

IMPORTANT DOCUMENTS H-3

A. KEEPING DOCUMENTS IN A SAFE PLACE

Important documents should be kept in a safe place, in case of fire or theft. These include: a list of house, cottage and other property contents, receipts of proof of purchase/ownership, and photographs of each room.

Some banks and insurance companies publish booklets, which help to keep records of important papers and their location. Other booklets are available which help to keep household inventories by listing items usually found in various rooms of the house.

B. YOUR SPOUSE/FAMILY MEMBER SHOULD KNOW THE LOCATION OF:

- a) Power of Attorney (Personal care & Property)
- b) Will
- c) Birth Certificate
- d) Marriage Certificate
- e) Adoption Papers – if applicable
- f) Citizenship Papers – if applicable
- g) Prenuptial Agreement – if applicable
- h) Social Insurance Number and Card
- i) Government Health Card Number and Card
- j) Bank Accounts
- k) Safety Deposit Box & Key
- l) Credit Cards & Numbers
- m) Investments Information /Certificates
- n) Pension Information
- o) Health Insurance Information
- p) Home ownership(s)
- q) Vehicle ownership(s)
- r) Jewellery, valuables, heirlooms
- s) Pre-arranged funeral agreement
- t) Ownership of cemetery plot
- u) Memorial receipt & description
- v) Organ Donation Information

C. YOUR SPOUSE/FAMILY MEMBER SHOULD KNOW HOW TO CONTACT YOUR:

- a) Lawyer(s)
- b) Executor(s)

A copy of important documents and records should be kept in a safe or safety deposit box.

APPENDIX

My Personal Record of Important Data

Personal Data of: _____ **Up-dated to:** _____

This record of personal data is valuable to you, your family, your Power of Attorney, your Executor and your Lawyer. Should you be incapacitated or should your estate need to be settled, a personal record can ease any confusion and lessen expense. Share this information. Do not store it in a Safety Deposit Box since this may delay access should time be critical to optimal decisions.

Regular reviews of your personal data should be made.

General Information

- a) Power of Attorney for Personal Care:** a legal document in which you name a person to make decisions about your medical and other care when you become unable to make those decisions yourself while alive but incapable.
- b) Power of Attorney for Property:** a legal document in which you name a person to make decisions about your money and other assets on your behalf while you are alive but incapable.
- c) Executor:** the person named in your will to handle the closing of your estate after your death.
- d) Wills and Powers of Attorney** ensure that your wishes are carried out as you direct, otherwise court-appointed administrators will perform these functions – and not necessarily according to your wishes nor for the most economical solution.

You may wish to consult a lawyer before finalizing your Powers of Attorney as they grant a great deal of power to another person if you are incapable. Individuals acting on your behalf will need complete documentation as to your incapacity before they can perform some stipulated functions.

PERSONAL INFORMATION

Name: _____

**(full, as on birth certificate, include also names under which
you may have been known)**

Social Insurance Number (SIN): _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Telephone: _____ Email: _____

Employment Record: _____

SPOUSE'S/PARTNER'S INFORMATION

Name: _____

(include maiden name if applicable)

Social Insurance Number (SIN): _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Telephone: _____ Email: _____

CHILDREN

Attach list showing name, date of birth, address and phone number.

PERSONAL DOCUMENTS

Location of:

Birth Certificate: _____

Social Insurance Number (SIN): _____

Marriage/Divorce Certificates: _____

Passport: _____

Driver's Licence: _____

Credit/Bank Cards: _____

Cheque Book/Bank Accounts: _____

Safety Deposit Box: _____

Key is located: _____

Computer Passwords: _____

IMPORTANT CONTACTS

Lawyer

Name: _____

Address/Telephone: _____

Executor

Name: _____

Address/Telephone: _____

Copy of will is located: _____

Power of Attorney for Personal Care

Name: _____

Address/Telephone: _____

Copy of document is located: _____

Power of Attorney for Property

Name: _____

Address/Telephone: _____

Copy of document is located: _____

Physician – General Practitioner/Family Doctor

Name: _____

Address/Telephone: _____

Physician – Specialist

Name: _____

Address/Telephone: _____

Hospital of Record: _____ Patient Registration #: _____

Accountant

Name: _____

Address/Telephone: _____

Financial Advisor

Name: _____

Address/Telephone: _____

Insurance Agent(s)

Life: _____

Name

Address/Telephone

Property: _____

Name

Address/Telephone

Religious Affiliations/Institution

Clergy Name: _____

Other 1

Name: _____

Address/Telephone: _____

Other 2

Name: _____

Address/Telephone: _____

FUNERAL ARRANGEMENTS

List preferences, and any details of pre-arranged funeral

PENSIONS

Pension Plan Beneficiary: _____

Plan reference #: _____

**Your last pension payment is at the end of the month of your death.
Prompt notification ensures proper administration without overpayment
claims on your estate.**

Employer: _____

Plan reference #: _____

RRSP/RRIF/Life Annuity located at: _____

MEDICAL RECORDS/INFORMATION

Current prescribed medication(s): _____

Name of Pharmacy issuing medication(s): _____

List Potential Medical Issues: _____

Other Potential Issues: _____

Health Insurance: RTO/ERO Health Plan #: _____

Other Plan #: _____

Life Insurance: Contract Certificate #: _____

Contact / Telephone: _____

REAL ESTATE

Residence located at: _____

Residence is owned: Yes No Residence is rented from: _____

Mortgage on property is held by: _____

Property insurance is held by: _____

Other property - List details: _____

Real Estate Documents:

The following papers are located at:

Property deed: _____

Mortgage: _____

CLUBS, SOCIETIES, ALUMNAE and PROFESSIONAL ASSOCIATIONS

**List organizations which should be notified.
(Some may carry insurance on members.)**

RESOURCES – CONTACT INFORMATION

RTO/ERO Provincial Office	416.962.9463	1.800.361.9888
Ontario Teachers’ Pension Plan	416.226.2700	1.800.668.0105
OMERS	416.369.2400	1.800.387.0813
Johnson Inc.	416.920.7248	1.877.406.9007