What My

Family Should Know

**A GUIDE FOR GETTING YOUR AFFAIRS IN ORDER**

Name:

Date Completed**:**

**Foreword**

**We cannot stress too often the importance of getting your personal affairs in order. This process is important for everyone, but even more important for those who often find themselves living away from family and friends. Throughout your life, you have tried to protect your loved ones and now you have a chance to help them at a time when they will need that help the most. Taking the time to plan now and record information for your loved ones will be the most unselfish gifts of love you can give.**

**What My Family Should Know**

**Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our economic and personal affairs when we die.**

**When and how your benefits will be paid and how your estate will be settled are many questions that must be answered.**

**This guide has been compiled to help you record the necessary facts for your family, your attorney and your executor.**

**We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later use by your family. It is not recommended that you keep this guide in your safety deposit box since most are sealed after death.**

PERSONAL INFORMATION

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: | Place of Birth: |
| Current Home Address: |  |
| Home Telephone #Cell Number #Work Number # | Alberta Health # | Driver’s License #ACN# |
| Social Insurance # |
|  |
| Prior Address: |  |
|  |
| Marital Status: | Married: | Divorced: | Widowed: | Single: | Separated: |
| Date and Place of Marriage: |  |
|  |
| Name of Spouse: |  |
| **(Please complete if different than above)** |
| Current Home Address: |  |
| Telephone #: |  |
|  |
| Spouse’s Employer: |  |
| Address of Employer: |  |
| Work Telephone #: |  |
|  |
| Name of Former Spouse: |  |
| Current Home Address: |  |
| Work Telephone #: |  |
|  |
| Date & Place of Marriage: |  |
| Date & Place ofDivorce: |  |
|  |
| **Registry of Children:** |
| Given Name | Date of Birth | Place of Birth | SIN | Address |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Marriage License and Birth Certificates are kept here:** |

Current as of:

PERSONAL INFORMATION - SPOUSE

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: | Place of Birth: |
| Current Home Address: |  |
| Home Telephone #Cell #Work # | Alberta Health # | Driver’s License #ACN # |
| Social Insurance # |
|  |
| Prior Address: |  |
|  |
| Marital Status: | Married | Divorced | Widowed | Single | Separated |
| Date and Place of Marriage: |  |
|  |
| Name of Spouse: |  |
| **(Please complete if different than above)** |
| Current Home Address: |  |
| Telephone #: |  |
|  |
| Spouse’s Employer: |  |
| Address of Employer: |  |
| Work Telephone #: |  |
|  |
| Name of Former Spouse: |  |
| Current Home Address: |  |
| Work Telephone #: |  |
|  |
| Date & Place ofMarriage: |  |
| Date & Place of Divorce: |  |
|  |
| **Registry of Children:** |
| Given Name | Date of Birth | Place of Birth | SIN | Address |
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| **Marriage License and Birth Certificates are kept here:** |

Current as of:

FAMILY REGISTRY

|  |
| --- |
| **Grandchildren** |
| Name | Date of Birth | Place of Birth | SIN | Their Parents |
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| **Husband’s Family** |
| Name of Father: |  | SIN: |
| Current HomeAddress: |  |
| Telephone #: |  |
| Work Telephone #: |  |
|  |
| Name of Mother: |  | SIN: |
| Current Home Address: |  |
| Telephone #: |  |
| Work Telephone #: |  |
|  |
| **Registry of Brothers and Sisters** |
| Given Name | Date of Birth | Place of Birth | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **Wife’s Family** |
| Name of Father: |  | SIN: |
| Current Home Address: |  |
| Telephone #: |  |
| Work Telephone #: |  |
|  |
| Name of Mother: | SIN: |
| Current Home Address: |  |
| Telephone #: |  |
| Work Telephone #: |  |
|  |
| **Registry of Brothers and Sisters** |
| Given Name | Date of Birth | Place of Birth | Address |
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**If any of the above family members are deceased, please indicate date of death next to the name.**

Current as of:

IN CASE OF EMERGENCY THESE PEOPLE MUST BE NOTIFIED

|  |  |
| --- | --- |
| Name: | Relationship:  |
| Address: |  |
| Home Phone: | Work Phone: |
|  |
| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
|  |
| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone |
|  |
| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
|  |
| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone:  |
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| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
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| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
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| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
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| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
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| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |
|  |
| Name: | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |

Current as of:

IMPORTANT BUSINESS AND PERSONAL CONTACTS TO BE NOTIFIED

|  |  |
| --- | --- |
| Immediate Supervisor: |  |
| Office Phone: | Home Phone: |
|  |
| Spouse’s Supervisor: |  |
| Office Phone: | Home Phone: |
|  |
| Personal Physician: |  |
| Address: |  |
| Office Phone: | Home Phone: |
|  |
| Clergy: |  |
| Address: |  |
| Office Phone: | Home Phone: |
|  |
| Attorney: |  |
| Address: |  |
| Office Phone: | Home Phone: |
|  |
| Dentist: |  |
| Address: |  |
| Office Phone: | Home Phone: |
|  |
| Accountant: |  |
| Address: |  |
| Office Phone: | Home Phone: |
|  |
| Insurance Agent: | Insurance Agency: |
| Address: |  |
| Office Phone: |  |
|  |
| Banker: |  |
| Bank Name: |  |
| Address: |  |
| Office Phone: |  |
|  |
| Broker: |  |
| Investment Co. |  |
| Address: |  |
| Office Phone: |  |
|  |
| Other: |  | Relationship: |
| Address: |  |
| Home Phone: | Work Phone: |

Current as of:

PERSONAL END-OF-LIFE DOCUMENTS

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Records | YES | NO | Where kept? |
| Personal Directive |  |  |  |
| Goals of Care Designation (Green Sleeve) |  |  |  |
| Power of Attorney |  |  |  |
| Enduring Power of Attorney |  |  |  |
| Will |  |  |  |
| Heirlooms  |  |  |  |

PERSONAL FINANCE INFORMATION

|  |  |
| --- | --- |
| Bank: |  |
| Chequing Account No.: | Is Account Joint? |
| Savings Account No.: | Is Account Joint? |
|  |
| Bank: |  |
| Chequing Account No.: | Is Account Joint? |
| Savings Account No.: | Is Account Joint? |
|  |
| Bank: |  |
| Chequing Account No.: | Is Account Joint? |
| Savings Account No.: | Is Account Joint? |
|  |
| GIC # | Bank: |
|  |  |
|  |
| Safety Deposit Box #: | Bank: |
| Address of Bank/Branch: |  |
| Safe Deposit Box is accessible by: |  |
| Key is kept at: |
|  |
| Record of Military Service is located at: |
|  |
| Investment/Stock Portfolio is located at: |  |
| Bonds Portfolio is located at: |  |
|  |
| Other` |  |
|  |  |
|  |
| **Credit Card Accounts:** |
| Name: | Account Number: |
| Issued by: | Is Account Balance Insured? |
|  |
| Name: | Account Number: |
| Issued by: | Is Account Balance Insured? |
|  |
| Name: | Account Number: |
| Issued by: | Is Account Balance Insured? |
|  |
| Name: | Account Number: |
| Issued by: | Is Account Balance Insured? |
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| Name: | Account Number: |
| Issued by: | Is Account Balance Insured? |
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Current as of:

REAL ESTATE

|  |  |
| --- | --- |
| We/I own the propertylocated at: |  |
| Mortgage on the property is held by: |  |
| Address: |  |
| Monthly Payments: | Balance of Loan: |
| Value of Property: |  |
| Homeowners Insurance Held by: |  |
| Homeowners Insurance Policy is located at: |  |
| Mortgage Insurance if any: |  |
| Mortgage Insurance Policy located at: |  |
|  |
| I/We own other real estate at: (List addresses and same info as above): |
|  |
|  |
|  |
|  |
| Deeds, tax documents and pay records are located at: |
|  |
|  |
|  |
|  |
| **AUTOMOBILE AND AUTO INSURANCE** |
| Make | Model | Year | Registered To | Status of Ownership |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **TRAILERS AND OTHER MOTOR VEHICLES** |
| Make | Model | Year | Registered To | Status of Ownership |
|  |  |  |  |  |
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|  |  |  |  |  |
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| **OTHER IMPORTANT INFORMATION** |
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Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

|  |
| --- |
| **Health Insurance** |
| I have Self Only | Or Family | Coverage with the following health plan: |
| This is a federal plan | YES: | NO: |
| I/We have additional coverage under my spouse’s health plan | YES: | NO: |
| That plan is | And is provided by: |
|  |
| **Life Insurance (1)** |
| I have Life Insurance in the amount of $ |
| With | Company. |
| I have a designation of beneficiary on file: | YES: | NO: |
| The beneficiary named is: |
| He/She is aware of this designation: | YES: | NO: |
|  |
| **Life Insurance (2)** |
| I have Life Insurance in the amount of $ |
| With | Company |
| I have a designation of beneficiary on file: | YES: | NO: |
| The beneficiary named is: |
| He/She is aware of this designation: | YES: | NO: |
|  |
| I am enrolled in other employee sponsored supplemental insurance plans: | Yes: | No: |
| Plan Names: |
|  |
|  |
|  |
| **Investment Plans:** |
|  | Yes: | No: | If yes, current balance: |
| I have a designation of beneficiary on file: | Yes: | No: |
| The beneficiary named is: |
| He/She is aware of this designation: | Yes: | No: |
|  |
|  | Yes: | No: |
| I have a designation of beneficiary on file: | Yes: | No: |
| The beneficiary named is: |
| He/She is aware of this designation: | Yes: | No: |

Current as of:

RETIREMENT

|  |  |  |
| --- | --- | --- |
| I am a federal employee | Yes: | No: |
| If federal employee, I am under the: |
| Other |
|  |
| I am eligible for retirement as of: |
|  |
|  |
| If my death occurs before retirement, my spouse is aware that he/she may be eligible for a survivor annuity? Yes: No:  |
| Amount: $ | Per month. Restrictions/Limitations: |
|  |
|  |
|  |
| Additional Benefits Information: |

Current as of:

PERSONAL FINAL WISHES

|  |
| --- |
| Name: |
| Church Preference: | Religious Affiliation: |
| Clergy: | Phone: |
| Funeral Home Preference: |
| Address: |
| Phone: |
|  |
| I have a Pre-Paid Burial Plan: | YES | NO: |
|  |
| I would prefer to have funeral services held at: |
| Funeral Home | Name of Funeral Home: |
| Church: | Name of Church: | Address: Phone #: |
|  |
| I prefer: | Internment | Entombment | Cremation |
|  |
| My choice of cemetery is: |
| I have not purchased a lot. | I have purchased a lot. |
| The lot is in the name of: |  |
| Location of deed for lot: |  |
|  |
| I would like to have the following persons act as pallbearers: |
|  |  |
|  |  |
|  |  |
|  |
| If cremated, what do you wish done with your ashes? |
|  |
| Would you want an obituary published? | YES: | NO: |
|  |
| Please list the following in my obituary: |
|  |
| I am entitled to Veterans Benefits: | YES: | NO: |
|  |
| I am entitled to Military Honors: | YES: | NO: |
|  |
| Musical Selections: |
|  |
| Special Requests for Service: |

FINAL WISHES - SPOUSE

|  |
| --- |
| Name: |
| Church Preference: | Religious Affiliation: |
| Clergy: | Phone: |
| Funeral Home Preference: |
| Address: |
| Phone: |
|  |
| I have a Pre-Paid Burial Plan: | YES | NO: |
|  |
| I would prefer to have funeral services held at: |
| Funeral Home | Name of Funeral Home: |
| Church: | Name of Church: | Address: Phone #: |
|  |
| I prefer: | Internment | Entombment | Cremation |
|  |
| My choice of cemetery is: |
| I have not purchased a lot. | I have purchased a lot. |
| The lot is in the name of: |  |
| Location of deed for lot: |  |
|  |
| I would like to have the following persons act as pallbearers: |
|  |  |
|  |  |
|  |  |
|  |
| If cremated, what do you wish done with your ashes? |
|  |
| Would you want an obituary published? | YES: | NO: |
|  |
| Please list the following in my obituary: |
|  |
| I am entitled to Veterans Benefits: | YES: | NO: |
|  |
| I am entitled to Military Honors: | YES: | NO: |
|  |
| Musical Selections: |
|  |
| Special Requests for Service: |

TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even coping an old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

|  |  |
| --- | --- |
| I have a Will that is located at: |  |
| The attorney who handled my Will is: |  |
| At the Law Firm of: |  |
| Phone Number: |  |
|  |
| My last Will is dated: |
| The Executor is: |
|  |
| Legal Guardianship Documents are located at: |

ENDURING POWER OF ATTORNEY

**An enduring power of attorney is a legal document you can use to appoint someone to make financial and legal decisions on your behalf. A power of attorney is “enduring” if it states its power continues after mental incapacity or it can be written to only take effect when mental capacity is lost. If you prepare this document, there is no need for your family to apply to be your trustee in the event you lose capacity.**

1. An **Enduring or Continuing Power of Attorney** is a legal document that lets your Attorney continue acting for you if you become mentally incapable of managing your finances and property.
2. An Enduring Power of Attorney can take effect as soon as you sign it.
3. In most cases, it is possible to have the Power of Attorney come into effect only when you become mentally incapable.
4. A copy of this document should be given to your defined attorney (s).

PERSONAL DIRECTIVE

1. A Personal Directive is a legal document under the Personal Directives Act that allows you to name a person (s) you trust to make decisions on your behalf when you no longer have the mental capacity to make your own decisions.
2. The Personal Directive will be in effect when your medical doctor or two other medical practitioners determines your mental incapacity.
3. The areas of authority that your agent will have regarding personal matters of a non-financial nature, may include health care, whom you may live with, participation in social, educational and employment activities, legal matters or other areas that you may want.
4. A key component of the Personal Directive is your direction regarding artificial life-sustaining procedures from an illness, disease of injury.
5. This document should be included with your Green Sleeve documents, a copy should also be given to your agent(s) and family doctor.
6. This document is available on line at: (<https://www.alberta.ca/personal-directive.aspx> )
7. This legal document ends on the death of the represented senior.
8. This document is typically included in your Will preparation and signed at the same time as the Enduring Power of Attorney.

|  |  |
| --- | --- |
| **I have NOT executed a Personal Directive** | **I have executed a Personal Directive** |
| **My Personal Directive is located at:** |  |

ORGAN DONATION

|  |  |
| --- | --- |
| **I DO NOT want any of my organs donated.** |  |
|  |
| **I would like to donate ANY organs needed for transplant.** |  |
|  |
| **I would like to donate only the following organs for transplant/research:** |  |
|  |
| **I would like to donate my body for research.** |  |

**PASSWORDS & PIN NUMBERS**

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Current as of:

**OTHER IMPORTANT INFORMATION**

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