



FAIELLA  
FINANCIAL GROUP



## ESTATE, SUCCESSION & LEGACY TOOLKIT

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

Date of Last Update: \_\_\_\_\_

# HOW TO USE THIS ORGANIZER

Organizing your information is an important step in your estate plan. This booklet can help your Family and/ or Executor and/or Power of Attorney to locate the important documents and information they need if you're unable to do so yourself or after you die.

Keep this organizer in a secure place with your other important papers. Let your family know where it is.

Keep these important details up to date.

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## IMPORTANT NOTE

This document contains all information for a complete identity theft. Store this booklet in a safe place that is only accessible by people you intend to share it with.

This document is intended as a personal planning tool to help you organize important information and express your wishes. It is not a legally binding contract and should not be used as a substitute for professional legal advice or documentation.

For your assurance, Faiella Financial Group does not have access to any information entered into these forms once completed. Your data is neither stored on our website nor accessible to our team and remains entirely under your control.

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# FAIELLA FINANCIAL CONTACT INFORMATION

While this booklet is designed as a personal planning tool, we understand that estate planning can be complex and deeply personal. Our team at Faiella Financial Group is here to help you navigate the financial aspects of your plan — from tax-efficient strategies to ensuring your loved ones are protected.

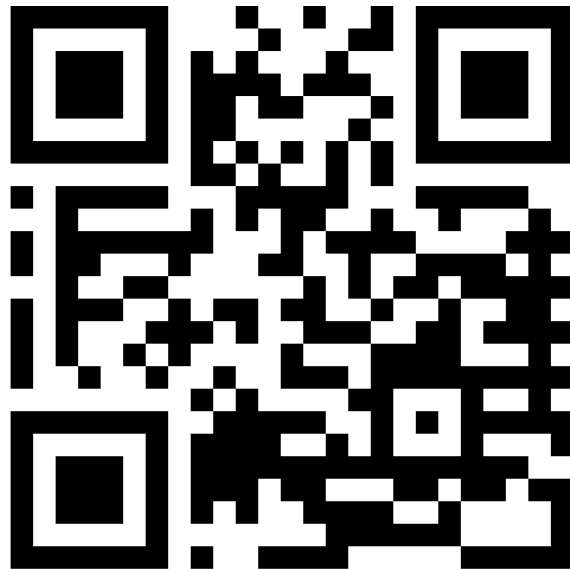
If you'd like to discuss your estate planning goals, or need assistance reviewing your financial picture, please reach out:

**Email:** [info@faiellafinancial.com](mailto:info@faiellafinancial.com)

**Phone:** 705-674-1974

**Website:** [www.faiellafinancial.com](http://www.faiellafinancial.com)

Scan for our website:



## PERSONAL INFORMATION

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

Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mobile Phone Passcode: \_\_\_\_\_

Email: \_\_\_\_\_

Email Password: \_\_\_\_\_

## IMPORTANT DOCUMENTS

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

Birth Certificate is located: \_\_\_\_\_

Marriage Certificate is located: \_\_\_\_\_

Driver's License is located: \_\_\_\_\_

Health Card is located: \_\_\_\_\_

Passport is located: \_\_\_\_\_

Citizenship Certificate/ Permanent Resident is located: \_\_\_\_\_

\_\_\_\_\_

Citizenship for Other Countries: \_\_\_\_\_

Other ID's and their locations: \_\_\_\_\_

\_\_\_\_\_

# CURRENT EMPLOYER INFORMATION

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

Name of Manager/ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Group RSP/ Pension/ DSPS**

Policy #: \_\_\_\_\_

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

Portal Login: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Group Benefits & Life Insurance**

Policy #: \_\_\_\_\_

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

Portal Login: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# KEY CONTACT INFORMATION

## **Executor**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## **Power of Attorney**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## **Accountant**

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

Phone: \_\_\_\_\_

## **Financial Advisor**

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

Phone: \_\_\_\_\_

## **Lawyer**

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

Phone: \_\_\_\_\_

## **Family Doctor**

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

Phone: \_\_\_\_\_

## **Other Medical Providers**

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

# KEY CONTACT INFORMATION

## **Family Members:**

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## **Other Relatives/ Friends to be Notified**

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

KEY CONTACTS: ADDITIONAL NOTES

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# WILL & POWER OF ATTORNEY

**Do you have a will?**  Yes  No

Date of will (when last updated): \_\_\_\_\_

Original document is located: \_\_\_\_\_

A copy is located: \_\_\_\_\_

Name of lawyer who prepared Will and Power of Attorney: \_\_\_\_\_

Type of will:  Notarized

Witnessed

Handwritten (Holograph)

**Do you have a living will or power of attorney for personal care?**  Yes  No

Your legal representative for personal care: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Original document is located: \_\_\_\_\_

A copy is located: \_\_\_\_\_

**Do you have power of attorney for property?**  Yes  No

Your legal representative for property: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Original document is located: \_\_\_\_\_

A copy is located: \_\_\_\_\_

# FUNERAL ARRANGEMENT & ORGAN DONATION

**Have you made funeral arrangements?**  Yes  No

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Have you set out instructions for burial, cremation or funeral?**  Yes  No

**Where are these instructions written?**  Your will  A letter document, located:

\_\_\_\_\_

**Do you own a cemetery plot?**  Yes  No

If yes, where is it located?: \_\_\_\_\_

**Have you provided for its ongoing care?**  Yes  No

The deed to the plot is located: \_\_\_\_\_

**Do you want to donate your organs or body for transplant, research or education?**

Yes  No

**Where have you explained this?**  Will  Organ donor card

Driver's license  Your province's online donor registry

# HOME & REAL ESTATE

## Property 1

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

Type of real estate: \_\_\_\_\_

Title is held by:  You

Spouse

Joint

Date purchased: \_\_\_\_\_ Purchase amount: \_\_\_\_\_

Cost of Additions: \_\_\_\_\_

Is there a mortgage?  Yes  No

Where is a copy of the mortgage located?: \_\_\_\_\_

Mortgage is held by: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

## Receipts & Record Locations

Property Insurance: \_\_\_\_\_

Deeds: \_\_\_\_\_

Name of Land Surveyor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Tax Receipts: \_\_\_\_\_

Leases: \_\_\_\_\_

Building Cost Information/Receipts: \_\_\_\_\_

Any recent property appraisals?  Yes  No

Name of Firm: \_\_\_\_\_ Contact Information: \_\_\_\_\_

# HOME & REAL ESTATE

## Property 2

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

Type of real estate: \_\_\_\_\_

Title is held by:  You

Spouse

Joint

Date purchased: \_\_\_\_\_ Purchase amount: \_\_\_\_\_

Cost of Additions: \_\_\_\_\_

Is there a mortgage?  Yes  No

Where is a copy of the mortgage located?: \_\_\_\_\_

Mortgage is held by: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

## Receipts & Record Locations

Property Insurance: \_\_\_\_\_

Deeds: \_\_\_\_\_

Name of Land Surveyor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Tax Receipts: \_\_\_\_\_

Leases: \_\_\_\_\_

Building Cost Information/Receipts: \_\_\_\_\_

Any recent property appraisals?  Yes  No

Name of Firm: \_\_\_\_\_ Contact Information: \_\_\_\_\_

HOME & REAL ESTATE: ADDITIONAL NOTES

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# VEHICLES & OTHER PERSONAL PROPERTY

## **Vehicles**

List of vehicles you own or lease \_\_\_\_\_  
(year, make, model, etc): \_\_\_\_\_

Vehicle registrations are located: \_\_\_\_\_

Vehicles' bills of sale or lease and insurance policies are located: \_\_\_\_\_

## **Other Valuables**

*Jewelry, stamp collections, coin collections and other valuables are located :*

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

# SAFETY DEPOSIT BOX

Do you have a safety deposit box?  Yes  No

Where is the box located? \_\_\_\_\_

Names of the others who have access to it: \_\_\_\_\_

Where are the keys located? \_\_\_\_\_

List of contents is located: \_\_\_\_\_

# TAXES

Do you file your taxes yourself?  Yes  No

Tax Advisor/ Accountant: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tax information and supporting data are located: \_\_\_\_\_

\_\_\_\_\_

CRA My Account Login: \_\_\_\_\_

CRA My Account Password: \_\_\_\_\_

**[Click to visit CRA website](#)**

# FINANCES & LOANS: BANK, CREDIT UNION ACCOUNTS

## **Account 1**

Bank/ Credit Union Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Type of account: \_\_\_\_\_

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

Client Portal Login Details: \_\_\_\_\_

## **Account 2**

Bank/ Credit Union Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Type of account: \_\_\_\_\_

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

Client Portal Login Details: \_\_\_\_\_

## **Account 3**

Bank/ Credit Union Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Type of account: \_\_\_\_\_

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

Client Portal Login Details: \_\_\_\_\_

# FINANCES & LOANS: SCHEDULED PAYMENTS & BILLS

## **Payment 1**

Type of Payment: \_\_\_\_\_

Paid to: \_\_\_\_\_

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

Amount Due (\$): \_\_\_\_\_

Due Date: \_\_\_\_\_

Address, Phone, Email: \_\_\_\_\_

Are payments automated?  Yes  No

## **Payment 2**

Type of Payment: \_\_\_\_\_

Paid to: \_\_\_\_\_

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

Amount Due (\$): \_\_\_\_\_

Due Date: \_\_\_\_\_

Address, Phone, Email: \_\_\_\_\_

Are payments automated?  Yes  No

# FINANCES & LOANS: SCHEDULED PAYMENTS & BILLS

## **Payment 3**

Type of Payment: \_\_\_\_\_

Paid to: \_\_\_\_\_

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

Amount Due (\$): \_\_\_\_\_

Due Date: \_\_\_\_\_

Address, Phone, Email: \_\_\_\_\_

Are payments automated?  Yes  No

## **Payment 4**

Type of Payment: \_\_\_\_\_

Paid to: \_\_\_\_\_

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

Amount Due (\$): \_\_\_\_\_

Due Date: \_\_\_\_\_

Address, Phone, Email: \_\_\_\_\_

Are payments automated?  Yes  No

# FINANCES & LOANS: CREDIT CARDS

## **Card 1**

Type of Card/ Issuing Organization: \_\_\_\_\_

Name on the card: \_\_\_\_\_

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

CSV Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

## **Card 2**

Type of Card/ Issuing Organization: \_\_\_\_\_

Name on the card: \_\_\_\_\_

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

CSV Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

## **Card 3**

Type of Card/ Issuing Organization: \_\_\_\_\_

Name on the card: \_\_\_\_\_

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

CSV Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

## FINANCES & LOANS: OTHER LOANS / DEBT OBLIGATIONS

Are there any unpaid loans?  Yes  No

If yes, list them here: \_\_\_\_\_

\_\_\_\_\_

Where are the records kept?: \_\_\_\_\_

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

## FINANCES & LOANS: ADDITIONAL NOTES

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# INSURANCE: HOME & AUTO

(IE: HOMEOWNERS, AUTOMOBILE, COTTAGE, ETC)

Where are the policies kept? \_\_\_\_\_

Who is the servicing advisor? \_\_\_\_\_

<b>Insurance Company</b>	<b>Policy #</b>	<b>Insured Property</b>	<b>Representative</b>	<b>Contact Information</b>

# INSURANCE: LIFE & HEALTH

Do you have any insurance on your life and/or health?  Yes  No

If yes, list the information here:

<b>Insurance Company</b>	<b>Policy #</b>	<b>Type (Life, CI, DI, Health)</b>	<b>Coverage Amount</b>	<b>Premium</b>	<b>Beneficiary &amp; Contact Information</b>

Where are the policies kept? \_\_\_\_\_

Who is the servicing advisor? \_\_\_\_\_

# INSURANCE: LIFE & HEALTH CONTINUED

Do you own any insurance on the lives of others?  Yes  No

If yes, list the information here:

<b>Insurance Company</b>	<b>Policy #</b>	<b>Type (Life, CI, DI, Health)</b>	<b>Coverage Amount</b>	<b>Premium</b>	<b>Beneficiary &amp; Contact Information</b>

Where are the policies kept? \_\_\_\_\_

Who is the servicing advisor? \_\_\_\_\_

Are you insured through policies owned by other people or entities?  Yes  No

If yes, list the information here:

<b>Insurance Company</b>	<b>Policy #</b>	<b>Type (Life, CI, DI, Health)</b>	<b>Coverage Amount</b>	<b>Premium</b>	<b>Beneficiary &amp; Contact Information</b>

Where are the policies kept? \_\_\_\_\_

Who is the servicing advisor? \_\_\_\_\_

# INVESTMENTS

## TFSA

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information is located: \_\_\_\_\_

Successor Holder: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you invest regularly using automatic payments?  Yes  No

How often? \_\_\_\_\_

What account is payment made from? \_\_\_\_\_

Are you drawing regular payments from this account?  Yes  No

How often? \_\_\_\_\_

What account is payment made from? \_\_\_\_\_

# INVESTMENTS CONTINUED

## **RRSP**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information is located: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you invest regularly using automatic payments?  Yes  No

How often? \_\_\_\_\_

What account is payment made from? \_\_\_\_\_

## **RESP**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information is located: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you invest regularly using automatic payments?  Yes  No

How often? \_\_\_\_\_

What account is payment made from? \_\_\_\_\_

# INVESTMENTS CONTINUED

## **RRIF or Annuity**

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information is located: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you receive income?  Yes  No How often? \_\_\_\_\_

Where is it deposited? \_\_\_\_\_

## **Non-Registered Account**

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information is located: \_\_\_\_\_

Do you invest regularly using automatic payments?  Yes  No

How often? \_\_\_\_\_

What account is payment made from? \_\_\_\_\_

Are you drawing regular payments from this account?  Yes  No

How often? \_\_\_\_\_

What account is payment made from? \_\_\_\_\_

# INVESTMENTS CONTINUED

## **Canada Pension Plan (CPP)**

CPP Number: \_\_\_\_\_

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

## **Old Age Security (OAS)**

OAS Number: \_\_\_\_\_

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

**Visit Service Canada Login**

# INVESTMENTS: ADDITIONAL NOTES

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# EXPENSES, SUBSCRIPTIONS, MEMBERSHIPS

**Cable Provider:** \_\_\_\_\_

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

**Internet Provider:** \_\_\_\_\_

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

**Phone Provider:** \_\_\_\_\_

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

## **Gym Membership**

Gym name: \_\_\_\_\_ Contact: \_\_\_\_\_

**Newspaper/ Magazine Subscription Website:** \_\_\_\_\_

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

**Hydro Provider:** \_\_\_\_\_

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

**Utilities Provider:** \_\_\_\_\_

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

# EXPENSES, SUBSCRIPTIONS, MEMBERSHIPS

## **Streaming Services (Netflix, Disney, Amazon, etc))**

Provider/ Website: \_\_\_\_\_

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

Provider/ Website: \_\_\_\_\_

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

Provider/ Website: \_\_\_\_\_

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

Provider/ Website: \_\_\_\_\_

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

Provider/ Website: \_\_\_\_\_

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

## **Clubs/ Associations**

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

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

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

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

# EMAIL, SOCIAL MEDIA, DIGITAL ASSETS

Your digital assets include online accounts, electronic files and data. If information on these assets is available somewhere else, please note the location below.

Do you have an online password manager for your digital assets?  Yes  No

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

Account # or User ID: \_\_\_\_\_

Password: \_\_\_\_\_

Is information on your digital assets available somewhere else?  Yes  No

Information is located: \_\_\_\_\_

**Email Account - Website:** \_\_\_\_\_

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

**Email Account - Website:** \_\_\_\_\_

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

**Social Media Account:** \_\_\_\_\_

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

**Social Media Account:** \_\_\_\_\_

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

**Social Media Account:** \_\_\_\_\_

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

# EMAIL, SOCIAL MEDIA, DIGITAL ASSETS

## **Other Online Accounts:**

Company: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Account #: \_\_\_\_\_ User ID: \_\_\_\_\_  
Password: \_\_\_\_\_

## **Other Online Accounts:**

Company: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Account #: \_\_\_\_\_ User ID: \_\_\_\_\_  
Password: \_\_\_\_\_

## **Other Online Accounts:**

Company: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Account #: \_\_\_\_\_ User ID: \_\_\_\_\_  
Password: \_\_\_\_\_

# DIGITAL ASSETS: ADDITIONAL NOTES

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