



WELLINGTON-ALTUS

Estate Information Guide

A central location to help you record and access
important estate information



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How to Use this Guide

The purpose of this guide is to help you record and organize essential information that your authorized representatives, loved ones, executors and beneficiaries may need in the event of your death or incapacity. This document will help provide peace of mind for your family and trusted advisors, that they have access to a comprehensive and centralized view of your estate planning records and wishes.

Here are important considerations and tips to keep in mind as you complete this guide:

- Not all information listed in this guide may be relevant to your situation. Use this guide to identify the relevant information you need to gather and document.
- Review and update this information regularly. Consider setting yourself a reminder to review this guide annually and with any major changes to your financial or personal situation.
- Attach copies of important documents to this guide or provide the location and file name of digital records. Anything kept as a digital record should be backed up regularly.
- Store this guide in a secure and easily accessible location.
- Ensure your executor, attorney or representative and family, if desired, know where this guide will be stored and how to access it.
- Due to the sensitive nature of the information contained herein, please ensure to store this document in a secure place.

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1 | Important Instructions for Executor and Family

In this section, please include:

- Who to contact first and from whom to seek guidance.
- Additional time-sensitive instructions to share with your loved ones. This could include your burial or funeral arrangements, and organ donation wishes. For example, you may have specific religious requests, or a pre-arranged funeral or burial plot already purchased. See also arrangements on p.7 for more detail.
- Do you have any dependents and/or pets that need to be cared for immediately?

2 | Personal Information

Name:

Date of birth (dd/mm/yyyy):

/ /

Place of birth:

S.I.N.:

Citizenship:

Phone:

Email:

Address:

Spouse/partner information:

Date of birth (dd/mm/yyyy):

/ /

Place of birth:

S.I.N.:

Citizenship:

Phone:

Email:

Address:

3 | Family & Main Contacts

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

4 | Professional Advisors & Contacts

Accountant

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Lawyer

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Investment advisor

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Insurance agent

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Primary doctor

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Medical specialist

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Dentist

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Other

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

5 | Power of Attorney, Wills

Law firm handling estate documents

Firm: _____

Lawyer's name: _____

Phone: _____

Email: _____

Powers of attorney

Do you have a power of attorney for property?

☐ Yes ☐ No

Attorney's name: _____

Phone: _____

Email: _____

Location of the original documents: _____

Do you have a power of attorney for personal care?

☐ Yes ☐ No

Agent's name: _____

Phone: _____

Email: _____

Location of the original documents: _____

Have you provided directives for your medical care or a living will?

☐ Yes ☐ No

Location of the original documents: _____

Will documents

Do you have a will?

☐ Yes ☐ No

Location of the original will: _____

Codicil (amendment to will)

Dated (dd/mm/yyyy): _____

Location of the document: _____

Personal effects list or letter of wishes

Dated (dd/mm/yyyy): _____

Location of the document: _____

Executor(s)

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Alternate executor

Name: _____

Address: _____

Phone: _____

Email: _____

5 | Power of Attorney, Wills

Beneficiaries under will

Name: _____

Relationship: _____

Date of birth (dd/mm/yyyy): _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Date of birth (dd/mm/yyyy): _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Date of birth (dd/mm/yyyy): _____

Address: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Date of birth (dd/mm/yyyy): _____

Address: _____

Phone: _____

Email: _____

Details of funeral arrangements

Have you made funeral arrangements?

☐ Yes ☐ No

Funeral home: _____

Address: _____

Phone: _____

Email: _____

Have you prepared instructions for burial, cremation, or funeral arrangements?

☐ Yes ☐ No

Where are these instructions documented?

☐ In a will ☐ In a letter

Document is located: _____

Do you own a cemetery plot?

☐ Yes ☐ No

Have you provided for its ongoing care?

☐ Yes ☐ No

The plot is located: _____

The deed to the plot is located: _____

Are you an organ donor?

☐ Yes ☐ No

6 | Location of Important Documents

Personal identification & legal status

Birth certificate

☐ Yes ☐ No

Location of the document:

Passport

☐ Yes ☐ No

Location of the document:

Citizenship card/naturalization certificate

☐ Yes ☐ No

Location of the document:

Adoption papers

☐ Yes ☐ No

Location of the document:

Property insurance & arrangements

Property insurance ☐ Yes ☐ No

Lease agreements ☐ Yes ☐ No

Other agreements ☐ Yes ☐ No

Location of the documents:

Marriage, divorce & family agreements

Marriage or co-habitation agreement

☐ Yes ☐ No

Separation agreement or divorce decree

☐ Yes ☐ No

Location of the document:

Child support agreements

☐ Yes ☐ No

Location of the documents:

Financial & legal documents

Formal trust documents where you are the beneficiary or trustee

☐ Yes ☐ No

Location of the documents:

Other agreements or documents

7 | Insurance Policies

Disability insurance

Individual coverage 1

Issuer: _____

Insured: _____

Agent's name: _____

Agent's phone: _____

Agent's email: _____

Policy number: _____

Contract location: _____

Individual coverage 2

Issuer: _____

Insured: _____

Agent's name: _____

Agent's phone: _____

Agent's email: _____

Policy number: _____

Contract location: _____

Group coverage

Issuer: _____

Insured: _____

Agent's name: _____

Agent's phone: _____

Agent's email: _____

Policy number: _____

Contract location: _____

Critical illness insurance

Insurance company: _____

Agent's name: _____

Agent's phone: _____

Agent's email: _____

Policy number: _____

Contract location: _____

Long-term care insurance

Insurance company: _____

Agent's name: _____

Agent's phone: _____

Agent's email: _____

Policy number: _____

Contract location: _____

Other insurance

Insurance company: _____

Agent's name: _____

Agent's phone: _____

Agent's email: _____

Policy number: _____

Contract location: _____

7 | Insurance Policies

Life insurance

Individual coverage 1

Insurance company:

Insured:

Agent's name:

Agent's phone:

Agent's email:

Insurance type:

Policy number:

Death benefit:

Contract location:

Individual coverage 2

Insurance company:

Insured:

Agent's name:

Agent's phone:

Agent's email:

Insurance type:

Policy number:

Death benefit:

Contract location:

Individual coverage 3

Insurance company:

Insured:

Agent's name:

Agent's phone:

Agent's email:

Insurance type:

Policy number:

Death benefit:

Contract location:

Group coverage

Insurance company:

Insured:

Agent's name:

Agent's phone:

Agent's email:

Insurance type:

Policy number:

Death benefit:

Contract location:

8 | Personal Financial Information

Banking information

Account 1 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Account type:

☐ Chequing ☐ Savings ☐ USD

Ownership type:

☐ Individual ☐ Joint with:

Account 3 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Account type:

☐ Chequing ☐ Savings ☐ USD

Ownership type:

☐ Individual ☐ Joint with:

Account 2 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Account type:

☐ Chequing ☐ Savings ☐ USD

Ownership type:

☐ Individual ☐ Joint with:

Account 4 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Account type:

☐ Chequing ☐ Savings ☐ USD

Ownership type:

☐ Individual ☐ Joint with:

8 | Personal Financial Information

Loan accounts

Loan account 1 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:
☐ Mortgage ☐ Credit line ☐ Demand loans

Ownership type:
☐ Individual ☐ Joint with:

Loan account 3 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:
☐ Mortgage ☐ Credit line ☐ Demand loans

Ownership type:
☐ Individual ☐ Joint with:

Loan account 2 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:
☐ Mortgage ☐ Credit line ☐ Demand loans

Ownership type:
☐ Individual ☐ Joint with:

Loan account 4 - Name of financial institution:

Name of contact:

Address:

Phone:

Account number:

Balance (\$):

Loan amount (\$):

Purpose of loan:

Loan type:
☐ Mortgage ☐ Credit line ☐ Demand loans

Ownership type:
☐ Individual ☐ Joint with:

8 | Personal Financial Information

Credit and other cards (gas cards, department store cards and point cards)

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

Issuer:

Card number:

Expiry date:

Credit limit (\$):

8 | Personal Financial Information

Investment information

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

Firm:

Account type¹:

Account number:

Ownership type²:

Value (\$):

¹ Include cash accounts, margin accounts, TFSAs, RRSPs, RRIFs, LIRAs, Locked-in RRSPs, LIFs, LRIFs, Prescribed RRIFs, RESPs, RDSPs, FHSAs, annuities, etc.
² Indicate whether the account is held in a single name, joint tenancy with right of survivorship or tenancy in common (or simply joint if in Quebec).

9 | Assets & Real Estate

Real estate

Home address:

Title held by: ☐ You ☐ Spouse ☐ Joint

Is there a mortgage: ☐ Yes ☐ No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Other recreational property address:

Title held by: ☐ You ☐ Spouse ☐ Joint

Is there a mortgage: ☐ Yes ☐ No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Investment property address:

Title held by: ☐ You ☐ Spouse ☐ Joint

Is there a mortgage: ☐ Yes ☐ No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Property manager:

Phone:

Email:

Other property address:

Title held by: ☐ You ☐ Spouse ☐ Joint

Is there a mortgage: ☐ Yes ☐ No

Mortgage held by:

Date of purchase:

Purchase price (\$):

Current market value (\$):

Property manager:

Phone:

Email:

Item	Location of the document
Deeds	
Copies of mortgages	
Property insurance policies	
Land surveys	
Property tax receipts	
Leases	
Information on building costs	
Mortgage insurance policies	

9 | Assets & Real Estate

Personal assets

#	Item description	Location	Value (\$)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
20			
22			
23			
24			
25			
26			
27			
28			

10 | Household Utilities

Home phone provider

Company: _____

Name on account: _____

Account number: _____

Mobile provider

Company: _____

Name on account: _____

Account number: _____

Electricity provider

Company: _____

Name on account: _____

Account number: _____

Gas provider

Company: _____

Name on account: _____

Account number: _____

Water provider

Company: _____

Name on account: _____

Account number: _____

Home alarm company

Company: _____

Name on account: _____

Account number: _____

Internet provider

Company: _____

Name on account: _____

Account number: _____

Other

Company: _____

Name on account: _____

Account number: _____

Other

Company: _____

Name on account: _____

Account number: _____

Other

Company: _____

Name on account: _____

Account number: _____

Other

Company: _____

Name on account: _____

Account number: _____

Other

Company: _____

Name on account: _____

Account number: _____

11 | Debts & Obligations

Debts owed to me

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

Debtor name:

Address:

Phone:

Date of loan (dd/mm/yyyy):

Amount owed (\$):

Interest rate (%):

Location of document:

12 | Business Records

Business name:

Business partner(s)' name:

Business partner(s)' name:

Business partner(s)' name:

Primary phone number:

Mailing address:

Financial & legal documents

Business agreements/contracts

☐ Yes ☐ No

Location of the documents:

Articles of incorporation

☐ Yes ☐ No

Location of the documents:

Shareholders' agreements

☐ Yes ☐ No

Location of the documents:

Inter-company loans

☐ Yes ☐ No

Location of the documents:

Corporate-personal loans

☐ Yes ☐ No

Location of the documents:

Corporate-owned life insurance

☐ Yes ☐ No

Location of the documents:

13 | Digital Information, Memberships & Subscriptions

Include online account details that will need to be closed, transferred or cancelled.

Accounts should include utility accounts (ie. hydro, water, property taxes), commerce accounts (ie. Amazon, Shopify, eBay), email and social media accounts (ie. Facebook, X or Gmail), cloud and storage services (ie. Apple iCloud, Samsung Cloud), domain names and websites, subscription services (ie. Netflix, Amazon Prime, Disney +) or online payment systems (ie. PayPal).

Include locations for any electronic devices such as smartphones, computers and/or tablets.

[illegible]

13 | Digital Information, Memberships & Subscriptions

The following memberships, subscriptions and loyalty programs will need to be cancelled or transferred. Provide online account access details, if applicable.

Professional memberships	
Fitness memberships	
Retail memberships	
Other memberships	
Associations	
Cooperators	
Charities	
Provincial health program	
Magazine subscriptions	
Newspaper subscriptions	
Loyalty programs	

14 | Additional Notes

Provide any further instructions or considerations not captured elsewhere in this document.



The information contained herein has been provided for information purposes only. The information has been drawn from sources believed to be reliable. The information does not provide financial, legal, tax or investment advice. Particular investment, tax, or trading strategies should be evaluated relative to each individual's objectives and risk tolerance. This does not constitute a recommendation or solicitation to buy or sell securities of any kind. Wellington-Altus Private Wealth Inc. (WAPW) does not guarantee the accuracy or completeness of the information contained herein, nor does WAPW assume any liability for any loss that may result from the reliance by any person upon any such information or opinions. Before acting on any of the above, please contact your financial advisor. WAPW is a member of the Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada.

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