

*Szpin's*



# This Estate Organizer<sup>©</sup>

**is for:**

\_\_\_\_\_ Estate owner

\_\_\_\_\_ Prepared by

\_\_\_\_\_ Date prepared

# About this guide:

This document will become invaluable to you or to your family in the event of the death of the person whose information is contained herein.

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# ESTATE PLANNING & PREPARATIONS

## VITAL BIO DATA

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

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

Home address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Occupation and title: \_\_\_\_\_

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

Military Service Serial Number: \_\_\_\_\_

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

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

Citizenship: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's birthplace: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Mother's birthplace: \_\_\_\_\_

Religious name (if any): \_\_\_\_\_

## **TO BE PAID** checklist

- Cemetery property
- Memorials
- Funeral arrangements
- Cable / TV service
- Interment Service
- Clergy
- Florist
- Clothing
- Transportation
- Telephone and communication services
- Food and accommodation
- Doctor fees
- Nursing fees
- Hospitals and ambulance fees
- Pharmacy services
- Other current and urgent bills (mortgage or rent, taxes, installment payments)  
other installment payments)

**VITAL DOCUMENTS Checklist (to be collected)**

- Will
- Birth Certificate
- Social Insurance Number
- Marriage licence
- Citizenship papers / passport # \_\_\_\_\_
- Insurance policies  
(life, health, automobile, property)
- Bank books
- Deed to main residence
- Deed to secondary residence ( vacation property )
- Ownership for car
- Ownership for other car(s) 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_
- Income tax returns, receipts or cancelled cheques
- Military discharge certificate
- Disability claims
- Cemetery Certificate of Ownership
- OHIP \_\_\_\_\_
- Foreign pensions
- CONSULAR Contact: \_\_\_\_\_
- Subscriptions / newspapers to stop: \_\_\_\_\_  
\_\_\_\_\_

**DECIDE AND ARRANGE ( BEST DONE BEFORE or WITHIN A FEW HOURS )**

**Contact funeral home**

- Cemetery lot location and which space to open
- Memorial type and inscription
- Casket type
- Clothing for deceased

- Vault or sectional crypt
- Proof read and sign necessary papers for burial permit

**Clergy to officiate**

- Type of service (religious, military, fraternal)
- Special readings, from scriptures

- Location of service
- Time of funeral service
- Arranging for special religious services

- Decide name of charitable organization(s) to which donations are suggested in memory of deceased

- Funeral ceremony

**Eulogy information**

- Selection of pall-bearers

- Music, organist, soloist

- Flowers

- Clothing for you and children

**Home return for funeral guests return**

- Preparation at home, including food for family and guests

- Transportation for family and guests, including planning *funeral car list*

- Extra chairs

- Providing vital statistics about deceased to newspaper

**V**ery

**I**mportant

**P**lace

***for crucial documents***

Document	Owner	Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____