



**ESTATE  
PLANNING  
GUIDE  
FOR  
FAMILIES**



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# A Few Thoughts to Consider ....

We have all experienced concern and confusion when a death has occurred in the family. Weary from grief and loss of sleep, the family is forced to make many important decisions including the immediate financial costs:

- Is there a Will?
- Are there government cash benefits?
- Is there life insurance?
- Where is the Bank information?
- What vital documents does law require?

A death in the family is difficult enough for the loved ones in the following days. Finding answers to important questions can be overwhelming.

Now there is a way to assist the family by pre-planning. This Estate Planning Guide for Families will make it easier for you to share your feelings and desires with your loved ones.

A photocopy of the completed guide can be given to a family member or close friend.

# Location of Important Documents

This document will help to organize and guide family members so they can locate important information.

Check the location of each item:

## ***HUSBAND'S DOCUMENTS:***

Bank & Cheque Books	Home	Office	Safe Deposit Box
Deeds to Real Estate	Home	Office	Safe Deposit Box
Stocks, Bonds	Home	Office	Safe Deposit Box
Income Tax Returns	Home	Office	Safe Deposit Box
Will	Home	Office	Safe Deposit Box
Birth Certificate	Home	Office	Safe Deposit Box
Social Insurance Number	Home	Office	Safe Deposit Box
Marriage License	Home	Office	Safe Deposit Box
Insurance Policy	Home	Office	Safe Deposit Box
Key to Safe Deposit Box	Home	Office	Safe Deposit Box
Preplanned Funeral Documents	Home	Office	Safe Deposit Box
Account Passwords	Home	Office	Safe Deposit Box
Other _____	Home	Office	Safe Deposit Box

Check the location of each item:

***WIFE'S DOCUMENTS:***

Bank & Cheque Books	Home	Office	Safe Deposit Box
Deeds to Real Estate	Home	Office	Safe Deposit Box
Stocks, Bonds	Home	Office	Safe Deposit Box
Income Tax Returns	Home	Office	Safe Deposit Box
Will	Home	Office	Safe Deposit Box
Birth Certificate	Home	Office	Safe Deposit Box
Social Insurance Number	Home	Office	Safe Deposit Box
Marriage License	Home	Office	Safe Deposit Box
Insurance Policy	Home	Office	Safe Deposit Box
Key to Safe Deposit Box	Home	Office	Safe Deposit Box
Preplanned Funeral Documents	Home	Office	Safe Deposit Box
Account passwords	Home	Office	Safe Deposit Box
Other _____	Home	Office	Safe Deposit Box

# Your Will

No matter how large or small, it is most important to have a Will and revise it as needed. It is the least expensive way to protect your life's labour.

Without a Will, provincial laws and courts will determine how your estate will be distributed. It will also be costly and time consuming for your family. With a Will, you are the one who makes those decisions.

For a small fee you will find it to be the best investment you could make.

## **Husband:**

My Will is located at \_\_\_\_\_

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

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

## **Wife:**

My Will is located at \_\_\_\_\_

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

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

## **Our Lawyer Is:**

Law Firm \_\_\_\_\_

Lawyer's Name \_\_\_\_\_

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

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

# The Living Will

“Quality of Life” and the “right to die” should be discussed by you and your family:

- To make your wishes known, and
- To avoid uncertainty during serious or prolonged illness.

We recommend that you discuss this issue with your lawyer and have him prepare the appropriate documentation to be enclosed with your Will.

# Organ Donation

This should be discussed with your family and the Ministry of Health should be contacted for the proper consent form.

# Life Policies

Insurance benefits must be applied for at the time of death. Millions of dollars are lost every year because family members are unaware that the policies exist.

There could be policies through your employment, union, pension plan, credit card companies, etc. To assist your survivors, make them aware and record the insurance company name and policy number.

## ***Husband:***

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Agency \_\_\_\_\_ Telephone # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Face Amount \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Policy Owner \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Agency \_\_\_\_\_ Telephone # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Face Amount \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Policy Owner \_\_\_\_\_

## ***Wife:***

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Agency \_\_\_\_\_ Telephone # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Face Amount \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Policy Owner \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Agency \_\_\_\_\_ Telephone # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Face Amount \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Policy Owner \_\_\_\_\_



# Bank Accounts & Investments

Bank/Investment Co: \_\_\_\_\_

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

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

Bank/Investment Co: \_\_\_\_\_

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

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

Bank/Investment Co: \_\_\_\_\_

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

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

Bank/Investment Co: \_\_\_\_\_

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

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

Bank/Investment Co: \_\_\_\_\_

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

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

Bank/Investment Co: \_\_\_\_\_

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

Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

# Veteran's Benefits

Husband's Service # \_\_\_\_\_ Wife's Service # \_\_\_\_\_

- Funeral and burial benefits may be paid by Veterans Affairs Canada. Eligibility requirements must be met.
- Benefits must be claimed within one year.
- Application is made to the nearest District Office of Veterans Affairs Canada.
- For benefits you will need the following:

Discharge Certificate  
Service Number  
Marriage License  
Children's Birth Certificates  
Death Certificate

## Government Benefits

For information about government benefits contact the nearest Human Resources Development Canada office or call 1-800-277-9914.

Complete the following information and apply as soon as possible.

Husband's Name \_\_\_\_\_

Husband's Social Insurance # \_\_\_\_\_

Wife's Name \_\_\_\_\_

Wife's Social Insurance # \_\_\_\_\_

# Historical Information

## Husband:

Schools attended \_\_\_\_\_

Church attended \_\_\_\_\_

Special interests (i.e. Clubs, Organizations) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special achievements or recognition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Wife:

Schools attended \_\_\_\_\_

Church attended \_\_\_\_\_

Special interests (i.e. Clubs, Organizations) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special achievements or recognition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Vital Information

The Ministry of Health requires the following information before a death certificate can be issued:

## **Husband:**

Full Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

How long at present address? \_\_\_\_\_

Canadian citizen?        Yes    No

Marriage date & Place \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden name of mother \_\_\_\_\_

Birthplace of mother \_\_\_\_\_

Names of children \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

# Vital Information

The Ministry of Health requires the following information before a death certificate can be issued:

**Wife:**

Full Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

How long at present address? \_\_\_\_\_

Canadian citizen?        Yes    No

Marriage date & Place \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden name of mother \_\_\_\_\_

Birthplace of mother \_\_\_\_\_

Names of children \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

# Funeral/Memorial Preferences

## Husband

Funeral Establishment \_\_\_\_\_

Prepaid Funeral? Yes No

Type of Casket \_\_\_\_\_

Place of Service (ie Church) \_\_\_\_\_

Pastor to Officiate \_\_\_\_\_

Choice of Scripture \_\_\_\_\_

Choice of Songs \_\_\_\_\_

Other Desires \_\_\_\_\_

## Check the following:

Embalming Yes No Eulogy Yes No

Cremation Yes No Viewing Yes No

Memorial Service Yes No

## Cemetery Arrangements

Name of Cemetery \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Prepaid plot Yes No

# Funeral/Memorial Preferences

## Wife

Funeral Establishment \_\_\_\_\_

Prepaid Funeral? Yes No

Type of Casket \_\_\_\_\_

Place of Service (ie Church) \_\_\_\_\_

Pastor to Officiate \_\_\_\_\_

Choice of Scripture \_\_\_\_\_

Choice of Songs \_\_\_\_\_

Other Desires \_\_\_\_\_

\_\_\_\_\_

## Check the following:

Embalming Yes No Eulogy Yes No

Cremation Yes No Viewing Yes No

Memorial Service Yes No

## Cemetery Arrangements

Name of Cemetery \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Prepaid plot Yes No

# Relatives and Friends

List the names and contact information of relatives and friends who can assist the family.

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_









# Summary Checklist

## Notify Immediately

- Pastor – Phone:
- Doctor (s) – Phone:
- Funeral Director – Phone:
- Cemetery Director
- All relatives & friends
- Deceased's Employer Phone:
- Employer of relatives missing:
- Insurance agents (life, health, etc)

## Decide & Arrange Immediately

- Select cemetery
- Purchase burial property
- Select casket
- Select vault
- Arrange type of service
- Decide location of services
- Select Pastor to officiate
- Provide information for eulogy
- Select flowers
- Arrange for music and visitation
- Select memorial
- Provide obituary to newspaper
- Answer calls, messages, and letters
- Get addresses for thank you cards
- Meet with funeral director
- Check and sign burial permit
- Arrange for special Memorial services
- Check the Will for special wishes
- Order death certificate
- Look after house and children

## Secure Vital Statistics

This information is required for the Death Certificate issued by the Ministry of Health.

- Name, home address, phone #
- How long in the Province
- Occupation and title

- Social Insurance Number
- Veteran's Serial Number
- Date of birth
- Place of birth
- Canadian citizenship
- Father's name
- Father's birthplace
- Mother's Maiden name
- Mother's birthplace

## Documents Needed

This information is required to establish rights for insurance, pension, old age, etc

- Funeral certificate
- Contract regarding burial property
- Will
- Legal proof of age or birth certificate
- Social Insurance Number
- Marriage License
- Citizenship papers
- Insurance policies (life, health, etc)
- Bank books
- Real estate title documents
- Vehicle registration and Bill of Sale
- Income tax returns, receipts, cheques
- Veteran's discharge certificates
- Disability and pension claims

## Pay the following

- Burial plot
- Memorials
- Casket, vault, perpetual care
- Funeral Director
- Entombment or interment service
- Pastor (technical, soloist, worship leader)
- Church
- Transportation



## **Northview Community Church**

32040 Downes Road  
Abbotsford, BC V4X 1X5

Phone: 604-853-2931  
Website: [northview.org](http://northview.org)  
Email: [care@northview.org](mailto:care@northview.org)

