



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: _____

Parents

Name: _____ Date of Birth: _____

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

Name: _____ Date of Birth: _____

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

Duties of an Executor

(Settlement of an estate takes time, especially when probate is required and/or when there are beneficiaries other than a spouse. The process can take six months, a year or longer. Early in the discussions, be sure to inform the beneficiaries of the timeframes.)

Assist family members to make final arrangements for the deceased – including funeral, cremation, and reception.

Arrange for death certificate and locate birth, and if applicable, marriage certificates.

Identify key assets such as real estate, vehicles, and personal effects; make sure these assets are secure and insured.

Arrange to receive the deceased's mail.

Contact credit card companies to cancel the deceased's cards.

Contact Services Canada to stop CPP and OAS payments.

Advise pension or insurance companies to stop annuity payments and to provide you with details of survivor benefits.

Identify financial assets/investments, obtain values as of the date of death, and confirm ownership.

Locate life insurance policies and ask insurer to provide you with the details of beneficiaries and requirements to settle claims.

If the deceased was employed, contact employer to confirm any insurance or pension benefits and request forms to settle claims.

Review assets to determine if probate will be necessary – decide whether you will require assistance from a lawyer, accountant, or financial planner.

Identify any outstanding bills and arrange for payment.

Work with beneficiaries to complete insurance claims, RRSP/RRIF/Pension transfers, and joint ownership changes.

If probate is needed, prepare documents for the appropriate probate court, file these documents, and pay required fees.

Arrange for tax returns to be completed and outstanding taxes to be paid.

Review estate assets to determine those to be transferred "in kind" and those to be sold – arrange for the sale of appropriate assets.

After paying all bills, probate fees, and taxes, arrange for remaining assets to be distributed to the appropriate beneficiaries.

Professional Advisors

Accountant

Name: _____ Firm: _____

Address: _____

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

Lawyer

Name: _____ Firm: _____

Address: _____

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

Investment Advisor(s)

Name: _____ Firm: _____

Address: _____

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

Name: _____ Firm: _____

Address: _____

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

Banking

Name: _____ Bank: _____

Address: _____

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

Location of Other Important Documents

Your Birth Certificate: _____

Spouse's Birth Certificate: _____

Children's Birth Certificates: _____

Marriage License: _____

Medical Records: _____

Physician's Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Citizenship & Passport Papers: _____

Income Tax Returns: _____

Custody/Adoption Papers: _____

Pre-Nuptial/Cohabitation Papers: _____

Separation/Divorce 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 Beneficiary	Value \$	Location	Intended
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: _____

