



LITTLE BLACK BOX

This step-by-step guide, which outlines the 40 steps of estate settlement, helps you begin the process of putting your estate in order.



Congratulations on taking this important and thoughtful step in Advance Planning—making things much easier for those you love and providing future protection for your executor.

Instructions:

My Estate File Folder

Completing this feature eliminates two struggles executors face: 1) **Identity Theft** enabled by sloppy or delayed estate settlement often resulting from a disorganized estate, and 2) frustrating and time consuming searches for documents, phone numbers, addresses, organizations, etc.

If Little Black Box (LBB) was *emailed* to you:

1. purchase a flash drive (also called a Memory Stick or USB)
2. download (i.e. ‘copy’ or ‘burn’) all five features to your flash drive

Skip steps 1 and 2 if LBB is already on a flash drive.

3. scroll through My File Folder—make note of the forms that are relevant to your estate
4. gather all the data required to complete the relevant forms
5. fill out the forms

Ideally, the safest place (from online “hackers”) for all your estate data is on a flash drive as opposed to on your computer.

* * * * *

My Final Wishes

When death occurs, emotions are intense and tensions can flare up unexpectedly. Having your funeral wishes written down and filed with a funeral home provides clarity and direction and is critical in preventing regret and potential disagreements.

Even if you prefer a simple cremation, don’t procrastinate this step!

Because we “don’t know what we don’t know”, it is strongly recommended that you use the expertise of a preplanning consultant to assist you with this form. There are no ‘re-do’s’ when the time comes and memories of funeral difficulties or disappointments last a lifetime.

* * * * *

Executor's Manual

There are no forms to fill out (Yeah!). This guide will be used by your executor when the death occurs to assist them in settling your estate. It does not replace a lawyer and is only intended as an overview of the duties involved.

* * * * *

My Life Story

This LBB feature can be filled out little by little over the months ahead. Many of us think no one would be interested in our story but often our loved ones reach a stage in life where they want to connect to their roots. When that day eventually comes, will they be able to?

Speaking of roots, Alex Haley has said: "When an old person dies, it is like a library burning down". But not any old library, a library filled with the pertinent facts and stories about a family's history and loved one. Go ahead...maybe a walk down Nostalgia Lane will benefit you too!

* * * * *

My Emergency Contact Info

If a crisis arises, panic is usually our executor's first response. Complete this form, email it to your executor now, and with your crucial contact information at their fingertips, the panic can be minimized.

A Final Word from Little Black Box

Excellent work! Now that you have cared for your executor and family in this very practical way, we encourage you to take that next step and provide them with the full coverage Executor Protection is known for:

- ◆ You can put money aside in a special fund so that when death occurs, two important tasks are automatically taken care of: *your executor receives immediate cash that bypasses probate and can't be frozen by the banks* and the funeral home is paid directly for the costs of the cremation or burial
- ◆ Worldwide protection can be included, and the repatriation plan provided is second to none. If you travel at all, it's peace of mind worth looking into
- ◆ Most executors are busy—you can have the bulk of your estate paperwork looked after saving your executor hours of writing legal letters, researching addresses for government departments and being on hold with various agencies and businesses

Contact your Executor Protection Representative for Prices in your Province

www.executorprotection.com

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

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Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

ACCOUNTS RECEIVABLE

Date: _____

Your name(s): _____

Description: _____

Dates you expect payments & amounts: _____

Payor's name: _____

Payor's address: _____ Tel. _____

Date: _____

Your name(s): _____

Description: _____

Dates you expect payments & amounts: _____

Payor's name: _____

Payor's address: _____ Tel. _____

Date: _____

Your name(s): _____

Description: _____

Dates you expect payments & amounts: _____

Payor's name: _____

Payor's address: _____ Tel. _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

BUSINESS ASSETS, PARTNERSHIP AGREEMENTS, & BUSINESS INSURANCE CONTRACTS

For business partners, it is crucial to obtain “key man” or “business partner” life insurance. This allows your partner(s) to buy your share of the business (i.e. pay your family) should you die. On the death of an insured business partner, such a policy will typically make a tax-free payment to the surviving business partner(s). This life insurance settlement allows the surviving business partner(s) to purchase the deceased business partner’s share of the business. This is critical if your surviving spouse has no interest in actually taking over your part of the business should you die, and will provide your surviving family with an instant, lump-sum of money for your share of the business.

Key Partner Life Insurance Policy in place? Yes No

Insurance Company:	Insured:
Amount:	Beneficiaries:
BUSINESS NAME:	
Address:	
Business Partners:	
Canada Revenue Agency Business #:	
Location of Corporate/Partnership Documents:	
Bank account #:	Bank:
Bank Address:	
BUSINESS NAME:	
Address:	
Business Partners:	
Canada Revenue Agency Business #:	
Location of Corporate/Partnership Documents:	
Bank account #:	Bank:
Bank Address:	

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

BUSINESS ASSETS, PARTNERSHIP AGREEMENTS, & BUSINESS INSURANCE CONTRACTS CONTINUED...

Loans Outstanding: \$ _____ To: _____

Institution & Location of Contracts: _____

Business Lawyers: _____

Business Accounts (institution & address, account numbers): _____

Your name: _____

Business name: _____

Partners _____

Bank account #: _____ Location: _____

Bank account #: _____ Location: _____

Business Loan — Institution: _____ Acct. #: _____ Balance: _____

I have a buy/sell life insurance policy? Yes No

Policy number: _____ Value: _____

Insurer: _____ Beneficiaries: _____

Details: _____

Originals of Business Financial Statements located: _____

Bus. Accountant: _____ firm: _____ tel: _____

Business Lawyer: _____ firm: _____ tel: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

CREDIT CARDS

Issuer: _____

Card Number: _____

Expiry Date: _____

Issuer: _____

Card Number: _____

Expiry Date: _____

Issuer: _____

Card Number: _____

Expiry Date: _____

Issuer: _____

Card Number: _____

Expiry Date: _____

Issuer: _____

Card Number: _____

Expiry Date: _____

Issuer: _____

Card Number: _____

Expiry Date: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

ENTRY CODES AND PASSWORDS

We are swamped with technology and its accompanying (and annoying) attempts at privacy. You may have office entry codes, alarm codes for the house, office, cottage, car, garage door, front gate, and passwords for your phone, computer, internet, iPad, Canada Revenue Agency account, banking online, video accounts, iTunes, gym, golf club, marina, etc. Record them, or where to find them if you prefer not to record them, and do your executor a *huge* favour.

ITEM	PASSWORD/CODE (or) PERSON/PH. # FOR CODES	HOW TO ACQUIRE THEM

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

HEALTH CARE DOCUMENTS

I have a Representation Agreement? Yes No

Name of Representative(s): _____

Location of Document: _____

I have a Do Not Resuscitate Order? Yes No

Location of Document: _____

I have an Advance Directive or a Health Care Directive? Yes No

Location of Document: _____

I have a MOST (Medical Orders for Scope of Treatment)? Yes No

Location of Document: _____

I have a Power of Attorney for Personal Care? Yes No

Name(s) of Attorney: _____

I have a Living Will? Yes No

Location of Document: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

INCOME TAX RETURNS

My previous tax return files are located: _____

ACCOUNTANT

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____ FAX: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

INSURANCE POLICIES

List all of your existing insurance policies below. Review annually.
Ensuring your coverage is adequate and updated will greatly help your executor.

Name of Insured:	Amount Insured:
Insurance Co.:	Policy Number:
Type (term life, whole life, disability, critical illness, long-term care, etc.):	
Premium Amount and Frequency:	
Payments from which bank account?:	
Beneficiaries & %:	
Agent, Address & Phone #:	

Name of Insured:	Amount Insured:
Insurance Co.:	Policy Number:
Type (term life, whole life, disability, critical illness, long-term care, etc.):	
Premium Amount and Frequency:	
Payments from which bank account?:	
Beneficiaries & %:	
Agent, Address & Phone #:	

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

INSURANCE POLICIES CONTINUED ...

Name of Insured:	Amount Insured:
Insurance Co.:	Policy Number:
Type (term life, whole life, disability, critical illness, long-term care, etc.):	
Premium Amount and Frequency:	
Payments from which bank account?:	
Beneficiaries & %:	
Agent, Address & Phone #:	

Name of Insured:	Amount Insured:
Insurance Co.:	Policy Number:
Type (term life, whole life, disability, critical illness, long-term care, etc.):	
Premium Amount and Frequency:	
Payments from which bank account?:	
Beneficiaries & %:	
Agent, Address & Phone #:	

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

INTERNET ACCOUNTS

I have the following online accounts:

Facebook	Username:	Password:
	Associated Email Address:	
Twitter	Username:	Password:
	Associated Email Address:	
Instagram	Username:	Password:
	Associated Email Address:	
Pinterest	Username:	Password:
	Associated Email Address:	
Gmail	Username:	Password:
	Associated Email Address:	
Google	Username:	Password:
	Associated Email Address:	
Yahoo	Username:	Password:
	Associated Email Address:	
Hotmail	Username:	Password:
	Associated Email Address:	
Amazon	Username:	Password:
	Associated Email Address:	
ebay	Username:	Password:
	Associated Email Address:	
Paypal	Username:	Password:
	Associated Email Address:	
Other	Username:	Password:
	Associated Email Address:	
Other	Username:	Password:
	Associated Email Address:	
Other	Username:	Password:
	Associated Email Address:	
Other	Username:	Password:
	Associated Email Address:	



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIST OF NAMED BENEFICIARIES

Naming a direct beneficiary for all life insurance products and registered plans (such as an RRSP, RRIF, IPP, etc.) can often expedite the efficient and rapid transfer of assets after your passing. This may also enlarge your gift, as such gifts are often tax-free (e.g. all life insurance proceeds; gifts to registered charities; and registered plans when left to a spouse — check with your Financial Planner to identify ways to optimize your gifts).

If, on the other hand, you plan to make a charitable or personal gift through your will, it will be subject to probate fees and legal fees.

ASSET Life Insurance policy #, RRIF, Segregated Funds, etc.	BENEFICIARY full legal name, address, telephone number	OTHER DETAILS

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

MEMBERSHIPS AND SUBSCRIPTIONS

I am a member of the following clubs/organizations:

Name: _____

Contact (phone, email or address): _____

Name: _____

Contact (phone, email or address): _____

Name: _____

Contact (phone, email or address): _____

Name: _____

Contact (phone, email or address): _____

I subscribe to the following publications:

Name: _____

Contact (phone, email or address): _____

Name: _____

Contact (phone, email or address): _____

Name: _____

Contact (phone, email or address): _____

Name: _____

Contact (phone, email or address): _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

MISCELLANEOUS

American Postal Address

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Storage Locker

Name of Business: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Other



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

MORTGAGES & RENTAL PAYMENTS

Your name(s) _____

Rent (monthly): _____ Mortgage (monthly): _____ Due dates: _____

Payable to: _____

Address: _____ Tel. _____

Comments: _____

Your name(s) _____

Rent (monthly): _____ Mortgage (monthly): _____ Due dates: _____

Payable to: _____

Address: _____ Tel. _____

Comments: _____

Your name(s) _____

Rent (monthly): _____ Mortgage (monthly): _____ Due dates: _____

Payable to: _____

Address: _____ Tel. _____

Comments: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

OTHER LOANS AND DEBTS

Your name(s): _____ Description: _____
Institution / payable to: _____ Due dates: _____
Address: _____ Tel: _____

Your name(s): _____ Description: _____
Institution / payable to: _____ Due dates: _____
Address: _____ Tel: _____

Your name(s): _____ Description: _____
Institution / payable to: _____ Due dates: _____
Address: _____ Tel: _____

Your name(s): _____ Description: _____
Institution / payable to: _____ Due dates: _____
Address: _____ Tel: _____

Executor: Check to see whether any of the above contracts includes any life insurance or accidental death benefits.



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PASSPORTS AND BIRTH CERTIFICATES

Your Name: _____

Location of passport: _____

Location of birth certificate: _____

Spouse's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____

Child's Name: _____

Location of passport: _____

Location of birth certificate: _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PAYMENTS AND PREMIUMS DUE, PROPERTY TAXES, ETC.

Many bills and insurance premiums are paid using auto-pay or pre-authorized debits from bank accounts or credit cards on a monthly, quarterly or annual basis. The following list will help your executor or designated power of attorney ensure payments are made (or cancelled) in a timely fashion.

Payment Item eg. utility bills, mortgage/rental payments, life or disability insurance premiums, taxes, etc.	Account Number	Bank and Account from which payment is drawn	Payment Amount (\$)	Payment Frequency e.g. monthly, quarterly	Date of Payment Day and Month



Last Updated : _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PERSONAL CONTRACTS

Marriage Certificates, Divorce Orders, etc.

YOUR NAME: _____

	Province of court	Location of papers
Marriage Certificates		
Marriage Contracts		
Cohabitation Agreements		
Separation Agreements		
Divorce Orders		

SPOUSE'S NAME: _____

	Province of court	Location of papers
Marriage Certificates		
Marriage Contracts		
Cohabitation Agreements		
Separation Agreements		
Divorce Orders		



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PERSONAL ITEMS GIFTED OUTSIDE THE WILL

Household items, jewelry, antiques, china, etc.

Gift (& number if photo included)	Location	Recipient

For jewelry, you can take a photo of the item and number the photo so that it corresponds to the numbered item in this list (photograph can be physical or digital).

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

POWER OF ATTORNEY

The Power of Attorney gives authority to another person (or persons) to act on your behalf regarding financial matters. This can be particularly important should you become ill or unable to make financial decisions or if, for example, you are out of the country. You may have a spouse or business partner(s) whom you would like to authorize to take action on your behalf. Ensure, through your lawyer, that you have set up an enduring, general power of attorney. The power of attorney which is typically set up through a bank applies only to specific accounts, and only has effect while you are still mentally competent. An enduring, general power of attorney, on the other hand, allows the person(s) you designate to act on your behalf at any time while you are still alive.

Your Name:	
Date on Power of Attorney:	
Location:	
Power of Attorney was prepared by:	
Address:	Tel:
Name(s) of Attorney:	

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PROFESSIONAL ADVISORS' CONTACT INFORMATION

ACCOUNTANT

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PROFESSIONAL ADVISORS' CONTACT INFORMATION

FINANCIAL ADVISORS

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PROFESSIONAL ADVISORS' CONTACT INFORMATION

LAWYER

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

PROFESSIONAL ADVISORS' CONTACT INFORMATION

PHYSICIAN

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

SPECIALIST

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

SPECIALIST

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

REAL ESTATE & PERSONAL PROPERTY

**Includes real estate, vehicles, boats, equipment, artwork,
collectibles, interests in estates or trusts, etc.**

Owner(s): _____

Description: _____

Location: _____

Location of ownership papers: _____

Approximate value when acquired: _____

My share: _____

Insured by: _____

Policy # _____

Phone: _____ Contract located: _____

Notes: _____

Owner(s): _____

Description: _____

Location: _____

Location of ownership papers: _____

Approximate value when acquired: _____

My share: _____

Insured by: _____

Policy # _____

Phone: _____ Contract located: _____

Notes: _____

Owner(s): _____

Description: _____

Location: _____

Location of ownership papers: _____

Approximate value when acquired: _____

My share: _____

Insured by: _____

Policy # _____

Phone: _____ Contract located: _____

Notes: _____

Under "Notes" include date and cost of major improvements/renovations, if applicable.



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

REGISTERED PLANS

RRSPs, IUUFs, RESPs, LIFs, IPPs

Your Name: _____ **Account Issuer:** _____

Account type (RRSP, RRIF, etc.): _____ Acct. #: _____

Address of Acct. Issuer: _____

Phone: _____ Date: _____

Your Name: _____ **Account Issuer:** _____

Account type (RRSP, RRIF, etc.): _____ Acct. #: _____

Address of Acct. Issuer: _____

Phone: _____ Date: _____

Your Name: _____ **Account Issuer:** _____

Account type (RRSP, RRIF, etc.): _____ Acct. #: _____

Address of Acct. Issuer: _____

Phone: _____ Date: _____

Your Name: _____ **Account Issuer:** _____

Account type (RRSP, RRIF, etc.): _____ Acct. #: _____

Address of Acct. Issuer: _____

Phone: _____ Date: _____

Your Name: _____ **Account Issuer:** _____

Account type (RRSP, RRIF, etc.): _____ Acct. #: _____

Address of Acct. Issuer: _____

Phone: _____ Date: _____

Your Name: _____ **Account Issuer:** _____

Account type (RRSP, RRIF, etc.): _____ Acct. #: _____

Address of Acct. Issuer: _____

Phone: _____ Date: _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

SAFE DEPOSIT BOX

Your name _____

Box #: _____

Institution: _____

Phone: _____

Address: _____

Location of Keys: _____

Location of fire-proof box if at home:

Name, address, tel. no. of other key holders:

Your executor(s) will need both the will and an original death certificate to access the safe deposit box. If your will is in the box, it is a good idea for your executor to have an unsigned copy of the will in their possession.

If your executor(s) cannot find the key, the financial institution will open the safe deposit box (for a fee) provided your executor has the will and an original death certificate.

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

SAVINGS, CASH AND OTHER BANK ACCOUNTS

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Note: Joint ownership of accounts with your spouse can simplify matters when one person is ill or dies, and can help defer taxes until the second death. Check with your financial planner and legal advisor for advice.

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

SAVINGS, CASH AND OTHER BANK ACCOUNTS CONTINUED...

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Owner's name(s): _____

Account type: _____ Account #: _____

Institution: _____ Contact: _____

Address: _____ Phone: _____

Passbook Location: _____

Note: Joint ownership of accounts with your spouse can simplify matters when one person is ill or dies, and can help defer taxes until the second death. Check with your financial planner and legal advisor for advice.

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

STOCK AND BOND CERTIFICATES

All stock and bond certificates should be kept up-to-date and in a safe place, such as a safe deposit box or with a broker. Remember to keep the receipts of original purchases and transfer certificates of stocks and bonds.

Owner's Name: _____

Certificate type: _____ Location: _____

Issuer: _____

Address: _____ Phone: _____

Location of receipt: _____

Owner's Name: _____

Certificate type: _____ Location: _____

Issuer: _____

Address: _____ Phone: _____

Location of receipt: _____

Owner's Name: _____

Certificate type: _____ Location: _____

Issuer: _____

Address: _____ Phone: _____

Location of receipt: _____

Owner's Name: _____

Certificate type: _____ Location: _____

Issuer: _____

Address: _____ Phone: _____

Location of receipt: _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

SURVIVORS' BENEFITS

Employment, CPP, OAS, Military, MSP, etc.

Pension

Your name: _____

Employer: _____ Contact: _____

Address: _____ Phone: _____

Employee's monthly pension: \$ _____

List of survivor's benefits (e.g. % of employee's monthly pension, approximate amount, length of time; health insurance benefits for spouse & children, length of time, etc.):

Your name: _____

Employer: _____ Contact: _____

Address: _____ Phone: _____

Employee's monthly pension: \$ _____

List of survivor's benefits (e.g. % of employee's monthly pension, approximate amount, length of time; health insurance benefits for spouse & children, length of time, etc.):

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

YOUR WILL(S)

Make sure your executor(s) has a copy of your will.

Review every five years, or when a significant change in your life/extended family/finances occurs.

Your Name:		Date of will:
Location of original:		
Will was prepared by:		
Address and Phone:		
Executors & trustees:	Addresses and Phones:	

Spouse's Name:		Date of will:
Location of original:		
Will was prepared by:		
Address and Phone:		
Executors & trustees:	Addresses and Phones:	



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

FUNERAL INSTRUCTIONS

Name: _____

Street Address *(give exact location, not a post office box number)*:

City: _____ Province: _____ Postal Code: _____

Health Card #: _____

Date of Birth *(month by name, day, year)*: _____ Sex: _____

Place of Birth: _____

Citizen of what Country: _____

Marital Status: _____ Maiden Name: _____

Name of Spouse: _____

Veteran's Service or Regimental Number: _____

Rank: _____ Name of War: _____

Place and Date Entered Service: _____

Place and Date Discharged: _____

Father's Full Legal Name: _____

His Place of Birth: _____

Mother's Full (Maiden) Name: _____

Her Place of Birth: _____

Executor or Next of Kin

Name: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Relationship to the Deceased: _____

A Second Next of Kin

Name: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Relationship to the Deceased: _____



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

FUNERAL INSTRUCTIONS CONTINUED...

My pre arrangements are on file at the funeral home (see Emergency Information): Yes No

My pre arrangements have been pre paid: Yes No

If pre arrangements are NOT on file at the funeral home, complete the following:

I have a preferred funeral home: Yes No If yes, funeral home name: _____

I prefer:

a traditional funeral service with casket present

a funeral service with no casket present

a more casual gathering

I, do not , do , have a preference for where the service/gathering is held.

If so, suggested location of service/gathering: _____

Cremation: **Burial:** **Viewing:** Yes No Up to Family

Tip: "Up to Family" is recommended... grief is unpredictable and unique to each individual. It is possible one member of your family will yearn for and benefit from some private time with you after you are gone.

If Viewing: Prior to Service During Service Both **Glasses:** Remove Leave on

If Burial, Jewelry: To Family Leave on

My religious affiliation: _____

I would like this affiliation reflected in the service/gathering: Yes No Up to Family

Lodge, society or fraternal organizations to be involved:

Music/songs:

Ideas/Requests:



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

FUNERAL INSTRUCTIONS CONTINUED...

Cemetery Instructions: My wishes regarding the final disposition of my remains

I have a preferred cemetery: Yes No

If yes, Cemetery Name: _____ City: _____

I own: a plot (in the ground) a niche (in a columbarium)
 a crypt (in a mausoleum) none of the above

If yes, specific location: _____

Monies are set aside in my pre arrangement plan to help with misc. cemetery costs: Yes No

I have pre-purchased a Memorial tablet/headstone: Yes No

Contact Phone: _____

Inscription: _____

Specific requests / suggestions for the disposition of my remains:

**I am interested in the possibility of pre-paying these final wishes.
Please share with me the options available.**

To my Executor:

These are simply ideas to help makes things go easier for you. Other than the cremation/burial decision, I don't mind if you do something completely different.

I prefer you try to keep as close to these final wishes as is possible.

SEND

Click 'Send' and Little Black Box will file with your local funeral home (or the funeral home you've selected, if different). Death can occur at inconvenient times, i.e. when our executor is travelling abroad. Having the file at the funeral home can make things go much smoother. You will receive a letter/email of confirmation that the file has been received.

YOUR
EXECUTOR'S
45 STEPS
TO ESTATE SETTLEMENT



EXECUTOR'S DUTIES

The following forty-five steps of estate settlement are for your general information only and are not meant to replace the comprehensiveness and expert advice of a lawyer. Consult with a lawyer regarding the role of these steps in estate settlement. If Final Document Service (also known as Peacehold) was purchased, call them (1-866-610-8504) and they will assist you with much of the paperwork associated with the steps which are highlighted with a 'FDS.' In some cases, due to how individual municipalities and groups interpret privacy laws, FDS may be restricted from providing the 'above and beyond' level of service they strive to achieve. Regardless, they will be there to assist you in the vast majority of categories listed, and will be available to you for a full year.

1 Call Funeral Home:

- look for any pre-planned documents first;
- plan and pay for funeral,
- if deceased was employed, notify the employer

Notes:

2 Find Will:

if nothing has been left to a spouse or children you should get legal advice; if no will, or if no executor was appointed in the will, or if the executor has died or refuses to accept the role and no alternative is named in the will, then a family member must apply to the Court for "letters of administration" instead of probate--consider getting legal advice.

- make 5-10 copies of the will and have them notarized;

3 Assess the Situation:

accept the role, or not? How complex or "messy" is estate? You are legally responsible for any misconduct your co-executor engages in.

Should you refuse to fulfill the role of executor, you cannot "intermeddle" in the estate (looking after the funeral arrangements is permitted—it is not considered intermeddling). File a "renunciation form" which can be downloaded from the web or purchased from self counsel press. Once the form is completed, file it with the courts. The replacement executor must be approved by the beneficiaries.

If a co-executor is a resident of another country, it may be wise for them to write a letter to Canada Revenue Agency to report their decision to abstain from dealing with financial matters of the estate. The Canadian resident co-executor can attach a short letter of agreement. (This may help avoid excess taxation). Also, a foreign executor can appoint someone in your province (through a Power of Attorney) to look after the assets in your province if that is more convenient.

Notes:

4 Secure Expensive Items:

possibly in a safety deposit box; consider changing the locks on the home.

5 Obtain Death Certificates:

- two originals from funeral home or province;
- get 3-8 photocopies notarized

6 Establish an Estate Bank Account:

if probate is required, you may have to wait for probate from the Court before you can complete some banking tasks.

- centralize monies from other accounts into this estate bank account;
- close deceased's other bank accounts, have bank stop any automatic debits or deposits and redirect to the new account any legitimate ongoing payments which should continue

7 Maintain Records:

keep records of all expenses incurred and actions taken (the more detailed the better) in settling the estate; provide written updates of estate work you are doing to the beneficiaries.

8 Dependents Provided For:

- contact Public Guardian and Trustee (a provincial government employee) if a beneficiary is under 19 (18 in some provinces) or is mentally challenged;
- if a beneficiary was financially dependent to the deceased, ensure they have access to money (you may need to take out a bank loan to ensure their living expenses are looked after);
- arrange care for minors and pets

9 Secure Property:

where a beneficiary of insurance or pensions has been named, these assets, since they are given outside of the will, are not considered part of the estate.

- check house, car and boat insurances and increase for adequate protection if needed—especially house insurance if house will remain vacant;
- have home cleaned and emptied if needed (dispose of perishable items);

Notes:

- arrange to have mail picked up;
- locate safety deposit box and write a list of the contents. Remove whatever contents the financial institution will allow (they may require probate to release all of it). Store contents at home or in your own safety deposit box;
- notify mortgage lender or strata corp (if applicable) of owner's death and ensure monthly payments continue

Immediate family member might be able to drive the car—executor may want to give written permission to them and go to the insurance agent to report change of driver and file the letter of permission (check with your insurance agent).

10

Contact Beneficiaries:

- contact immediate family whether they are named beneficiaries or not and inform them of the death and your role as executor; (There may be payments owing to the estate if the deceased person was receiving spousal or child support from a spouse or former spouse); if 'spouse' is separated or common law, seek legal advice;
- if your contact is a beneficiary, include either a copy of the whole will or just a copy of the first and last pages of will and the portion of will naming them;
- if there is any controversy regarding the inheritance (or lack of) to the surviving spouse, seek legal advice

Consider informing beneficiaries that it may take up to a year before any inheritance can be distributed.

If will is not probated most provinces do not have a formal requirement for how you should contact the beneficiaries. If will is probated, however, most provinces require a formal notice be sent to the beneficiaries.

11

Gather Documentation:

- gather birth certificate;
- marriage certificate;
- property tax statements;
- property deeds (do a title search—determine the details of ownership, obtain legal descriptions and whether any charges are on title); arrange to sell any real estate if necessary.
- investment papers;
- insurance company contacts;
- bank and mortgage contacts, etc.

12

Contact all Financial Institutions:

for shares of a family owned business or for real estate, consider using a lawyer to complete the legal documents. If there are rollover dates, such as for GICs or investments that mature at particular dates, take note of the maturity dates and any penalties for liquidating the assets before or after the key dates. Try to avoid penalties if at all possible.

- remove deceased's name from joint accounts;
- transfer accounts held solely by the deceased into the Estate account;
- bank books updated to date of death;
- look for dormant bank accounts; **FDS**
- ensure all authorized expenses are paid—in most cases you can take the invoice to the bank and have them pay the creditor directly

13

Contact Tenants or Landlord, if applicable:

- if deceased was a renter, cancel the lease and ask if any rent was owing;
- ask how much time you have to empty the residence;
- collect the security deposit if applicable;
- if deceased owned rental property, inform renters of owners' death and if property will be sold or not;
- reconfigure how rent is to be paid (into estate bank account, for example)

14

Notify Current or Previous Employer:

- enquire about private pension, survivor pension and if pension benefits are transferable; **FDS**
- enquire about company insurances, spousal/child insurance coverage;
- enquire about unpaid benefits (i.e. vacation pay, etc.)

15

Notify Life Insurance Companies to Obtain Benefits:

- credit card insurance;
- mortgage life insurance;
- group employee benefit insurance (see previous point);
- personal life insurance; **FDS**
- association life insurance—if death resulted from a transportation accident there may be other insurances available—contacting a lawyer is advised

Notes:

Calculate the Value of the Estate (as of the date of death):

- including real estate, vehicles, personal property, investments (stocks and bonds., mutual funds, RRSP, RRIF—be detailed, including serial numbers, interest rates, maturity dates, market values etc.);
- you may need to determine the original purchase price of all assets as well as their value as of the date of death (you may need to get an appraisal or two) in order to calculate capital gains or losses for the deceased's final tax return;
- record the amount of each debt and to whom it is owed; verify debts to confirm legitimacy; if the debts are greater than the assets, the estate is insolvent—seek legal advice;
- for real estate, the cost of some capital improvements and renovations may be considered;
- list any agreements or court orders to which the deceased was a party, or under which the deceased was liable. This might include divorce decrees, maintenance orders, marriage agreements, Family Law Act orders, guarantees, buy-sell agreements, partnership agreements, leases, employment contracts, and insurance owned by the deceased on the life of another.

There are no capital gains taxes owing on cash, GICs, treasury bills or your principal residence.

RRSPs not rolled over to a spouse or disabled child/grandchild will most likely require taxes to be paid by the estate.

Ensure you follow the will's instructions re: the handling of the investments. Buying or holding an investment in the estate that is not permitted by provincial laws can leave the executor personally liable to the beneficiaries of the estate.

Set Aside Funds:

in estate account; don't distribute estate items to beneficiaries until you are sure adequate money is available to cover estimated debts, taxes and executor's compensation.

Conduct Wills Search:

only if probate is required (not applicable in all provinces)

Notes:



Notes:

24 Notify Credit Bureaus of Death: FDS

to prevent identity theft.

25 Cancel Subscriptions, Memberships and Services: FDS

ask about refunds.

26 Notify Organizations/Clubs:

of their members' passing (as a courtesy).

27 Retire Social Insurance Number: FDS

possibly apply for benefits from U.S. Social Security, if applicable.

28 Return Passport FDS

29 Cancel Driver's License FDS

30 Cancel Car Insurance:

once car is sold or transferred.

31 Cancel Credit Cards:

not a "joint" one.

- inquire about any life insurance on card;
- determine balance and pay;
- destroy cancelled cards

32 Redeem Points: FDS

ensure rewards programs' points (i.e. airmiles) are transferred or redeemed.

33 Cancel Provincial Health Card FDS

34 Cancel Utilities: FDS

if you no longer need phone or house heated or...

- | | |
|------------------------------------|--------------------------------------|
| <input type="radio"/> cell phone; | <input type="radio"/> water; |
| <input type="radio"/> house phone; | <input type="radio"/> hydro; |
| <input type="radio"/> cable; | <input type="radio"/> heat; |
| <input type="radio"/> satellite; | <input type="radio"/> internet, etc. |

Notes:

35 Redirect Mail FDS

36 Cancel Guaranteed Income Supplement, if app.: FDS

- inform tax accountant if deceased and spouse were separated prior to death by prolonged hospitalization or nursing home

37 Cancel GST Quarterly Credit FDS

38 Process Firearms, if needed FDS

39 Cancel Child Tax Benefit FDS

40 File Taxes:

- ensure past income tax returns have been completed;
- complete terminal tax return (file tax returns (T3) for each year the estate has not yet been closed, if necessary. Pay all tax due or obtain a refund, as applicable. When filing the final tax return, you need to report all income earned by the deceased's estate from January 1st to the date of death. Consider using a tax accountant);
- apply for a tax clearance certificate for the estate and for the deceased (your tax accountant can do this for you);
- if deceased owned any U.S. assets or resided in the U.S. at all, you may be required to file a U.S. tax return—seek legal advice.

The Terminal Tax return (T1) is to be filed April 30 of the year following death if the death occurred between January 1 and October 31, or 6 months after the date of death if the death occurred between November 1 and December 31.

Capital losses, normally limited to offsetting only capital gains, can, in the year of death, now be used to offset most types of income.

The estate tax rate is the deceased's rate in the year of their death.

There are potentially many advantages to working with a tax accountant (i.e. income can be taxed in hands of estate or beneficiaries; flexible filing dates).

Pay Debts:

pay them according to the order of priority as mandated by your provincial estate laws if there is any chance the estate assets may be insufficient to cover the debts.

- before you pay any outstanding balances, ask if any credit cards, bank credit lines, loans or mortgages are covered by life insurance
- if deceased owed money, place death notice in the provincial business bulletin and/or the local paper where the deceased had resided requesting creditors to contact you; seek legal advice on the requirements of your province;
- don't forget the property taxes;
- pay legal fees and all other fees related to the administration of the estate.

Be “Released”:

consider getting a release (a form usually drafted by a lawyer) signed by each beneficiary prior to distributing inheritance—the signed release protects you from legal action initiated by a disgruntled beneficiary (not necessary if family dynamic and estate settlement have been smooth).

Distribute Assets:

Consider waiting until you receive a “notice of assessment” from Canada Revenue Agency telling you how much tax is owed or how much will be returned. It can be risky to issue any inheritance to the beneficiaries until you receive the tax clearance certificate from Revenue Canada.

- get a property receipt signed by beneficiaries when distributing miscellaneous items of value not specifically mentioned in will;
- apply to transfer assets with registered titles (such as real estate property, a car, bonds) first to the executor and then to the beneficiary--these steps are often done at the same time—the institution involved will assist you with the proper forms;
- once in your name, determine whether securities or bonds should be sold or simply transferred to the beneficiaries;
- remember to legally register the title of the principal residence in the surviving spouse's name if it was owned jointly--bring a death certificate and proof of citizenship to your local land titles (also called land registry) office.
- file property transfers with Land Titles (also called Land Registry) office, if applicable;

Notes:

- it may be wise not to distribute any inheritance until executor's fee is agreed upon by you and beneficiaries. For accounts registered jointly with right of survivorship, request the account be transferred to the surviving owner. Also, arrange to have any RRSP/RRIF transferred or rolled over to the named beneficiaries.

To transfer ownership of real estate/mortgage that was not jointly owned you may need to register probate on the title, sign the appropriate land registry documents including the land titles transmission application—check the regulations governing your province.

If one of the beneficiaries has predeceased the will-maker, their inheritance can either go to their children (the will-maker's grandkids) or it can bypass the family altogether and be divided amongst the remaining living siblings. Seek legal advice for the laws of your province.

Depending on your province, transferring title of land to a beneficiary (or selling or disposing of a spousal home) within 210 days of probate may require special permission—seek legal advice.

Notes:

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Discard Items:

anything not wanted by beneficiaries can be sold/donated; consider giving items you are unsure of what to do with (glasses, hearing aids, etc.) to charity.

- cancel any insurances on items sold or distributed

45

Collect Executor's Fee:

must be approved by the beneficiaries—usually a simple verbal agreement is all that's needed (but if the fee was specified in the will, beneficiary approval, in most provinces, is not required); assets that are jointly held or have a named beneficiary are often not to be included in any calculations for the executor's fee; executor fees vary from province to province but as a general rule, an executor is able to claim between 1% and 5% of an estate, with only the more complicated estates reaching the top of that range.

- obtain reimbursement for all reasonable expenses incurred in administrating the estate (with receipts);
- send letter to bank requesting estate account be closed

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY

This next section is long, and detailed. You can skip it entirely if you wish, or just answer selected questions. Its purpose is to provide for your family, particularly your grandkids, your unique life story. A memorial should honour the life lived—the more the celebration of life reflects you, the more satisfying the experience for your family. This section will help loved ones focus on how you wish to be remembered. Afterward, it will be a treasured keepsake of your life. You may wish to use a video or audio recorder to chronicle your journey... perhaps have a family member interview you, even have a booklet or life story DVD created.

Your Full Legal Name _____

Name you prefer to be called? _____ Any nicknames? _____

Maiden Name _____

Address _____ City _____

Postal Code _____ Ph. # _____

Date of Birth _____ Place of Birth _____

Has there been a friend or two who has meant a great deal to you, either as a young child, teenager or later on in life? Explain who they are, and what stands out to you about your relationship with them.

Growing up, did you have a pet that meant a lot to you? Give details.

Was there a holiday that stands out in your childhood? Maybe a place you went to on a regular basis? If so, give some details.



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

What is your favourite kind of music? Any favourite songs? Do you play an instrument?

What sports or hobbies were you interested in, both younger, and as you grew older? If sports, what positions did you play?

Have there been any health challenges you've had to face? How has your life been effected by these challenges?

If you lived during the Great Depression of the 30's, do you remember its impact on your family? How would you describe your views on God and what role those views have in your life?

Was there a turning point in your life? What was it, and how did your life change afterwards? (if more than one turning point, use additional paper if needed).

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Is there something you accomplished in your life that gave you satisfaction (overcoming an addiction/losing weight/ learning a language/ earning a degree etc...)?

Who was the person who had the most impact on you or life? What was it that impacted you so?

Thinking back to your childhood, what are your warmest memories of?

Was there a difficult aspect to your childhood? Describe it.

While growing up, what was your family's mode of travel (car, bus, train, walking, streetcar?).

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Do you remember the address of your childhood home? Is it still there?

Did you have a job during your teenage years? What was your best job? Your worst? Why?

What was your first car? The color? The cost?

Was there something that happened in your teenage years that had a big impact on you?

At what age did you leave home?

Did you attend public or private school? Name them.

Did you ever win a scholastic or athletic award? Name them.

Did you get into fights after school? Why?



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

What grade did you complete (high school and/or school of higher learning)?

Do you remember the amount of your first paycheque?

What did you like the most about your career? What did you like the least about it?

Did you ever live or work in a far away culture? What was that like?

If you served in the military, what made you decide to join the military?

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

What branch did you join?

What rank did you hold?

Number of years in the service?

What did you learn in the military (whether good or bad)?

Were you ever in combat? Were you wounded? Did you injure anyone?

Were you awarded any medal? Explain. Where is the medal now?

Do you maintain contact with any war buddies?

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Did a member of your family die in a war? Explain.

Where was your mom born? Her full name? Your dad's birthplace? His full name?

Did your parents face major hardships (health problems, financial setbacks, addictions, unemployment, divorce, death, etc)? What was your perspective on how that shaped you and your family?

How many brothers and sisters do you have? Their names?

Fondest memories/stories with a sibling?

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

What were the circumstances surrounding your first meeting with your mate?

Who pursued whom?

Describe the marriage proposal.

How did your parents respond to the news?

What day, month and year were you married? What city? Church?

Your thoughts of the wedding?

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Was there a honeymoon? Where? Any stories?

Where did you live when you first married?

Were/are you and your mate alike? What are the biggest differences?

How many years have you been married? If widowed, what year did your spouse pass away?

How did your spouse pass away?

Did you marry again? Please provide details. Do you have any children from another spouse?



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Describe any volunteer work you've done. (please name the organizations too).

Did you ever suffer a miscarriage?

Were any of your pregnancies difficult?

How many children did you have? Names and birthdates?

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Would you rather have had more?

Did you ever have to rush one of your kids to the hospital? Explain.

If you had no children, was that by choice? Describe the challenge and how you dealt with the emotions associated with being unable to have children.

Were you ever a single parent? Describe what that was like.



Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

Do you think you were a good parent? Describe your strength, the part of parenting you felt you excelled at.

Describe the weakest part of your parenting skills.

What has surprised you about getting older (could be positive or negative)?

What's so great about being a grandparent?

Your Name: _____

Address: _____ City: _____ Prov: _____ PC: _____

LIFE STORY CONTINUED...

What do your grandkids call you? What do they call your spouse?

Do you have any plans to move to another city or country? Any projects in the works?



EMERGENCY INFORMATION

Emergency Information for: _____

Will completed. Location: _____

Copy of Will with executor(s): Yes No
Executor(s) names: _____

Alternate executor (if applicable) is: _____

Who/What/Where Estate Forms completed: Yes No
In a document on my computer titled: _____
Or, on USB memory stick located: _____

Cremation or burial preplan is:
 in my Wishes and Memories book
 in my who/what/where estate forms
 on file at the funeral home
 not completed

If on file at funeral home, Funeral Home Name and Phone Number:

Cremation or burial prearrangement is prepaid: Yes No

Canada Purple Shield (Assurant Life of Canada) phone number: _____

Worldwide Travel Coverage: Yes No
If a death occurs when travelling, call _____

Final Document Service purchased: Yes No
Final Document Service, call: _____
(Call one to three days following the loss of your loved one)

Power of Attorney completed: Yes No
Attorney(s): _____
Alternate Attorney: _____

Health Care Directive completed: Yes No
Location of document: _____
Name of Representative (if applicable): _____



ESTATE INVENTORY RECORD ASSETS

To be completed by Executor

REAL ESTATE	Description	Original Value	Value @ Death
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL			

INSURANCES	Description	Original Value	Value @ Death
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL			

SUBTOTAL PAGE 1

ESTATE INVENTORY RECORD – ASSETS CONTINUED...

SUBTOTAL FROM PAGE 1

VEHICLES	Description	Original Value	Value @ Death
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL			

INVESTMENTS/ ACCOUNTS	Description	Original Value	Value @ Death
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
TOTAL			

SUBTOTAL PAGE 1 + 2



ESTATE INVENTORY RECORD LIABILITIES

To be completed by Executor

REAL ESTATE	Description	Amount Owning
Mortgage		
Mortgage		
Mortgage		
Rent Due		
Other		
Other		
Other		
TOTAL		

ACCOUNTS/INVESTMENTS	Description	Amount Owning
Loans		
Loans		
Loans		
Other		
Credit Card		
Credit Card		
Personal Loan		
TOTAL		

SUBTOTAL PAGE 1



ESTATE INVENTORY RECORD – LIABILITIES CONTINUED...

SUBTOTAL FROM PAGE 1

VEHICLES		Description	Amount Owning
Loan/Lease			
Loan/Lease			
Loan/Lease			
Loan/Lease			
TOTAL			

MISCELLANEOUS		Description	Amount Owning
Income Tax Due			
Other Tax Due			
Outstanding Cheques			
Line of Credit			
Department Store Credit			
Personal Life Insurance Loan			
Corporate Life Insurance Loan			
Other			
Other			
TOTAL			

TOTAL AMOUNT OWING IN ALL CATEGORIES

