PREPAREDNESS PLAN



PREPARED BY

Contents

- 1) Personal Information
 - a) Copies of Important Identification
 - b) Emergency Contact information and Family
- 2) Personal Advisors
 - a) Business Cards
- 3) Doctors
 - a) Prescription Lists
- 4) Important Documents
 - a) Copies
- 5) Insurances
 - a) Policies
- 6) Bank Accounts and Credit Cards
 - a) Copies of Statements
- 7) Loans
 - a) Copies of Statements
- 8) Pensions
 - a) RRSP
 - b) Work Pension Plans
 - c) Spouse Beneficiary to Pensions
- 9) Income Tax
 - a) Notice of Assessment
- 10) Investments
 - a) Copies of Statements
- 11) Subscriptions and Memberships
- 12) Utilities and Bills
 - a) Copies of Bills
- 13) Passwords
- 14) Keys and Lock Codes
- 17) Pet Information
 - a) Vet Files
- 16) Funeral arrangements
 - a) Final wishes
- 17) Accomplishments, Special dates, Career history
 - a) Preparing obituary information

1. Personal Information of: _	
_	(The Individual completing this form)

Name	Information	Document Location
Full Name		
Maiden/Birth name		
Date of Birth		
Place of Birth		
Social Insurance Number		
Driver's License		
Provincial Health Care #		
Passport		
Father's Name		
Father's place of birth		
Mother's Maiden Name		
Mother's place of birth		

Spouse's Information:

Name	Information	Document Location
Spouse's Full name		
Maiden/Birth name		
Date of Birth		
Place of Birth		
Date Deceased (if applicable)		
Death Certificate		
Burial Records		
Social Insurance Number		
Driver's License		
Provincial Health Care #		
Passport		
Spouse's Father's Name		
Father's place of birth		
Spouse's Mother Name		
Mother's place of Birth		

Emergency Contacts and Family members:

If for any reason a spouse or family member should NOT be notified, please explain. If a protective order has been placed against any family member or an individual, please provide information.

Name	Contact Information
A	
A	

2. Personal Advisors

Name	Contact Information
Executor	
Power of Attorney or	
Enduring Power of Attorney	
Personal Directive	
Financial	
Lawyer	
Accountant	

3. Doctors

Name	Contact Information

Health Records

Allergies		
Medications		
Surgeries		

4. Important Documents

Document	Location - Original	Location - Copy
Wills		
Personal Directive		
Powers of Attorney or Enduring		
Powers of Attorney		
Birth Certificates		
Citizenship		
Marriage Certificate		
Passports		

Safety Deposit Box

Location	Contents	

5. Insurance

Provider	Details	Payment Schedule
	Provider	Provider Details

Insurance: Additional Properties

(Summer Home or Investment Properties)

Туре	Provider	Details	Payment Schedule
House and			
Property			
Vehicle			
Mortgage			
Life Insurance			
Retiree Group Life			
Insurance			
Supplementary			
Health and Dental			

6. Bank Accounts, Credit Cards

Bank	Branch	Account Type

7. Loans

Туре	Provider	Details	Payment Schedule

8. Pensions

(List both personal and combined with spouse if applicable)

Personal:

Туре	Details	Documents Location

Spouse's Pension or Beneficiary of other Policies

Туре	Details	Documents Location

9. Income Tax

Prepared By	Documents Location

Spouse's (if applicable)

Prepared By	Documents Location

10. Investments

Advisor Name	Type of Investment	Name

11. Subscriptions, Memberships

Yearly etc.	Paid By

12. Utilities and monthly bills

Name	Pass code?	Paid By

13. Passwords

Account	User Name	Password
Wireless Access		
Computer		
P.I.N. number Bank accts.		
P.I.N.		
P.I.N.		
Facebook		
Twitter		
Instagram		
Online photo account		
Accounting software		
Email		

14. Key and Lock Codes

	Keys	Code
House Keys		
RV, Motorhome, trailer		
Gun Safe		
Shed		
Filing cabinet		
Cabin (lake property, etc.)		

15. Pet Information

Name	DOB	Medical conditions

16. Funeral Arrangements, final wishes, and instructions

Do you have arrangements made with a Funeral Home? Is it pre-paid? Family plots, cremation, formal burial, etc.

Provider	Contact Name

17. Use this space for special accomplishments, important dates, or to prepare an obituary.

Please remember this plan is **not** a **legal document**. The information you have provided is to ensure your family member(s), caregiver or friend has the information needed to handle your affairs as you have indicated. **Please remember:** only share this information with that trusted individual.



