



Investing For Me

The science of investing.

INTRODUCTION

The Family Inventory has been designed to provide you with a comprehensive list of all information pertaining to your family's current financial status, personal information, assets, accounts, policies as well as legal and advisory contacts. You will find it a useful reference when creating a financial plan. Completion of the Family Inventory is also the first step in developing your estate plan - saving time and money before you meet with your Lawyer/Notary.

An up-to-date Family Inventory will prove invaluable to your surviving heirs, executors, trustees and advisors as your estate is administered. Update this document whenever significant changes occur within your family.

Personal Information

Date:

Name:

Social Insurance Number:

Date of Birth:

Place of Birth:

Spouse's Name:

Social Insurance Number:

Date of Birth:

Place of Birth:

Children & Dependents:

Name:

Relationship:

Social Insurance Number:

Disabled:

Date of Birth:

Place of Birth:

Name:

Relationship:

Social Insurance Number:

Disabled:

Date of Birth:

Place of Birth:

Name:

Relationship:

Social Insurance Number:

Disabled:

Date of Birth:

Place of Birth:

Name:

Relationship:

Social Insurance Number:

Disabled:

Date of Birth:

Place of Birth:

Your Legal Representatives

Power of Attorney(s):

Address:

E-mail Address:

Phone #:

E-mail Address:

Phone #:

Executor(s):

Address:

E-mail Address:

Phone #:

Your Advisors

Accountant:

Firm Name:

Address:

Phone #:

Fax #:

E-mail Address:

Lawyer:

Firm Name:

Address:

Phone #:

Fax #:

E-mail Address:

Investment Advisor:

Firm Name:

Address:

Phone #:

Fax #:

E-mail Address:

Insurance Agent:

Firm Name:

Address:

Phone #:

Fax #:

E-mail Address:

Mortgage Planner:

Firm Name:

Address:

Phone #:

Fax #:

E-mail Address:

Property Insurance:

Firm Name:

Address:

Phone #:

Fax #:

E-mail Address

Investments & Savings:

Investment Firm:

Contact Name:

Phone #:

Address:

E-mail Address:

Investment Firm:

Contact Name:

Phone #:

Address:

E-mail Address:

Credit Union/Bank:

Safe Deposit Box #:

Contact Name:

Phone #:

Address:

E-mail Address:

Credit Union/Bank:

Safe Deposit Box #:

Contact Name:

Phone #:

Address:

E-mail Address:

Credit Union/Bank:

Safe Deposit Box #:

Contact Name:

Phone #:

Address:

E-mail Address:

Personal Loan To:

Loan Type:

Loan Amount

Loan Details:

Personal Loan To:

Loan Type:

Loan Value:

Loan Details:

Medical Contacts:

Doctor's Name:

Phone #:

Address:

Doctor's Name:

Phone #:

Address:

Dentist's Name:

Phone #:

Address:

Dentist's Name:

Phone #:

Address:

Location of Important Documents

Birth Certificate:

Spouse's Birth Certificate:

Marriage Certificate:

Preuptial Agreement:

Cohabitation Agreement:

Separation Agreement:

Divorce Agreement:

Children's Birth Certificates:

Custody/Adoption Papers:

Citizenship & Passports:

Income Tax Returns:

Original Wills:

Power of Attorney(s):

Mortgage & Loan Papers:

Additional Papers:

Home Safe:

Credit Information

Financial Institution:

Contact Name: Phone #:

Address:

Loan Type: Loan Amount:

Reference #: Borrower:

Details:

Financial Institution:

Contact Name: Phone #:

Address:

Loan Type: Loan Amount:

Reference #: Borrower:

Details:

Financial Institution:

Contact Name: Phone #:

Address:

Loan Type: Loan Amount:

Reference #: Borrower:

Details:

Financial Institution:

Contact Name: Phone #:

Address:

Loan Type: Loan Amount:

Reference #: Borrower:

Details:

Debit Cards

Financial Institution: Card Number:

Financial institution: Card Number:

Financial Institution: Card Number:

Financial Institution: Card Number:

Credit Cards

Issuer: Card #:

Card Holder:

Expiry Date: Credit Limit:

Issuer: Card #:

Card Holder:

Expiry Date:

Issuer:

Card Holder:

Expiry Date:

Issuer:

Card Holder:

Expiry Date:

Issuer:

Card Holder:

Expiry Date:

Card Limit:

Card #:

Card Limit:

Card #:

Credit Limit:

Card #:

Credit Limit:

Investment Account Information

Account:

Type:

Firm Name:

Address:

Advisor's Name:

Phone #:

Name(s) on Account:

Account #:

Account Value:

Ownership:

Designated Beneficiary(s):

Percentage (%):

Percentage (%):

Percentage (%):

Percentage (%):

Account:

Type:

Firm Name:

Address:

Contact Name:

Phone #:

Name(s) on Account

Account #

Account Value:

Ownership:

Designated Beneficiary(s):

Percentage (%):

Percentage (%):

Percentage (%):

Percentage (%):

Account:

Type:

Firm Name:

Address:

Contact Name:

Phone #:

Name(s) on Account:

Account #:

Account Value:

Ownership:

Designated Beneficiary(s):

Percentage (%):

Percentage (%):

Percentage (%):

Percentage (%):

Account:

Type:

Firm Name:

Address:

Contact Name:

Phone #:

Name(s) on Account:

Account #:

Account Value:

Ownership:

Designated Beneficiary(s):

Percentage (%):

Percentage (%):

Percentage (%):

Percentage (%):

Account:

Type:

Firm Name:

Address:

Contact Name:

Phone #:

Name(s) on Account:

Account Number:

Account Value:

Ownership:

Designated Beneficiary(s):

Percentage (%):

Percentage (%):

Percentage (%):

Percentage (%):

Personal Assets

Description

\$Value

Location

Intended Beneficiary

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

- 16.
- 17.
- 18.
- 19.
- 20.

Real Estate

Property's Use:

Type:

Ownership:

Registered Mortgage:

Yes

No

Legal Description::

Civic Address:

Registered Owners:

Date Purchased:

Purchase Cost:

Assessed Value:

Deed Location:

Mortgage Held By:

Insurance Policy Details:

Property's Use:

Type:

Ownership:

Registered Mortgage:

Yes

No

Legal Description:

Civic Address:

Registered Owners:

Date Purchased:

Purchase Cost:

Assessed Value:

Deed Location:

Mortgage Held By:

Insurance Policy Details:

Property's Use:

Type:

Ownership:

Registered Mortgage:

Yes

No

Legal Description:

Civic Address:

Registered Owners:

Date Purchased:

Purchase Cost:

Assessed Value:

Deed Location:

Mortgage Held By:

Insurance Policy Details:

Property Use:

Type:

Ownership:

Registered Mortgage:

Yes

No

Legal Description:

Civic Address:

Registered Owners:

Date Purchased:

Purchase Cost:

Assessed Value:

Deed Location:

Mortgage Held By:

Insurance Policy Details:

Pensions

Pension Plan:

Plan Type:

Plan Name:

Plan Administrator:

Contact:

Phone #:

E-mail Address:

Plan #:

Designated Beneficiary(s):

Pension Plan:

Plan Type:

Plan Name:

Plan Administrator:

Contact:

Phone #:

E-mail Address:

Plan #:

Designated Beneficiary(s):

Pension Plan:

Plan Type:

Plan Name:

Plan Administrator:

Contact:

Phone #:

E-mail Address:

Plan #:

Designated Beneficiary(s):

Pension Plan:

Plan Type:

Plan Name:

Plan Administrator:

Contact:

Phone #:

E-mail Address:

Plan #:

Designated Beneficiary(s):

Pension Plan:

Plan Type:

Plan Name:

Plan Administrator:

Contact:

Phone Number:

E-mail Address:

Plan #:

Designated Beneficiary(s):

Business Interests

Business Name: _____ Type: _____
Company Address: _____
Type of Ownership: Common Shares Preferred Shares Shareholder Loan Bond/Debenture
 Other
Number of Shares: _____ Book Value: _____ Maturity Value: _____
Location of Documents: _____
Company Lawyer: _____
Company Accountant: _____

Business Name: _____ Type: _____
Company Address: _____
Type of Ownership: Common Shares Preferred Shares Shareholder Loan Bond/Debenture
 Other
Number of Shares: _____ Book Value: _____ Maturity Value: _____
Location of Documents: _____
Company Lawyer: _____
Company accountant: _____

Estates & Trusts

My Role: _____ If a Trust, it is _____
Name of the Estate/Trust: _____
Location of Documents: _____
Contact Name: _____ Phone #: _____
Details: _____

My Role: _____ If a Trust, it is _____
Name of the Estate/Trust: _____
Location of Documents: _____
Contact Name: _____ Phone #: _____
Details: _____

Insurance Policies

Type of Insurance: Life Health Travel Business Other
Policy Type: _____ Policy Type: _____
Insurance Company: _____
Contact Name: _____ Phone #: _____
Insured's Name: _____ Policy #: _____
Insurance Benefit (\$): _____ Policy End Date: Premiums: _____
Beneficiary(s): _____

Type of Insurance: Life Health Travel Business Other

Policy Type:

Policy Type:

Insurance Company:

Contact Name:

Phone #:

Insured's Name:

Policy #:

Insurance Benefit (\$):

Policy End Date:

Premiums:

Beneficiary(s):

Type of Insurance:

Life

Health

Travel

Business

Other

Policy Type:

Policy Type:

Insurance Company:

Contact Name:

Phone #:

Insured's Name"

Policy #:

Insurance Benefit (\$):

Policy End
Date:

Premiums:

Beneficiary(s):

Funeral Arrangements

Arrangements For:

Funeral Arrangements With::

Contact Name:

Phone #:

Details:

Arrangements For:

Funeral Arrangements With:

Contact Name:

Phone #:

Details:

Notes: