# **ESTATE PLANNING**

# **Record Keeper**



SC	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-toclient 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, or by contacting us at 416-967-5100.

As always, Stern Cohen is available to assist you.

#### Stern Cohen

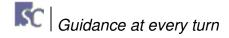
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#### **DOCUMENTS**



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	on	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:
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:		
A states as		
Comments:		
	Credit Cards	
Type:		
Card number:		
Type:		
0		
Type:		
Card number:		



Other obligations {e.g. guarantees, car leases} (describe the nature of the obligation and where any related documents are located)
If any of the above are insured through the lending institution, please provide details:



#### LIFE INSURANCE

#### Policies on your Life

Company:		
Policy number:		
ocation of policy:		
Beneficiary:	Amount:	
Company:		
Policy number:		
ocation of policy:		
Beneficiary:		
Company:		
Policy number:		
ocation of policy:		
Beneficiary:	A	
Company:		
Policy number:	_	
_ocation of policy:		
Beneficiary:	Amount:	

#### Policies you own on Others

Company:		
Policy number:		
Name of insured:		
Location of policy:		
Company:		
Policy number:		_
Name of insured:		
Location of policy:		
	D.	
Group Ins	surance Plans	
Sponsor (employer or association):		
Insurer:		
Location of policy or other documents:		
Sponsor (employer or association):		
Insurer:		
Location of policy or other documents:		
Disabilit	ty Insurance	
Insurer:		
Policy number:		
Location of policy:		
Critical I	Illness Policy	
Insurer:		
Policy number:		_
Location of policy:		



## **INVESTMENTS**

#### Stock Broker Accounts





#### **RETIREMENT PLANS**

#### Pension Plans

Carrier name & address:	
Document location:	
	RRSPs
	nnors
Carrier name & address:	
Account numbers	
Beneficiary:	
Document location:	
	RRIFs
Carrier name & address:	
Account number:	
5 "	
Document location:	
•	Profit Sharing Plans
Carrier name & address:	
Account number:	
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 -	

## **MISCELLANEOUS ASSETS**

List any other assets such as collections, jewellery, antiques etc. (if applicable indicate location and information on value or appraisals) $\frac{1}{2}$
TRUSTS
List any trusts of which you are a beneficiary:
Name of trust -
Trustee -
Contact information -
Name of trust -
Trustee -
Contact information -

## **Funeral Arrangements**

If you have made arrangements, provide the name and address of the funeral home and cemetery plot (if applicable) and where any contracts or other details may be found.						

## **Other Information**