


# ESTATE PLANNING

## Record Keeper



 | *Guidance at every turn*

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

Updated: \_\_\_\_\_

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

## **Stern Cohen**

### **Chartered Accountants...Valuations...Corporate Restructuring:**

Whatever the scope of your business, Stern Cohen can offer you direct access to a group of hands-on professionals who share one single business philosophy; to provide our clients with services of the highest quality and to be fully engaged in our business relationships at all times.

We're well structured to meet the needs of today's clients. We offer a broad range of financial services through our three operating segments, namely Chartered Accountants, Valuations and Corporate Restructuring.

Our clients expect more from us and we don't disappoint! We have a higher partner-to-client ratio than most other firms, and this means more senior people offering more quality guidance to each and every one of our clients. You'll benefit from a continuing, direct one-on-one relationship with one or more of our partners, who will be readily available to you, when you need them.

We'll provide you with guidance at every turn, on a wide and varied number of issues.

Just as your personal situation changes, so do the tax and other laws which can effect your estate planning. You should review your will and powers of attorney at least every 5 years or sooner if there is a significant change in your situation.

This "Record Keeper" could also be titled *Where it's at!*, and will assist your Attorney or executor in dealing with your assets in the event of incapacity or death.

Copies of this Record Keeper can be downloaded from the "News and Views" section of our website, [www.sterncohen.com](http://www.sterncohen.com), or by contacting us at 416-967-5100.

As always, Stern Cohen is available to assist you.

#### **Stern Cohen**

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# DOCUMENTS



Power of Attorney

*For personal care*    N/A     Dated: \_\_\_\_\_    Location: \_\_\_\_\_

*For property*    N/A     Dated: \_\_\_\_\_    Location: \_\_\_\_\_

Living Will    N/A     Dated: \_\_\_\_\_    Location: \_\_\_\_\_

Will    N/A     Dated: \_\_\_\_\_    Location: \_\_\_\_\_

Birth certificate    N/A     Date of birth (mm/dd/yy): \_\_\_\_\_    Location: \_\_\_\_\_

Marriage certificate    N/A     Date of marriage (mm/dd/yy): \_\_\_\_\_    Location: \_\_\_\_\_

Divorce certificate    N/A     Date of divorce (mm/dd/yy): \_\_\_\_\_    Location: \_\_\_\_\_

Social Insurance Number    \_\_\_\_\_    Location: \_\_\_\_\_

Citizenship papers    N/A     Location: \_\_\_\_\_

Shareholder/partnership agreement    N/A     Dated: \_\_\_\_\_    Location: \_\_\_\_\_

My Income Tax Information    Location: \_\_\_\_\_



## MY ADVISORS

### *Accountant*

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

Firm: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

### *Lawyer*

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

Firm: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

### *Investment Advisor*

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

Firm: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

# BANKS AND FINANCIAL INSTITUTIONS



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

Address: \_\_\_\_\_

Account number(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

Account number(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

Account number(s): \_\_\_\_\_

*Safety deposit box(es) are at the following bank(s)*

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

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

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

*The key(s) for the box(es)*

Located: \_\_\_\_\_



## DEBTS AND OTHER OBLIGATIONS



### *Mortgage(s)*

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

### *Bank Loans*

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

### *Credit Cards*

Type: \_\_\_\_\_

Card number: \_\_\_\_\_

Type: \_\_\_\_\_

Card number: \_\_\_\_\_

Type: \_\_\_\_\_

Card number: \_\_\_\_\_



Other obligations {e.g. guarantees, car leases} (describe the nature of the obligation and where any related documents are located)

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If any of the above are insured through the lending institution, please provide details:

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# LIFE INSURANCE

## *Policies on your Life*

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Owner: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Owner: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Owner: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Owner: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Amount: \_\_\_\_\_



### *Policies you own on Others*

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Location of policy: \_\_\_\_\_

### *Group Insurance Plans*

Sponsor (employer or association): \_\_\_\_\_

Insurer: \_\_\_\_\_

Location of policy or other documents: \_\_\_\_\_

Sponsor (employer or association): \_\_\_\_\_

Insurer: \_\_\_\_\_

Location of policy or other documents: \_\_\_\_\_

### *Disability Insurance*

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_

### *Critical Illness Policy*

Insurer: \_\_\_\_\_

Policy number: \_\_\_\_\_

Location of policy: \_\_\_\_\_





# RETIREMENT PLANS

## *Pension Plans*

Carrier name & address: \_\_\_\_\_

Account number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Document location: \_\_\_\_\_

## *RRSPs*

Carrier name & address: \_\_\_\_\_

Account number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Document location: \_\_\_\_\_

## *RRIFs*

Carrier name & address: \_\_\_\_\_

Account number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Document location: \_\_\_\_\_

## *Profit Sharing Plans*

Carrier name & address: \_\_\_\_\_

Account number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Document location: \_\_\_\_\_



# REAL ESTATE

## *Home*

Address: \_\_\_\_\_

Ownership (sole, joint etc.): \_\_\_\_\_

Location of:

Title document - \_\_\_\_\_

Insurance policy - \_\_\_\_\_

Survey - \_\_\_\_\_

Cost information - \_\_\_\_\_

## *Recreational Property*

Address: \_\_\_\_\_

Ownership (sole, joint etc.): \_\_\_\_\_

Location of:

Title document - \_\_\_\_\_

Insurance policy - \_\_\_\_\_

Survey - \_\_\_\_\_

Cost information - \_\_\_\_\_

## *Other*

Address: \_\_\_\_\_

Ownership (sole, joint etc.): \_\_\_\_\_

Location of:

Title document - \_\_\_\_\_

Insurance policy - \_\_\_\_\_

Survey - \_\_\_\_\_

Cost information - \_\_\_\_\_





