



BLUCKE
& ASSOCIATES

Estate planning

Personal records organizer



Use this document to organize information about your personal and financial affairs. It will serve as a valuable resource for your survivors and estate administrators upon your passing. Keep it in a safe place along with your other important papers and be sure to let your family know where it's kept.

Your name:

Date completed/last updated:

People to contact

Next of kin

Name: _____
Relationship to you: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Name: _____
Relationship to you: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Name: _____
Relationship to you: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Name: _____
Relationship to you: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Executor (or Liquidator in Quebec)

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Employer/business office

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Lawyer/notary

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Accountant/tax preparer

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Province: _____ Postal Code: _____

Financial institution(s)

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____

IG Consultant:

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Others

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Name: _____
Telephone: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Estate documents

Financial decisions

Do you have a “Power of Attorney for Finances”?

Yes No

If so, where is this document kept?

For Quebec residents:

Do you have a “Mandate in Case of Incapacity”

Yes No

If yes, where is this document kept?

Medical/personal care decisions

Do you have a “Power of Attorney for Personal Care”, “Health Care Directive” or “Living Will” (if allowed in your province)?

Yes No

If yes, where is this document kept?

For Quebec residents:

Do you have a “Mandate in Case of Incapacity”

Yes No

If yes, where is this document kept?

Will

Do you have a Will?

Yes No

The original is located:

A copy is located:

The Will was dated/last updated:

Organ donation

Do you want to donate your organs or body for transplant, medical research or education?

Yes No

If yes, explain:

Have you expressed this in your:

Will and/or Living Will

Organ donor card

Driver's license/provincial health card

Personal details

Personal data

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

Social insurance/social security number: _____

Digital assets

What online accounts and services do you have that you want your survivors to be able to access and terminate (if applicable)?

Computer login _____

Email account(s) _____

Digital media accounts (i.e. music, videos, books) _____

Social media:

Facebook Yes No _____

Twitter Yes No _____

LinkedIn Yes No _____

Instagram Yes No _____

Other: _____

Citizenship papers

Do you have a Passport?

Yes No

Do you have a Permanent Resident or Landed Immigrant Card?

Yes No

Location of original documents: _____

Marriage/Divorce certificates

Marriage certificate

Yes No

Civil Union/Domestic Partnership licence

Yes No

Divorce certificate

Yes No

Location of original documents: _____

Domestic contracts

Do you have a:

- Co-habitation agreement?
- Pre-nuptial agreement?
- Marriage contract?
- Separation agreement?
- Divorce order?

Location of original documents:

Military service

Are you currently on active duty?

- Yes No

If you have been discharged, your discharge papers are located:

Country of enlistment:

Veteran's number:

Do you have a military pension?

- Yes No

Club or association memberships

Name:

Address line 1:

Address line 2:

City/town:

Province: _____ Postal Code: _____

Name:

Address line 1:

Address line 2:

City/town:

Province: _____ Postal Code: _____

Name:

Address line 1:

Address line 2:

City/town:

Province: _____ Postal Code: _____

Loyalty reward programs

Name:

Account number:

Financial commitments

Rent or mortgage payments

Amount \$ _____
Due date: _____
Lender: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Outstanding loans/lines of credit/credit or charge cards/business loans/guarantees

Amount \$ _____
Due date: _____
Lender: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Amount \$ _____
Due date: _____
Lender: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Amount \$ _____
Due date: _____
Lender: _____

Address line 1: _____
Address line 2: _____
City/town: _____

Amount \$ _____
Due date: _____
Lender: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Amount \$ _____
Due date: _____
Lender: _____
Address line 1: _____
Address line 2: _____
City/town: _____

Other financial obligations (i.e. auto lease, spousal or child support, etc.)

Creditor: _____
Nature of Obligation: _____

Creditor: _____
Nature of Obligation: _____

Creditor: _____
Nature of Obligation: _____

Insurance

Life insurance

Policies you own on your life:

Company: _____
Policy number: _____
Beneficiary: _____
Location of policy: _____

Company: _____
Policy number: _____
Beneficiary: _____
Location of policy: _____

Policies you own on others:

Company: _____
Policy number: _____
Beneficiary: _____
Name of insured: _____
Location of policy: _____

Company: _____
Policy number: _____
Beneficiary: _____
Name of insured: _____
Location of policy: _____

Policies others own on your life:

Company: _____

Policy number: _____
Owner of policy: _____
Location of policy: _____

Disability, critical illness or long term care insurance

Company: _____
Policy number: _____
Location of policy: _____

Company: _____
Policy number: _____
Location of policy: _____

Hospital & medical insurance

Company: _____
Policy number: _____
Location of policy: _____

Company: _____
Policy number: _____
Location of policy: _____

Out of province travel insurance

Company: _____
Policy number: _____
Location of policy: _____

Investments

Investment funds

Name of fund: _____

Account #: _____

Advisor's name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Registered owner(s): _____

Name of fund: _____

Account #: _____

Advisor's name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Registered owner(s): _____

Name of fund: _____

Account #: _____

Advisor's name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Registered owner(s): _____

Name of fund: _____

Account #: _____

Advisor's name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Registered owner(s): _____

Annuity contracts

Policy number: _____

Carrier name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Policy number: _____

Carrier name: _____

Address line 1: _____

Address line 2: _____

City/town: _____

Do you receive income from them?

Yes No

Information about these annuities is located: _____

Guaranteed investment funds and/or segregated funds

Policy number: _____

Owner(s): _____

Annuitant(s): _____

Beneficiary (ies): _____

Advisor: _____

Securities

Do you own any stocks or bonds?

Yes No

Information about them is located:

Are any of your securities pledged for loans?

Yes No

If yes, with whom:

Are you a member of a registered pension plan?

Yes No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

Do you have a registered retirement savings plan (RRSP)?

Yes No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

Do you have a registered retirement income fund (RRIF)?

Yes No

Account #:

Carrier name:

Address line 1:

Address line 2:

City/town:

Beneficiary (ies):

Are you a holder of a tax-free savings account (TFSA)?

Yes No

Account #: _____
Carrier name: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Beneficiary/successor holder: _____

Are you a subscriber to a registered education savings plan (RESP)?

Yes No

Account #: _____
Carrier name: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Beneficiary (ies): _____

Account #: _____
Carrier name: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Beneficiary (ies): _____

Are you a holder of a registered disability savings plan (RDSP)?

Yes No

Account #: _____
Carrier name: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Beneficiary (ies): _____

Are you a member of a deferred profit sharing plan (DPSP)?

Yes No

Account #: _____
Carrier name: _____
Address line 1: _____
Address line 2: _____
City/town: _____
Beneficiary (ies): _____
Information about this plan is located: _____

Residence and real estate

Residence and real estate

TYPE OF REAL ESTATE (E.G. HOUSE, CONDO, ETC.)	TITLE IS HELD BY (SELECT ONE)	IS THERE A MORTGAGE? (SELECT ONE)	MORTGAGE IS HELD BY:
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint	<input type="checkbox"/> yes <input type="checkbox"/> no	

Where are the following located?

Certificates of title:

Copy of mortgages:

Property insurance policies:

Land surveys:

Property tax receipts:

Leases:

Building cost figures

(original value plus capital improvements to date):

Mortgage insurance policy:

Personal property

Vehicles

List all vehicles you own:

Vehicle registrations are located:

Bill of sale and insurance papers are located:

Are household furnishings insured?

Yes No

Bills of sale, an inventory of and insurance policies for household furnishings are located:

Jewelry, stamp collections, coin collections, appraisal documents, etc. are located:

Collections/heirlooms/items of special value:

Outstanding Debts

People who owe you money

Name:

Amount:

Date:

Demand/maturity date:

Address line 1:

Address line 2:

City/town:

Name:

Amount:

Date:

Demand/maturity date:

Address line 1:

Address line 2:

City/town:

Trust funds

Are you a beneficiary of any trusts?

Yes No

Purpose:

Trustees are:

Trust papers are located:

Amount \$:

Are you a trustee of any trusts?

Yes No

Purpose:

Trust papers are located:

Net worth statement

ASSETS	WHAT YOU OWN	CURRENT AMOUNT
Liquid assets	Cash on hand	\$
	Chequing/savings/broker accounts	\$
	Canada Savings Bonds	\$
	Term deposits/investment certificates	\$
	Other	\$
Marketable assets	Government/corporate bonds	\$
	Common shares	\$
	Preferred shares	\$
	Mutual funds	\$
	Real estate investments	\$
	Segregated funds/guaranteed investment funds	\$
	Other (business interest, farm, etc.)	\$
		\$
		\$
Long-term assets	Cash value of life insurance (also indicate amounts to be received as death benefit by your estate upon your death)	\$
	Registered retirement savings/income plans	\$
	Registered education savings plans	\$
	Tax-free savings accounts	\$
	Registered disability savings plans	\$
	Other (pensions/profit sharing plans, etc.)	\$
Personal assets	Personal residence	\$
	Recreation property	\$
	Vehicles	\$
	Household furnishings/equipment	\$
	Other (art, coins, jewelry, etc.)	\$
		\$
	TOTAL ASSETS	\$
LIABILITIES	WHAT YOU OWE	CURRENT AMOUNT
Short-term debt	Charge accounts/credit cards	\$
	Loans/lines of credit	\$
		\$
	Taxes (income/property tax owing)	\$
	Other (life insurance loans, etc.)	\$
	Unpaid bills	\$
Long-term debt	Home mortgage	\$
	Other property mortgage	\$
	Other (line of credit, margin account, etc.)	\$
	TOTAL LIABILITIES	\$
	Total assets minus total liabilities = NET WORTH	\$

We are a team of financial professionals who are committed to guiding affluent Canadians toward their financial goals.

We use strategies designed to fit your unique needs—whether personal or business—and we work daily to anticipate your evolving financial life.

A key to your financial well-being is our ability to engage the right experts to meet those needs so you can benefit from as many financial opportunities as possible.

With 37+ years of experience, our team will help you build confidence in your future as we aim to protect and manage your wealth. Whether you are planning for retirement, have increasingly complex tax considerations, or are evaluating the best options to share your wealth, we will strive to ensure that each part of your financial picture is synchronized with the others.

We will achieve this through accountability, a specialized collaborative approach, and our commitment to provide a superb client experience. For you, this means more time to enjoy your life with the confidence that your financial affairs are in good hands.



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