

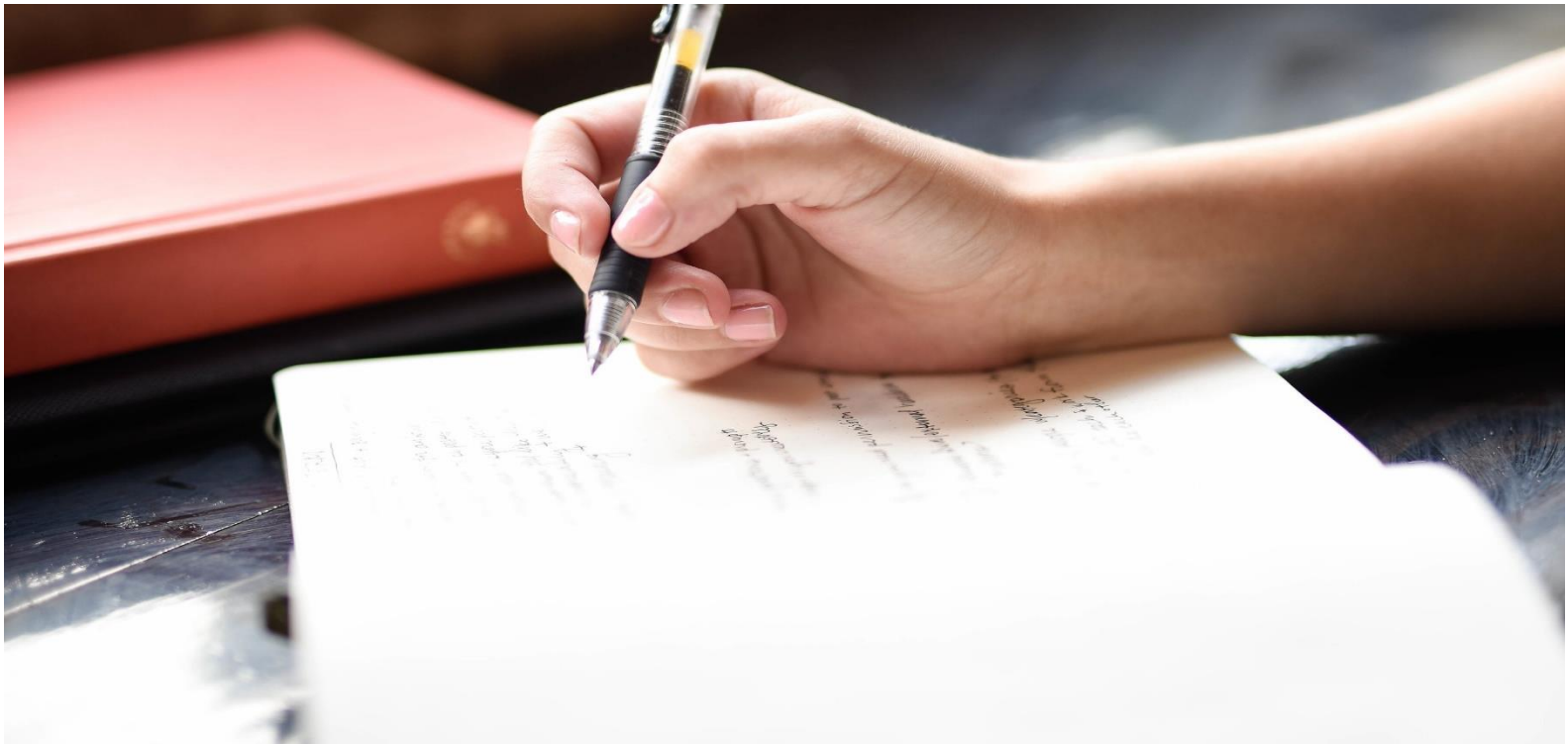


# Metherell Financial

106-2289 Fairview Street, Burlington, ON L7R 2E3

Phone (905) 632-4950

[www.metherellfinancial.com](http://www.metherellfinancial.com)



*Personal Estate Information Booklet*

***Personal Information***

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

SIN Number: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Location of Marriage Certificate: \_\_\_\_\_

Location of Deed to Property: \_\_\_\_\_

***Who Should be Notified***

In the event of illness, accident or death

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

Contact: \_\_\_\_\_

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

Contact: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_

***Legal Information***

Date of last Will update? \_\_\_\_\_

Location of Will: \_\_\_\_\_

Executors: \_\_\_\_\_

Power of Attorney: For Health: \_\_\_\_\_ For Finances: \_\_\_\_\_

Lawyer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Financial Information***

Chequing and Savings Accounts:

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Debts – Mortgage, Line of Credit, Loans:

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Institution: \_\_\_\_\_ Account # \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Credit Cards:

Institution: \_\_\_\_\_ Card # \_\_\_\_\_  
Institution: \_\_\_\_\_ Card # \_\_\_\_\_  
Institution: \_\_\_\_\_ Card # \_\_\_\_\_  
Institution: \_\_\_\_\_ Card # \_\_\_\_\_  
Institution: \_\_\_\_\_ Card # \_\_\_\_\_  
Institution: \_\_\_\_\_ Card # \_\_\_\_\_

Investment Accounts:

Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Account # \_\_\_\_\_  
Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Account # \_\_\_\_\_  
Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Account # \_\_\_\_\_  
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Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Account # \_\_\_\_\_  
Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Account # \_\_\_\_\_  
Investment Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Policies:

Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Policy # \_\_\_\_\_  
Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Policy # \_\_\_\_\_  
Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Policy # \_\_\_\_\_  
Type: \_\_\_\_\_ Institution: \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Accounts:

Employer Name: \_\_\_\_\_ Benefit Provider: \_\_\_\_\_  
Group RRSP: \_\_\_\_\_ Life Insurance: \_\_\_\_\_  
Pension: \_\_\_\_\_ Benefit Plan: \_\_\_\_\_  
HR Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Tax Information***

Location of tax information: \_\_\_\_\_  
CRA Online Login Information: \_\_\_\_\_  
Accountant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Other***

Auto Insurance:  
Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Home Insurance:  
Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Monthly or Annual Membership Fees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Online Accounts & Social Media:***

Platform: \_\_\_\_\_ Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Platform: \_\_\_\_\_ Username: \_\_\_\_\_ Password: \_\_\_\_\_  
Platform: \_\_\_\_\_ Username: \_\_\_\_\_ Password: \_\_\_\_\_

**Funeral Arrangements**

Prepaid Funeral?

Funeral Home: \_\_\_\_\_

Invoice or Contract Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Prepaid Resting Place?

Cemetery: \_\_\_\_\_

Invoice or Contract Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Final Wishes

Desired Funeral Arrangements (Style - Casual Celebration, Church Service;

Location; Specific Readings, Other Details, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Obituary Requests (what to be included/excluded, which newspapers to publish in):

\_\_\_\_\_

\_\_\_\_\_

Do you wish to be cremated?    Yes                      No

Desired resting place: \_\_\_\_\_

Other notes, wishes or special bequests: \_\_\_\_\_

\_\_\_\_\_

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Contact us today for your estate planning needs



## **Metherell Financial**

Helping individuals and families realize their financial dreams and  
mitigate financial stresses!

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