

# ESTIMATE PLANNING INFORMATION & GUIDE





# SEA TO SKY HOSPICE SOCIETY

## *Our Mission*

Promoting and providing compassionate care for all Sea to Sky residents with life limiting illness and ongoing support for their loved ones.

## PERSONAL RECORDS

All adult individuals have the responsibility to keep their personal records and affairs in proper order so, in the event of their death, the next of kin and/or executor is not burdened with one's estate. In the case of an individual who is near end of life, it is particularly crucial to review and complete one's personal information to the best of their ability.

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

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

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

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

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

Birth Certificate is Located: \_\_\_\_\_

Adopted:  YES  NO \_\_\_\_\_

Adoption Papers are Located: \_\_\_\_\_

Married:  YES  NO \_\_\_\_\_

Marriage Certificate is Located: \_\_\_\_\_

Divorced:  YES  NO \_\_\_\_\_

Divorce Certificate is Located: \_\_\_\_\_

Canadian Citizen:  YES  NO \_\_\_\_\_

Citizenship Papers are Located: \_\_\_\_\_

Military Service:  YES  NO Country: \_\_\_\_\_

Discharge Papers are Located: \_\_\_\_\_

Veteran's Number: \_\_\_\_\_

## NEXT OF KIN

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

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

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

\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

## CHILDREN

| Name | Date of Birth | Contact Information |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |

## GRANDCHILDREN

| Name | Date of Birth | Contact Information |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |

## SIBLINGS

| Name | Date of Birth | Contact Information |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |

## PARENTS

| Name | Date of Birth | Contact Information |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |

## CHOSEN FAMILY

| Name | Date of Birth | Contact Information |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |

## OTHER

| Name | Date of Birth | Contact Information |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |

## YOUR WILL

Do You Have a Will?  YES  NO

Lawyer Involved? \_\_\_\_\_

Lawyer's Name/Contact: \_\_\_\_\_

Original is Located: \_\_\_\_\_

Copy is Located: \_\_\_\_\_

Do You Have an Executor  
of Your Will?  YES  NO

Is This Person Aware and  
Agreed to This Role?  YES  NO

## POWER OF ATTORNEY

Do You Have a Power  
of Attorney for HEALTH CARE?  YES  NO

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

Lawyer Involved?  YES  NO  
Is This Person Aware and has  
Agreed to This Role?  YES  NO

Original is Located: \_\_\_\_\_

Copy is Located: \_\_\_\_\_

Do You Have a FINANCIAL  
Power of Attorney?  YES  NO

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

Lawyer Involved?  YES  NO  
Is This Person Aware and has  
Agreed to This Role?  YES  NO

Original is Located: \_\_\_\_\_

Copy is Located: \_\_\_\_\_



# INSURANCE POLICIES

## MEDICAL INSURANCE

Provincial Health Card #: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

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

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

Policy Location: \_\_\_\_\_

## MEDICAL AND/OR DISABILITY INSURANCE

Insurance Company Name: \_\_\_\_\_

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

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

Policy Location: \_\_\_\_\_

## LIFE INSURANCE

Insurance Company Name: \_\_\_\_\_

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

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

Policy Location: \_\_\_\_\_

Additional Notes:

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**EMPLOYERS (most recent first)**

**Company Name:** \_\_\_\_\_

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

Years of Employment: \_\_\_\_\_

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

Employee Number: \_\_\_\_\_

Pension Information: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

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

Years of Employment: \_\_\_\_\_

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

Employee Number: \_\_\_\_\_

Pension Information: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Additional Notes:

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



# FINANCIAL INFORMATION

## FINANCIAL CONSULTANTS

Accountant/Consultant Name: \_\_\_\_\_

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

## FINANCIAL INSTITUTIONS

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

# FINANCIAL INVESTMENTS (INCLUDING RRSP, RRIF, BONDS, STOCKS, ETC.)

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

# FINANCIAL INVESTMENTS (INCLUDING RRSP, RRIF, BONDS, STOCKS, ETC.)

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Branch # and Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

## SAFETY SECURITY BOX

Do You Have  
a Safety Deposit Box?  YES  NO

Location: \_\_\_\_\_

Key Holder(s): \_\_\_\_\_

Key(s) Located: \_\_\_\_\_

Contents: \_\_\_\_\_

\_\_\_\_\_

## CREDIT/DEBIT CARD(S)

**Name of Institution:** \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

Password/PIN #: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

Password/PIN #: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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

Account Holder(s) Names: \_\_\_\_\_

Password/PIN #: \_\_\_\_\_

## FINANCIAL OBLIGATIONS

### MORTGAGE OR RENT PAYMENTS

**Lender's Name:** \_\_\_\_\_

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

Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Lender's Name:** \_\_\_\_\_

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

Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

### OUTSTANDING LOANS

**Lender's Name:** \_\_\_\_\_

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

Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Lender's Name:** \_\_\_\_\_

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

Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Lender's Name:** \_\_\_\_\_

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

Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

# PERSONAL OWNERSHIP

## REAL ESTATE OWNED

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

Owner's Name(s): \_\_\_\_\_

Mortgage Institution: \_\_\_\_\_

Deed is Located: \_\_\_\_\_

Property Survey is Located: \_\_\_\_\_

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

Property Taxes Located: \_\_\_\_\_

Maintenance Details: \_\_\_\_\_

\_\_\_\_\_

Lessee Details: \_\_\_\_\_

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

Owner's Name(s): \_\_\_\_\_

Mortgage Institution: \_\_\_\_\_

Deed is Located: \_\_\_\_\_

Property Survey is Located: \_\_\_\_\_

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

Property Taxes Located: \_\_\_\_\_

Maintenance Details: \_\_\_\_\_

\_\_\_\_\_

Lessee Details: \_\_\_\_\_

# VEHICLES OWNED (INCLUDING CARS, TRUCKS, BOATS, CAMPERS, TRAILERS, ETC.)

**Type:** \_\_\_\_\_

Make & Model/Year/Colour: \_\_\_\_\_

License #: \_\_\_\_\_ Vehicle Liens or Loans?  YES  NO

Ownership Located: \_\_\_\_\_

Insurance Located: \_\_\_\_\_

Loan Institution: \_\_\_\_\_

**Type:** \_\_\_\_\_

Make & Model/Year/Colour: \_\_\_\_\_

License #: \_\_\_\_\_ Vehicle Liens or Loans?  YES  NO

Ownership Located: \_\_\_\_\_

Insurance Located: \_\_\_\_\_

Loan Institution: \_\_\_\_\_

**Type:** \_\_\_\_\_

Make & Model/Year/Colour: \_\_\_\_\_

License #: \_\_\_\_\_ Vehicle Liens or Loans  YES  NO

Ownership Located: \_\_\_\_\_

Insurance Located: \_\_\_\_\_

Loan Institution: \_\_\_\_\_



# PERSONAL PROPERTY

Do You Own any  
Collection, Jewelry, etc.?  YES  NO

Description of **Collections**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Value: \_\_\_\_\_

Appraiser: \_\_\_\_\_

Description of **Jewelry**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Value: \_\_\_\_\_

Appraiser: \_\_\_\_\_

Description of **Antiques**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Value: \_\_\_\_\_

Appraiser: \_\_\_\_\_

# PERSONAL PROPERTY DISPOSAL

Do You Have Written instructions as to the Disposal of Your Personal Property?  YES  NO

Instructions are Located: \_\_\_\_\_

***Instructions are as follows:***

**Item:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Instructions:

**Item:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Instructions:

**Item:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Instructions:

**Item:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Instructions:

**Item:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Instructions:

**Item:** \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Instructions: \_\_\_\_\_

## CONTRACTUAL OBLIGATIONS

### PERSONAL LOANS: MONEY OWED

**Person's Name(s):** \_\_\_\_\_

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

Amount Owed: \_\_\_\_\_

Conditions of the Loan: \_\_\_\_\_

**Person's Name(s):** \_\_\_\_\_

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

Amount Owed: \_\_\_\_\_

Conditions of the Loan: \_\_\_\_\_

### PERSONAL LOANS: MONEY LOANED

**Person's Name(s):** \_\_\_\_\_

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

Amount Due: \_\_\_\_\_

Conditions of the Loan: \_\_\_\_\_

**Person's Name(s):** \_\_\_\_\_

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

Amount Due: \_\_\_\_\_

Conditions of the Loan: \_\_\_\_\_

# CONTRACTUAL OBLIGATIONS

## CLUBS, ASSOCIATIONS, SUBSCRIPTIONS

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

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

**Name of Obligation:** \_\_\_\_\_

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

# CONTRACTUAL OBLIGATIONS

## CLUBS, ASSOCIATIONS, SUBSCRIPTIONS

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

**Name of Obligation:** \_\_\_\_\_

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

# CONTRACTUAL OBLIGATIONS

## REWARD CARDS, SERVICES, UTILITIES, CELLPHONES

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

**Name of Obligation:** \_\_\_\_\_

Payment Due: \_\_\_\_\_ Paid how: \_\_\_\_\_

# PRIVACY ACCESS

## PASSWORDS, BANKING, PURCHASING SITES, ETC.

### Online Password Codes

Account Manager App: Username Password

Computer Start-up: Username Password

Email Access: Username Password

### Social Media

FACEBOOK Username Password

TWITTER Username Password

INSTAGRAM Username Password

YOUTUBE Username Password

LINKEDIN Username Password

Other:: Username Password

Other: Username Password

Other: Username Password

### Banking (utility, cell phone etc.):

Other: Username Password

Other Username Password

Other Username Password

Other Username Password



# PRIVACY ACCESS

**Purchasing Sites** (eBay, itunes, e-subscriptions):

|       |          |          |
|-------|----------|----------|
| Other | Username | Password |
| Other | Username | Password |
| Other | Username | Password |
| Other | Username | Password |
| Other | Username | Password |

# HOME PASSWORDS AND SECURITY CODES

Home Security System: \_\_\_\_\_

Voicemail (cell): \_\_\_\_\_

Voicemail (home): \_\_\_\_\_

WIFI: \_\_\_\_\_

Internet Router: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_



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