N**

Lease **Y** **N** Financed **Y** **N**

If yes, Lender Name: _____

Phone #: _____

Co-owner Contact

Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Additional Info: _____

Retirement Living & Nursing Home

GENERAL INFORMATION



PREFERENCES FOR A RETIREMENT HOME OR NURSING HOME

Location in City: _____ Suite size: _____

Social Interests: _____	I want to stay in a retirement home as long as I can	Y N

_____	I want to go into a nursing home as soon as possible	Y N

Notes: _____

Upon Death



613.698.1319 | info@teaandtoast.ca
teaandtoast.ca

Funeral Arrangements

UPON DEATH



WHAT TO DO

- | | | |
|--|---|--|
| <input type="checkbox"/> Arrange for a funeral home to pick up the individual and complete the paperwork | <input type="checkbox"/> Return unused medications to the pharmacy for disposal | <input type="checkbox"/> Close social media accounts |
| <input type="checkbox"/> Meet with the funeral home to discuss arrangements | <input type="checkbox"/> Apply for CPP death benefit | <input type="checkbox"/> Stop/review any automatic deductions and payments |
| | <input type="checkbox"/> Apply for CPP survivor's benefit | |

WHO TO NOTIFY

**note: the funeral home may have aftercare available to assist you with this. As they pertain to the deceased.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Government | <input type="checkbox"/> Pensions and Annuities |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Income | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Credit card companies | <input type="checkbox"/> Driver's license | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Lenders (mortgage, car, debts) | <input type="checkbox"/> Health Card | <input type="checkbox"/> Utilities (update or cancel) |
| <input type="checkbox"/> Doctors and specialists | <input type="checkbox"/> Social Insurance | <input type="checkbox"/> Memberships and Subscriptions |
| <input type="checkbox"/> Car Insurance | <input type="checkbox"/> Passport | <input type="checkbox"/> Points cards |
| <input type="checkbox"/> House Insurance | <input type="checkbox"/> GST | |
| <input type="checkbox"/> Car Lease | <input type="checkbox"/> Revenue Canada | |

FUNERAL ARRANGEMENTS UPON DEATH

Funeral Home: _____	Phone #: _____
Address: _____	Contact: _____
_____	I have a pre-paid Y N
Location of plot: _____	Copy of arrangements attached Y N

Personal Wishes

Celebration of Life **Y N** Visitation **Y N** Embalming **Y N** Flowers **Y N** Favourite Flowers: _____

Church Service **Y N** Cremation **Y N** Open Casket **Y N** Casket **Y N** Casket Type: _____

Contribution in Lieu of flowers **Y N** Charity/Association Preference: _____

Eulogy By: _____ Resumé or History Attached **Y N**

Pallbearers: _____

INFORMATION TO BRING TO THE FUNERAL HOME

- | | | |
|--|---|---|
| <input type="checkbox"/> Social Insurance Number | <input type="checkbox"/> Parents' names, maiden name, where born, year passed | <input type="checkbox"/> Notarized copy of the will (when the funeral home is taking care of aftercare) |
| <input type="checkbox"/> Where the deceased was born | <input type="checkbox"/> Spouses name, maiden name, where born, year passed | <input type="checkbox"/> Drivers Licence |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Occupation | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> Photo of deceased | | |

INFORMATION FOR OBITUARY

- | | | |
|--|--|---|
| <input type="checkbox"/> Deceased's Mom and Dad's Name | <input type="checkbox"/> Anyone else you would like recognized | <input type="checkbox"/> Where you would like donations to go |
| <input type="checkbox"/> Deceased's Siblings and Partner's Names | <input type="checkbox"/> Where everyone lives ex. "Of Ottawa" | |

Will

UPON DEATH

Will

WILL

Location of my will: _____ A copy is attached **Y** **N**

Lawyer

Name: _____

Phone #: _____ Alternate #: _____

Email: _____

Additional Info: _____

Executor

Name: _____

Phone #: _____ Alternate #: _____

Email: _____

Additional Info: _____

Investments & Accounts

UPON DEATH

Investments & Accounts



COMPANY PENSION PLAN #1

Company/Employer

Name: _____

Phone #: _____

Alternate #: _____

Email: _____

Financial Institution

Name: _____

Phone #: _____

Alternate #: _____

Email: _____

Group #: _____

Certificate #: _____

Alternate #: _____

Location of Documents: _____

Copy of Document Attached **Y N**

COMPANY PENSION PLAN #2

Company/Employer

Name: _____

Phone #: _____

Alternate #: _____

Email: _____

Financial Institution

Name: _____

Phone #: _____

Alternate #: _____

Email: _____

Group #: _____

Certificate #: _____

Alternate #: _____

Location of Documents: _____

Copy of Document Attached **Y N**

GROUP RRSP #1

Account #: _____

Managed By: _____

Phone #: _____

Additional Info: _____

GROUP RRSP #2

Account #: _____

Managed By: _____

Phone #: _____

Additional Info: _____

EMPLOYEE SHARES

Account #: _____

Managed By: _____

Phone #: _____

Additional Info: _____

EMPLOYEE SHARES

Account #: _____

Managed By: _____

Phone #: _____

Additional Info: _____

RRSP #1

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

RRSP #2

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

TSFA #1

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

TSFA #2

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

Other Investments

INVESTMENT #1

Investment Type: _____

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

Location of Document: _____

Copy of Document Attached Y N

Additional Information: _____

INVESTMENT #2

Investment Type: _____

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

Location of Document: _____

Copy of Document Attached Y N

Additional Information: _____

INVESTMENT #3

Investment Type: _____

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

Location of Document: _____

Copy of Document Attached Y N

Additional Information: _____

INVESTMENT #4

Investment Type: _____

Financial Institution

Name: _____

Contact Name: _____

Phone #: _____

Alternate # : _____

Email: _____

Account #: _____

Location of Document: _____

Copy of Document Attached Y N

Additional Information: _____

CANADA PENSION PLAN (CPP)

CPP #: _____

Location of Documents: _____

OLD AGE SECURITY (OAS)

OAS #: _____

Location of Documents: _____

GUARANTEED INCOME SUPPLEMENT (GIS)

Contact Name: _____

Phone #: _____

Email: _____

OTHER INCOME #1

Type: _____

Contact Name: _____

Phone #: _____

Email: _____

CHEQUING ACCOUNT #1

Bank: _____

Account #: _____

Address: _____

Contact Person: _____

Contact #: _____

Email: _____

OTHER INCOME #2

Type: _____

Contact Name: _____

Phone #: _____

Email: _____

CHEQUING ACCOUNT #2

Bank: _____

Account #: _____

Address: _____

Contact Person: _____

Contact #: _____

Email: _____

OTHER INCOME #3

Type: _____

Contact Name: _____

Phone #: _____

Email: _____

OTHER INCOME #4

Type: _____

Contact Name: _____

Phone #: _____

Email: _____

SAVINGS ACCOUNT #1

Bank: _____

Account #: _____

Address: _____

Contact Person: _____

Contact #: _____

Email: _____

SAVINGS ACCOUNT #2

Bank: _____

Account #: _____

Address: _____

Contact Person: _____

Contact #: _____

Email: _____

SAFETY DEPOSIT BOX

Location: _____

Contact Person: _____

Address: _____

Contact #: _____

Email: _____

AUTOMATIC DEDUCTIONS

Bill: _____

Bill: _____

Account #: _____

Account #: _____

Deduction Day of Month: _____

Deduction Day of Month: _____

Bill: _____

Bill: _____

Account #: _____

Account #: _____

Deduction Day of Month: _____

Deduction Day of Month: _____

Bill: _____

Bill: _____

Account #: _____

Account #: _____

Deduction Day of Month: _____

Deduction Day of Month: _____

Bill: _____

Bill: _____

Account #: _____

Account #: _____

Deduction Day of Month: _____

Deduction Day of Month: _____

Insurance

UPON DEATH

Insurance



LIFE INSURANCE

Company: _____

Phone #: _____

Policy #: _____

Amount: _____

HOME INSURANCE

Company: _____

Phone #: _____

Policy #: _____

Amount: _____

VEHICLE INSURANCE #1

Company: _____

Phone #: _____

Policy #: _____

Amount: _____

VEHICLE INSURANCE #2

Company: _____

Phone #: _____

Policy #: _____

Amount: _____

DISABILITY INCOME #1

Company: _____

Phone #: _____

Policy #: _____

Amount: _____

DISABILITY INCOME #2

Company: _____

Phone #: _____

Policy #: _____

Amount: _____

Important Passwords

UPON DEATH



IMPORTANT PASSWORDS

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____

Account: _____

User Name: _____

Password: _____