

**Acrobat Reader 7.0 and higher:** To enter and save information on this document, you must first save it to your hard drive. Click on the diskette icon in the tool bar or select the "Save as" option from the "File" menu.

# Personal Inventory of Assets and Important Documents

## CAUTION

This document is provided for your convenience and for informational purposes only. It does not constitute advice of any kind. The general information contained herein is subject to change without notice. You should not rely on this information for tax purposes. We strongly suggest that you consult your legal and tax advisors to discuss these laws and regulations and how they apply to your particular circumstances and estate plan. Desjardins will not be held responsible for any unwanted tax liability.

## YOUR PERSONAL INFORMATION

First and last names at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ SIN \_\_\_\_\_

Current address \_\_\_\_\_

Marital status:  Single  Married  Civil union  De facto  
 No longer living with partner  Legally separated  Divorced  Widowed

## SPOUSE

Spouse's first and last names at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ SIN \_\_\_\_\_

Current address (if different) \_\_\_\_\_

## CHILDREN

Child's first and last names at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ SIN \_\_\_\_\_

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

Employer (if applicable) \_\_\_\_\_

Child's first and last names at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ SIN \_\_\_\_\_

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

Employer (if applicable) \_\_\_\_\_

Child's first and last names at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ SIN \_\_\_\_\_

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

Employer (if applicable) \_\_\_\_\_

Child's first and last names at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ SIN \_\_\_\_\_

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

Employer (if applicable) \_\_\_\_\_

## SAFETY DEPOSIT BOX

Financial institution \_\_\_\_\_

Address \_\_\_\_\_

Box number \_\_\_\_\_

Location of key \_\_\_\_\_

FINANCIAL PLANNER

Name \_\_\_\_\_

Address \_\_\_\_\_

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

INVESTMENT ADVISOR (SECURITIES)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

NOTARY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

ACCOUNTANT

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Location of previous income tax returns \_\_\_\_\_

LAWYER

Name \_\_\_\_\_

Address \_\_\_\_\_

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

PHYSICIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

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

OTHER ADVISORS

Name \_\_\_\_\_

Address \_\_\_\_\_

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

WILL  YES  NO

Date of last will \_\_\_\_\_

Location of will \_\_\_\_\_

Will drawn up by a legal advisor  Yes  No

Particulars (if different from Section 2)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

MANDATE IN CASE OF INCAPACITY  YES  NO

Date of Mandate \_\_\_\_\_

Location of Mandate \_\_\_\_\_

Mandate drawn up by a legal advisor  Yes  No

Particulars (if different from Section 2)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

EXECUTOR/ADMINISTRATOR FOR THE ESTATE

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Alternate executor/administrator

Name \_\_\_\_\_

Address \_\_\_\_\_

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

MARRIAGE/CIVIL UNION/DE FACTO RELATIONSHIP CONTRACT

Marital status:  Married  Civil union  De facto (common-law)

Location of contract \_\_\_\_\_

Matrimonial regime:  Partnership of acquests  Separation as to property Community of propertyContract drawn up by a legal advisor  Yes  No

Particulars (if different from Section 2)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**IF YOU ARE SEPARATED OR DIVORCED**Separation or divorce decree  No longer living with partner  Legally separated  Divorced

Date of separation or decree \_\_\_\_\_

Location of decree \_\_\_\_\_

**IF YOU ARE A WIDOW(ER)**

Date of spouse's death \_\_\_\_\_

Location of spouse's death certificate \_\_\_\_\_

**BIRTH CERTIFICATE**

Location of birth certificate \_\_\_\_\_

Location of child's/children's birth certificate(s) \_\_\_\_\_

If there has been an adoption:

Location of adoption decree \_\_\_\_\_

**PASSPORT AND VISA**

Location of passport \_\_\_\_\_

Location of visa \_\_\_\_\_

**IF YOU WERE NOT BORN IN CANADA**

Location of citizenship certificate \_\_\_\_\_

Other information \_\_\_\_\_

**FUNERAL ARRANGEMENTS**Instructions for the funeral  Yes  NoNext-of-kin will handle funeral arrangements  Yes  NoRemains to be prepared for  open-casket viewing  burial  cremation

Other details \_\_\_\_\_

Instructions are detailed

 in the will  in another document located \_\_\_\_\_Prior contact regarding funeral  Yes  No**Funeral home**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Location of documents \_\_\_\_\_

FINANCIAL INSTITUTION OR COMPANY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Broker or representative \_\_\_\_\_

Account number	Type of account <sup>1</sup>	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION OR COMPANY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Broker or representative \_\_\_\_\_

Account number	Type of account <sup>1</sup>	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION OR COMPANY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Broker or representative \_\_\_\_\_

Account number	Type of account <sup>1</sup>	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of transaction statements, bank cards and chequebooks  
\_\_\_\_\_

Location of investment documents and records  
\_\_\_\_\_

<sup>1</sup> (RRSP, RRIIF, LIRA, LIF, savings, chequing account, mutual funds, etc.)

LIFE AND HEALTH INSURANCE

Broker or representative  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Insurer \_\_\_\_\_

Telephone number \_\_\_\_\_ Contract number \_\_\_\_\_

Insurer \_\_\_\_\_

Telephone number \_\_\_\_\_ Contract number \_\_\_\_\_

Group insurance  Yes  No

Insurer \_\_\_\_\_

Telephone number \_\_\_\_\_ Contract number \_\_\_\_\_

Loan insurance  Yes  No

Insurer \_\_\_\_\_

Telephone number \_\_\_\_\_ Contract number \_\_\_\_\_

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

Issuer(s) \_\_\_\_\_

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

Issuer(s) \_\_\_\_\_

Location of life and health insurance contracts \_\_\_\_\_

Location of accidental death insurance contract \_\_\_\_\_

PROPERTY AND CASUALTY INSURANCE

Home

Insurer \_\_\_\_\_

Address \_\_\_\_\_

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

Motor vehicle

Insurer \_\_\_\_\_

Address \_\_\_\_\_

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

Other \_\_\_\_\_

Insurer \_\_\_\_\_

Address \_\_\_\_\_

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

## PERSONAL RESIDENCE

If you are a Tenant:  Yes  No

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

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

Location of lease copy \_\_\_\_\_

Sole owner of a main residence  Yes  No

Address \_\_\_\_\_

Co-owner of a residence  Yes  No

Name of co-owner \_\_\_\_\_

Address \_\_\_\_\_

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

Location of purchase contract and other documents \_\_\_\_\_

Mortgage on this property  Yes  No

Financial institution or company \_\_\_\_\_

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

Life insurance  Yes  NoDisability insurance  Yes  No

Location of contract \_\_\_\_\_

## INCOME PROPERTY

Sole owner of an income property  Yes  No

Address \_\_\_\_\_

Co-owner of an income property  Yes  No

Name of co-owner \_\_\_\_\_

Address \_\_\_\_\_

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

Location of contract and other documents (leases, etc.) \_\_\_\_\_

Mortgage on this property  Yes  No

Financial institution or company \_\_\_\_\_

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

Life insurance  Yes  NoDisability insurance  Yes  No

Location of contract \_\_\_\_\_

## SECTION 6

# RESIDENCE AND OTHER REAL ESTATE PROPERTY (con't)

### SECONDARY RESIDENCE

Sole owner of a secondary residence  Yes  No

Address \_\_\_\_\_

Co-owner of a secondary residence  Yes  No

Name of co-owner \_\_\_\_\_

Address \_\_\_\_\_

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

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 \_\_\_\_\_

### OTHER RESIDENCE(S)

Sole owner of residence  Yes  No

Address \_\_\_\_\_

Co-owner of residence  Yes  No

Name of co-owner \_\_\_\_\_

Address \_\_\_\_\_

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

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 \_\_\_\_\_

LINE OF CREDIT 1  Yes  No

Financial institution \_\_\_\_\_

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

Life insurance  Yes  No

Location of contract \_\_\_\_\_

LINE OF CREDIT 2  Yes  No

Financial institution \_\_\_\_\_

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

Life insurance  Yes  No

Location of contract \_\_\_\_\_

LINE OF CREDIT 3  Yes  No

Financial institution \_\_\_\_\_

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

Life insurance  Yes  No

Location of contract \_\_\_\_\_

CREDIT CARD 1  Yes  No

Name of issuer \_\_\_\_\_

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

Life insurance  Yes  No

Location of contract \_\_\_\_\_

CREDIT CARD 2  Yes  No

Name of issuer \_\_\_\_\_

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

Life insurance  Yes  No

Location of contract \_\_\_\_\_

CREDIT CARD 3  Yes  No

Name of issuer \_\_\_\_\_

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

Life insurance  Yes  No

Location of contract \_\_\_\_\_

PERSONAL LOAN 1  Yes  No

Financial institution \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

PERSONAL LOAN 2  Yes  No

Financial institution \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

## SECTION 7

# DEBTS AND FINANCIAL OBLIGATIONS (con't)

PERSONAL LOAN 3  Yes  No

Financial institution \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

AUTO LOAN 1  Yes  No

Financial institution \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

AUTO LOAN 2  Yes  No

Financial institution \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

AUTO LOAN 3  Yes  No

Financial institution \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

PERSONAL DEBT 1  Yes  No

Creditor's name \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

PERSONAL DEBT 2  Yes  No

Creditor's name \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_

PERSONAL DEBT 3  Yes  No

Creditor's name \_\_\_\_\_

Life insurance  Yes  No

Location of contract \_\_\_\_\_





