



Personal Record

of My Assets and
Important Documents



Desjardins
Financial Security™

Personal Inventory of My Assets and Important Documents

**To simplify matters for my loved ones in the event
I become incapacitated or die, I am preparing an
inventory of my assets and important documents.**

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*Note: The masculine gender is used occasionally and only when necessary
for readability purposes, with no discrimination intended.*

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Section 1 – Personal Information

First and last names at birth

Date of birth

Social insurance number

Address

My marital status

- Single Married Civil union Common-law No longer living with my partner
 Legally separated Divorced Widowed

Spouse's first and last names at birth

Date of birth

Social insurance number

Address (if different)

Child's/children's first and last names at birth

Date(s) of birth

Social insurance number(s)

Section 2 – My Professional Advisors and Location of My Documents

My Professional Advisors

Notary

Name

Address

Telephone number

Lawyer

Name

Address

Telephone number

Accountant

Name

Address

Telephone number

Physician

Name

Adresse

Telephone number

Financial advisor

Name

Address

Telephone number

Location of My Documents

I have a safe or a safety deposit box. Yes No

Location of key _____

Financial institution _____

Box number _____

Location of my document originals _____

Location of my document copies _____

Other _____

Section 3 – My Legal Documents

My Will

I have a will. Yes No

Date of my last will _____

Location of my will (or copy) _____

My will was drawn up by a lawyer/notary. Yes No

Name _____

Address _____ Telephone number _____

I have appointed an executor/liquidator for my estate

Name(s)	Address	Telephone number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Alternate executor/liquidator

Name _____

Address _____ Telephone number _____

My Living Will¹

I have a living will. Yes No

Date of living will _____

Location of original or copy of my living will _____

My living will was drawn up by a lawyer/notary. Yes No

Name _____

Address _____ Telephone number _____

My Funeral Arrangements

I have left instructions for my funeral. Yes No

No, my next-of-kin will handle my funeral arrangements. Yes No

No, but I want my remains to be prepared for open-casket viewing burial cremation

Other details _____

¹ Also known as Mandate in Case of Incapacity/Inability, and Durable or Health Care Power of Attorney, depending on your province of residence.

Yes, my instructions are detailed in my will in another document located

I have a pre-arranged funeral contract. Yes No

Funeral home

Name

Address

Telephone number

Location of documents

My Marriage / Civil Union / Common-law Relationship Contract

My marital status Married Civil union Common-law

Date of marriage, civil union or start of common-law relationship

Location of my contract

I chose the following matrimonial regime:

Partnership of acquests Separation as to property Community of property

My contract was drawn up by a lawyer/notary. Yes No

Name

Address

Telephone number

My Separation or Divorce Decree

I am no longer living with my partner legally separated divorced

Date of separation or decree

Location of decree

I Am a Widow(er)

Date of my spouse's death

Location of my spouse's death certificate

I have the death certificate. I do not have the death certificate.

My Birth Certificate

Location of my birth certificate

Location of my child's/children's birth certificate(s)

Location of the adoption order for

I Was Not Born in Canada

Location of my citizenship certificate

Other information

Section 4 – My Personal Documents

My Life Insurance and Critical Illness Insurance Policies

Broker or representative

Name _____

Address _____

Telephone number _____

Insurer

Policy number

1) _____

2) _____

3) _____

Group Insurance _____

Loan Insurance _____

Location of my Life Insurance policies _____

Accidental death _____

I have life insurance coverage under the provisions of my credit card contract. Yes No

Issuer _____

I have life insurance coverage as a club member (e.g.: CAA). Yes No

Issuer _____

I have life insurance coverage as a member of another organization or association. Yes No

Issuer(s) _____

My Investments

I have accounts and other investments. Yes No

Financial institution or company _____

Address _____

Telephone number _____

Name of contact person _____

Account number

Category (RRSP, RRIF, LIRA, LIF, savings, chequing, mutual funds, etc.)

1) _____

2) _____

3) _____

Financial institution or company

Address _____

Telephone number _____

Name of contact person _____

Account number _____ Category (RRSP, RRIF, LIRA, LIF, savings, chequing, mutual funds, etc.) _____

1) _____

2) _____

3) _____

Financial institution or company

Address _____

Telephone number _____

Name of contact person _____

Account number _____ Category (RRSP, RRIF, LIRA, LIF, savings, chequing, mutual funds, etc.) _____

1) _____

2) _____

3) _____

Location of my bank books,
bank teller cards and chequebooks _____

Location of my investment documents and records _____

My Credit Cards

Issuer _____ Number _____

Issuer _____ Number _____

Issuer _____ Number _____

My Damage Insurance Contracts

Home

Insurer _____

Address _____

Telephone number _____

Automobile

Insurer _____

Address _____

Telephone number _____

Other

Insurer _____

Address _____

Telephone number _____

My Income Tax Returns

My accountant

Name

Address

Telephone number

Location of my previous income tax returns

Section 5 – My Debtors, Debts and Financial Obligations

My Debtors

The following people or organizations owe me money:

Debtor

Contact person

Address

Telephone number

Debtor

Contact person

Address

Telephone number

Debtor

Contact person

Address

Telephone number

Location of related documents

My Debts and Financial Obligations

I have a Line of Credit. Yes No

Financial institution

Account number

Life Insurance Yes No

Location of contract

I have a personal loan. Yes No

Financial institution

Account number

Life Insurance Yes No

Location of contract

I have a personal loan. Yes No

Financial institution _____

Account number _____

Life Insurance Yes No

Location of contract _____

I have a mortgage loan. Yes No

Address of property _____

Financial institution or company _____

Account number _____

Life Insurance Yes No

Disability Insurance Yes No

Location of contract _____

My contract was drawn up by a lawyer/notary. Yes No

Name _____

Address _____

Telephone number _____

I have a personal debt. Yes No

Name of creditor _____

Address _____

Telephone number _____

Location of document _____

Section 6 – My Home and Other Real Estate Property

Personal Residence

I am a tenant. Yes No

Owner _____

Address _____

Telephone number _____

Location of my copy of the lease _____

I am the sole owner of my home. Yes No

I am a joint owner of my home with Yes No

Name _____

Address _____

Telephone number _____

Location of purchase contract and other documents _____

I have a mortgage on this property. Yes No

Financial institution or company _____

Account number _____

Life Insurance Yes No

Disability Insurance Yes No

Location of contract _____

My contract was drawn up by a lawyer/notary. Yes No

Name _____

Address _____

Telephone number _____

Income Property

I am the sole owner of an income property. Yes No

I am a joint owner of an income property with Yes No

Name _____

Address _____

Telephone number _____

Location of contract and other documents _____

I have a mortgage on this property. Yes No

Financial institution or company _____

Account number _____

Life Insurance Yes No

Disability Yes No

Location of contract _____

My contract was drawn up by a lawyer/notary. Yes No

Name _____

Address _____

Telephone number _____

Location of leases and other documents _____

Other relevant information _____

Secondary Residence

I am the sole owner of my secondary residence. Yes No

I am a joint owner of a secondary residence with Yes No

Name _____

Address _____

Telephone number _____

Location of purchase contract and other documents _____

