



Personal inventory of assets and important documents

TO SIMPLIFY YOUR LOVED ONES' TASK IN THE EVENT
OF INCAPACITY OR DEATH



Looking to simplify your loved ones' task in case of incapacity or death?

We have the solution for you

A **personal inventory of your assets and important documents** helps you identify the information that your loved ones will need when the time comes. Completing this document, which includes essential financial and legal information and the location of important documents, will make their job easier.



NOTE

This document is provided as a service and for information purposes only. Advice is not included. The information contained herein is subject to change without notice. You should not rely on this information for your tax planning. We strongly suggest that you consult your legal and tax advisors to discuss these laws and regulations and how they apply to your situation and estate planning. Desjardins will not be held liable for any unwanted tax debt.

To facilitate the transfer of your assets

Over the years, you are likely to have accumulated several different assets: home, vehicles, cottage, accounts at various financial institutions, investments, personal loans, mortgages, etc.

An inventory of important information is valuable to you and will be most useful to your family, your mandatary, your liquidator and your notary to simplify their task in case of incapacity or death.

If you are preparing your estate planning or want to equip your loved ones in the event of your incapability to do so, the personal inventory of your assets and important documents is the right choice for you!

IMPORTANT

If something were to happen to you tomorrow, would your loved ones and your liquidator know where to find all your important information?

Take the time to fill out the following pages, keep this document in a secure place and notify the relevant people of its location.



Section 1

Personal information

Client

First and last names at birth: _____

Date of birth: _____ Social insurance number: _____

Address: _____

Phone number: _____ Cell phone number: _____

Email: _____

Marital status: Single Married Civil union Common-law
 No longer living with partner Legally separated Divorced Widowed

Spouse

First and last names at birth: _____

Date of birth: _____ Social insurance number: _____

Address (if different): _____

Phone number: _____ Cell phone number: _____

Email: _____

Child's

Child's first and last names at birth	Date of birth	Social insurance number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2

Professional representatives and location of documents

Professional representatives

Notary

Name: _____ Phone number: _____

Address: _____

Lawyer

Name: _____ Phone number: _____

Address: _____

Accountant

Name: _____ Phone number: _____

Address: _____

Physician

Name: _____ Phone number: _____

Address: _____

Financial representative

Name: _____ Phone number: _____

Address: _____

Location of documents

Safe of safety deposit box: Yes No

Location of key: _____

Financial institution: _____

Box number: _____

Location of document originals: _____

Location of document copies: _____

Other: _____

Section 3

Legal documents

Will Yes No

Date of last will: _____

Location of will (or copy): _____

Will notarized/drawn up by a notary: Yes No

Name: _____ Phone number: _____

Address: _____

Executor/administrator for the estate

Name: _____ Phone number: _____

Address: _____

Name: _____ Phone number: _____

Address: _____

Name: _____ Phone number: _____

Address: _____

Alternate executor/administrator

Name: _____ Phone number: _____

Address: _____

Living will Yes No

Date of last will: _____

Location of original or copy of the living will: _____

Living will drawn up by a lawyer: Yes No

Name: _____ Phone number: _____

Address: _____

Funeral arrangements

Instructions for the funeral: Yes No

Next-of-kin will handle funeral arrangements: Yes No

Remains to be prepared for: open-casket viewing burial cremation

Other details: _____

Instructions are detailed: in the will in another document located: _____

Funeral arrangements (cont'd)

Pre-arranged funeral contract: Yes No

Funeral home

Name: _____ Phone number: _____

Address: _____

Location of documents: _____

Marriage/Civil union/Common-law relationship contract

Marital status: Married Civil union Common-law

Date of marriage, civil union or start of common-law relationship: _____

Location of contract: _____

Matrimonial regime: Partnership of acquests Separation as to property Community of property

Contract drawn up by a lawyer: Yes No

Name: _____ Phone number: _____

Address: _____

Separation or divorce decree

No longer living with partner Legally separated Divorced

Date of separation or decree: _____

Location of decree: _____

You are a widow(er)

Date of spouse's death: _____

Death certificate on hand: Yes No

Location of spouse's death certificate: _____

Birth certificate

Location of birth certificate: _____

Location of child's/children's birth certificate(s): _____

Location of the adoption order for: _____

You were not born in Canada

Location of citizenship certificate: _____

Other information: _____

Section 4

Personal documents

Life insurance and critical illness insurance policies

Broker or representative

Name: _____ Phone number: _____

Address: _____

Insurer: _____ Policy number: _____

Insurer: _____ Policy number: _____

Insurer: _____ Policy number: _____

Group insurance: _____

Loan insurance: _____

Location of life insurance policies: _____

Accidental death: _____

Life insurance coverage under the provisions of a credit card contract: Yes No

Issuer: _____

Life insurance coverage as a club member (e.g.: CAA): Yes No

Issuer: _____

Life insurance coverage as a member of another organization or association: Yes No

Issuer: _____

Investments and bank accounts

Financial institution or company

Name of contact person: _____ Phone number: _____

Address: _____

Account number: _____

Category:
(RRSP, TFSA's, RRIF, LIRA, LIF, savings,
chequing, mutual funds, etc.):

Investments and bank accounts (cont'd)

Financial institution or company

Name of contact person: _____ Phone number: _____

Address: _____

Account number: _____

Category:

(RRSP, TFSA's, RRIF, LIRA, LIF, savings,
chequing, mutual funds, etc.):

Financial institution or company

Name of contact person: _____ Phone number: _____

Address: _____

Account number: _____

Category:

(RRSP, TFSA's, RRIF, LIRA, LIF, savings,
chequing, mutual funds, etc.):

Location of bank books, bank teller cards and chequebooks: _____

Location of investment documents and records: _____

Credit cards

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Debit cards

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Section 4

Personal documents (cont'd)

Damage insurance contracts

Home

Insurer: _____ Phone number: _____

Address: _____

Automobile

Insurer: _____ Phone number: _____

Address: _____

Other

Insurer: _____ Phone number: _____

Address: _____

Income tax returns

Accountant

Name: _____ Phone number: _____

Address: _____

Location of previous income tax returns: _____

Online services accounts

Email

Email address: _____

User name and password: _____

Email address: _____

User name and password: _____

Email address: _____

User name and password: _____

Online services accounts (cont'd)

Social networks

Account 1 – Close the account? Yes No

User name and password:

Account 2 – Close the account? Yes No

User name and password:

Account 3 – Close the account? Yes No

User name and password:

Online banking services

Financial institution:

Credentials and password:

Financial institution:

Credentials and password:

Financial institution:

Credentials and password:

Section 5

Debtors, debts and financial obligations

Debtors (persons or organizations)

Debtor

Contact person: _____ Phone number: _____

Address: _____

Debtor

Contact person: _____ Phone number: _____

Address: _____

Debtor

Contact person: _____ Phone number: _____

Address: _____

Location of related documents: _____

Debts and financial obligations

Line of credit Yes No

Financial institution: _____ Account number: _____

Life insurance Yes No

Location of contract: _____

Personal loans Yes No

Financial institution: _____ Account number: _____

Life insurance Yes No

Location of contract: _____

Personal loans Yes No

Financial institution: _____ Account number: _____

Life insurance Yes No

Location of contract: _____

Personal debt Yes No

Name of creditor: _____ Phone number: _____

Address: _____

Location of document: _____

Section 6

Home and other real estate property

Personal residence

Tenant Yes No

Owner: _____ Phone number: _____

Address: _____

Location of lease copy: _____

Sole owner of a home Yes No

Joint owner of a home Yes No

Name of co-owner: _____ Phone number: _____

Address: _____

Location of purchase contract and other documents: _____

Mortgage on this property Yes No

Address of the property: _____

Financial institution or company: _____ Account number: _____

Life insurance Yes No

Disability insurance Yes No

Location of contract: _____

Income property

Sole owner of an income property Yes No

Joint owner of an income property Yes No

Name of co-owner: _____ Phone number: _____

Address: _____

Location of contract and other documents (leases, etc.): _____

Mortgage on this property Yes No

Financial institution or company: _____ Account number: _____

Life insurance Yes No

Disability insurance Yes No

Location of contract: _____

Section 6

Home and other real estate property (cont'd)

Secondary residence

Sole owner of a secondary residence Yes No

Joint owner of a secondary residence Yes No

Name of co-owner: _____ Phone number: _____

Address: _____

Location of purchase contract and other documents: _____

Mortgage on this property Yes No

Financial institution or company: _____ Account number: _____

Life insurance Yes No

Disability insurance Yes No

Location of contract: _____



Section 7

Other personal effects

Inventory

Item (car, jewellery, art, etc.)

Location

Important documents

(credit cards, passport, health insurance card, etc.)

Location



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