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EXECUTOR'S GUIDE

FAMILY INFORMATION

Executors look after the administration of your estate. They will need to know what assets you have and where they can be found. If you keep this family information up to date and let your executor know where it is, you will make their job much easier. You may want to keep a copy of your will with this document. A copy of your recent investment statements and tax returns will be helpful to your executor.

PERSONAL INFORMATION

Your Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

Spouse's Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

Dependents

Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

Name: _____ Date of Birth: _____
S.I.N.: _____ Place of Birth: _____

PROFESSIONAL ADVISORS

Accountant

Name: _____ Firm: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Lawyer

Name: _____ Firm: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Investments

Name: _____ Firm: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Banking

Name: _____ Firm: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

LOCATION OF OTHER IMPORTANT DOCUMENTS

Your Birth Certificate: _____

Spouse's Birth Certificate: _____

Children's Birth Certificates: _____

Citizenship & Passport Papers: _____

Marriage Certificate: _____

Pre-Nuptial/Cohabitation Papers: _____

Separation/Divorce Papers: _____

Custody/Adoption Papers: _____

Medical Records: _____

Physician's Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Wills, Powers of Attorney, Personal Directives: _____

Insurance Policies: _____

Income Tax Returns: _____

Appraisals of Personal Property: _____

Trust Agreements: _____

Investment Certificates: _____

Business Papers: _____

BANK ACCOUNT INFORMATION

1. Name of Financial Institution: _____

Address: _____

Account # and Ownership*: _____ Value \$ _____

2. Name of Financial Institution: _____

Address: _____

Account # and Ownership*: _____ Value \$ _____

3. Name of Financial Institution: _____

Address: _____

Account # and Ownership*: _____ Value \$ _____

Safety Deposit Boxes

Box 1 Location: _____

Key Location: _____

Contents: _____

Box 2 Location: _____

Key Location: _____

Contents: _____

Bank Machine Cards

1. Issuer: _____ Card #: _____

**Indicate whether the account is held in single name, joint tenancy with right of survivorship or tenancy in common.*

CREDIT INFORMATION

Note: Include all bank liabilities - e.g. mortgage, credit line, demand loans, etc.

1. Name of Financial Institution: _____

Contact Name: _____ Phone #: (____)_____

Address: _____ Loan Amount \$: _____

Reference #: _____ Borrower: _____

2. Name of Financial Institution: _____

Contact Name: _____ Phone #: (____)_____

Address: _____ Loan Amount \$: _____

Reference #: _____ Borrower: _____

3. Name of Financial Institution: _____

Contact Name: _____ Phone #: (____)_____

Address: _____ Loan Amount \$: _____

Reference #: _____ Borrower: _____

Credit Cards

1. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

2. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

3. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

4. Issuer: _____ Card #: _____

Expiry Date: _____ Credit Limit \$: _____

INVESTMENT ACCOUNTS

1. Firm: _____

Type*: _____ Account #: _____

Ownership Type**: _____ Value \$: _____

2. Firm: _____

Type*: _____ Account #: _____

Ownership Type**: _____ Value \$: _____

3. Firm: _____

Type*: _____ Account #: _____

Ownership Type**: _____ Value \$: _____

4. Firm: _____

Type*: _____ Account #: _____

Ownership Type**: _____ Value \$: _____

5. Firm: _____

Type*: _____ Account #: _____

Ownership Type**: _____ Value \$: _____

**Include cash accounts, margin accounts, annuities, etc.*

***Indicate whether held in single name, joint tenancy with right of survivorship or tenancy in common.*

REGISTERED ACCOUNTS

1. **Firm:** _____

Type*: _____ Account #: _____

Beneficiary: _____ Value \$: _____

2. **Firm:** _____

Type*: _____ Account #: _____

Beneficiary: _____ Value \$: _____

3. **Firm:** _____

Type*: _____ Account #: _____

Beneficiary: _____ Value \$: _____

4. **Firm:** _____

Type*: _____ Account #: _____

Beneficiary: _____ Value \$: _____

5. **Firm:** _____

Type*: _____ Account #: _____

Beneficiary: _____ Value \$: _____

**Include RSPs, RIFs, LIRAs, Locked-In RSPs, LIFs, LRIFs, PRIFs, RESPs, annuities, etc.*

BUSINESS INVESTMENTS - PRIVATE CORPORATIONS

1. **Company Name:** _____

Type*: _____ % Interest Held: _____

Location of Documents: _____

Legal Counsel: _____

2. **Company Name:** _____

Type*: _____ % Interest Held: _____

Location of Documents: _____

Legal Counsel: _____

3. **Company Name:** _____

Type*: _____ % Interest Held: _____

Location of Documents: _____

Legal Counsel: _____

**sole proprietorship, partnership, corporation, etc.*

REAL ESTATE

Principal Residence

Address: _____ Date of Purchase: _____
Title Held By: _____ Mortgage Held By: _____
Deed Location: _____ Purchase Price \$: _____
Current Market Value \$: _____

Other Property

1. Address: _____ Date of Purchase: _____
Title Held By: _____ Mortgage Held By: _____
Deed Location: _____ Purchase Price \$: _____
Current Market Value \$: _____

2. Address: _____ Date of Purchase: _____
Title Held By: _____ Mortgage Held By: _____
Deed Location: _____ Purchase Price \$: _____
Current Market Value \$: _____

PERSONAL ASSETS (e.g. cars, jewelry, art, etc.)

Item Description	Value \$	Location	Intended Beneficiary
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

LIFE INSURANCE

Individual Coverage

1. **Issuer:** _____ **Insured:** _____
Agent's Name: _____ Phone #: (____) _____
Insurance Type: _____ Policy #: _____
Face Value \$: _____ Cash Surrender Value \$: _____
Beneficiary: _____
Death Benefit: _____ Contract Location: _____
2. **Issuer:** _____ **Insured:** _____
Agent's Name: _____ Phone #: (____) _____
Insurance Type: _____ Policy #: _____
Face Value \$: _____ Cash Surrender Value \$: _____
Beneficiary: _____
Death Benefit: _____ Contract Location: _____

Group Coverage

1. **Issuer:** _____ **Insured:** _____
Agent's Name: _____ Phone #: (____) _____
Insurance Type: _____ Policy #: _____
Face Value \$: _____ Cash Surrender Value \$: _____
Beneficiary: _____
Death Benefit: _____ Contract Location: _____
2. **Issuer:** _____ **Insured:** _____
Agent's Name: _____ Phone #: (____) _____
Insurance Type: _____ Policy #: _____
Face Value \$: _____ Cash Surrender Value \$: _____
Beneficiary: _____
Death Benefit: _____ Contract Location: _____

OTHER LIFE COVERAGE (e.g. travel insurance, credit cards, etc.)

Issuer: _____ Insured: _____

Insurance Type: _____ Policy #: _____

Death Benefit: _____ Contract Location: _____

HEALTH INSURANCE

Your Health Card #: _____ Location: _____

Spouse's Health Card #: _____ Location: _____

Group Health Insurance

1. Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Group: _____ Coverage for: _____

2. Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Group: _____ Coverage for: _____

PRIVATE DISABILITY INSURANCE

1. Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Coverage Type/Person Insured: _____

Coverage \$: _____ Benefit Period: _____

Annual Premium \$: _____ Policy #: _____

2. Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Coverage Type/Person Insured: _____

Coverage \$: _____ Benefit Period: _____

Annual Premium \$: _____ Policy #: _____

CRITICAL ILLNESS / DISABILITY INSURANCE

1. Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Certificate/Policy #: _____ Annual Premium \$: _____

Coverage Type/Person Insured: _____

Coverage \$: _____ Benefit Period #: _____

2. Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Certificate/Policy #: _____ Annual Premium \$: _____

Coverage Type/Person Insured: _____

Coverage \$: _____ Benefit Period #: _____

OTHER INSURANCE (e.g. mortgage, credit cards, etc.)

1. Insurance Company: _____

Coverage for: _____ Policy #: _____

Coverage \$: _____ Contract Location: _____

PROPERTY INSURANCE (home/auto/other)

1. Property Description: _____

Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Policy #: _____ Contract Location: _____

2. Property Description: _____

Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Policy #: _____ Contract Location: _____

3. Property Description: _____

Insurance Company: _____

Contact Name: _____ Phone #: (____) _____

Policy #: _____ Contract Location: _____

PRE-PLANNED FUNERAL

Funeral Home: _____

Contact Name: _____ Phone #: (____) _____

Details: _____

Cemetery Plot: _____

Plot Location: _____ Deed Location: _____

YOUR WILL

Date of Last Will/Codicil: _____ Will Location: _____

Lawyer: _____ Phone #: (____) _____

Address: _____

Executor(s)/Trustee(s): _____ Phone #: (____) _____

Address: _____

Beneficiaries

Name: _____ Phone #: (____) _____

Address: _____

Name: _____ Phone #: (____) _____

Address: _____

Name: _____ Phone #: (____) _____

Address: _____

Name: _____ Phone #: (____) _____

Address: _____

Will Instructions/Special Clauses:

YOUR SPOUSE'S WILL

Date of Last Will/Codicil: _____ Will Location: _____

Lawyer: _____ Phone #: (____) _____

Address: _____

Executor(s)/Trustee(s): _____ Phone #: (____) _____

Address: _____

Beneficiaries

Name: _____ Phone #: (____) _____

Address: _____

Name: _____ Phone #: (____) _____

Address: _____

Name: _____ Phone #: (____) _____

Address: _____

Name: _____ Phone #: (____) _____

Address: _____

Will Instructions/Special Clauses:

POWER OF ATTORNEY

Location: _____ Type: _____

Powers Given To: _____ Phone #: (____) _____

Address: _____

Lawyer: _____ Phone #: (____) _____

Address: _____

YOUR SPOUSE'S POWER OF ATTORNEY

Location: _____ Type: _____

Powers Given To: _____ Phone #: (____) _____

Address: _____

Lawyer: _____ Phone #: (____) _____

Address: _____

PERSONAL DIRECTIVE

Location: _____ Type: _____

Powers Given To: _____ Phone #: (____) _____

Address: _____

Lawyer: _____ Phone #: (____) _____

Address: _____

YOUR SPOUSE'S PERSONAL DIRECTIVE

Location: _____ Type: _____

Powers Given To: _____ Phone #: (____) _____

Address: _____

Lawyer: _____ Phone #: (____) _____

Address: _____

