

INFORMATION FOR EXECUTORS AND OTHERS

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**FUNERAL WISHES**

Prepaid or prearranged funeral:  No  Yes Funeral Home: \_\_\_\_\_

Existing headstone:  No  Yes Share with spouse:  No  Yes

Headstone:  Flat  Upright

Inscription: \_\_\_\_\_  
\_\_\_\_\_

Cemetery: Name: \_\_\_\_\_

Location: \_\_\_\_\_

Cremation:  No  Yes

Disposition of ashes:  Cemetery  
 Spread at (location): \_\_\_\_\_

Church service:  No  Yes Church: \_\_\_\_\_

Funeral home service:  No  Yes Location: \_\_\_\_\_

Memorial service:  No  Yes Location: \_\_\_\_\_

Special instructions for funeral service attached:  No  Yes

No service of any kind:

Charitable donations in lieu of flowers should be made to: \_\_\_\_\_

**DEATH NOTICES**

Call or write to anyone in particular?  as per address book or  attached list

Obituary in home-town newspaper: \_\_\_\_\_

Obituary in birthplace town: \_\_\_\_\_

Obituary in other cities: \_\_\_\_\_

**ASSETS**

Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Investments:

GIC  No  Yes

Account Number: \_\_\_\_\_ Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank: \_\_\_\_\_

RRSP/RRIF  No  Yes

Account Number: \_\_\_\_\_

Financial Institution & Contact Information: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Financial Institution & Contact Information: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Financial Institution & Contact Information: \_\_\_\_\_

\_\_\_\_\_

BONDS  No  Yes

Number: \_\_\_\_\_ Face Value: \_\_\_\_\_

Number: \_\_\_\_\_ Face Value: \_\_\_\_\_

OTHER:  No  Yes

Type of Investment: \_\_\_\_\_ Account Number: \_\_\_\_\_ Financial Institute: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Type of Investment: \_\_\_\_\_ Account Number: \_\_\_\_\_ Financial Institute: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Type of Investment: \_\_\_\_\_ Account Number: \_\_\_\_\_ Financial Institute: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Safety Deposit Box:  No  Yes Location: \_\_\_\_\_

Location of safety box key: \_\_\_\_\_

Cemetery Plot:  No  Yes Location: \_\_\_\_\_

Valuable Personal Items:

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Valuable Artwork:

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Real Estate: (Location – address or legal description, owner(s)):

1. \_\_\_\_\_
2. \_\_\_\_\_

Pension Income: (Employer and address, pension administrator and address, account number):

1. \_\_\_\_\_
2. \_\_\_\_\_

## DEBTS

Credit Cards:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Debts:

1. \_\_\_\_\_
2. \_\_\_\_\_

## INSURANCE

Life Insurance: \_\_\_\_\_

(Policy number, Insurer, Agent/Broker – name and telephone number)

Life Insurance: \_\_\_\_\_

(Policy number, Insurer, Agent/Broker – name and telephone number)

House/Apartment Insurance: \_\_\_\_\_

\_\_\_\_\_ (Policy number, Insurer, Agent/Broker – name and telephone number)

Car Insurance: \_\_\_\_\_ (Policy number, Insurer, Agent/Broker – name and telephone number)

Life Insurance on Debt: \_\_\_\_\_ (Name of Bank and Branch Location)

Employer death benefits: \_\_\_\_\_ (Employer and Contact Information)

**DISTRIBUTION OF HOUSEHOLD GOODS AND FURNISHINGS**

Clothes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jewelry, mementos, collections and the like: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furniture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appliances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WISHES FOR CARE OF PETS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CODES AND PASSWORDS**

Home Computer: \_\_\_\_\_ House Alarm System: \_\_\_\_\_ ATM Card: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

**TESTAMENTARY DOCUMENTATION**

Location of Original Will: \_\_\_\_\_  
Holder(s) of Powers of Attorney for Property:

\_\_\_\_\_

Holder(s) of Powers of Attorney for Health Care:

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Instructions for organ donations:  as per Organ Donor Card or Health Card database

Other: \_\_\_\_\_

Who usually prepares income tax return? \_\_\_\_\_

This memo is intended to provide information to my executor(s) and beneficiaries as well as anyone holding my power of attorney. It is not a will and is not intended to be one. This memo may contain an expression of my intentions regarding distribution of my personal effects. It is my wish that my executor distribute my personal effects as I have indicated. If there is any inconsistency with my will, my will shall override this memo. Notwithstanding this memo, the decisions of my executor shall be final in all respects and need not be consistent with this memo.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)