



When I'm Gone: All the information you will ever need to settle my affairs

Preparing for settling your affairs can be challenging and overwhelming. There are many different legal and financial documents that need to be completed as well as ensuring that your personal wishes are followed after death. Make sure your personal information is organized and secure for those who will need access to it after your death.

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Basic Personal Information

Name: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address(es): _____

Phone Numbers: _____

Social Insurance Number: _____

Place of Birth: _____

City

Province

Country

Postal Code

Date of Birth: (DD/MM/YYYY) _____

Marital Status: ☐ Married Date of Marriage: _____

☐ Never Married Name of Surviving Partner: _____

☐ Widowed

☐ Divorced

Estate Information

(excerpted from Dignity Memorial, Personal Planning Guide)

Importance of a Will

The law is very exacting in its requirements with respect to the publications, signings and witnessing of wills. It is recommended that this matter be handled by a competent lawyer. Homemade wills may not stand up in court. You should review your will every few years, particularly if you have moved or your family situation has changed since you last executed a will.

I have a Will: ☐ Yes Date of Will: (DD/MM/YYYY) _____

☐ No Location of Will: _____

Executor/Executrix

Name: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Powers of Attorney

POA for Finance

Date of POA Paperwork: _____

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

POA for Health Care

Date of POA Paperwork: _____

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Notes for Advance Care Planning

Is there a DNR in place? _____

Witness: _____

If unable to speak, what medical measures would/wouldn't you want? (i.e. intubation, feeding tube, life support, etc.)

Are you an organ donor? ☐ Yes ☐ No

If yes, is this information on file with the Ministry of Health? ☐ Yes ☐ No

Note: If you have an OHIP photo card, your donor status will be listed on the back of the card, provided that you registered your status prior to your card being issued.

Name of Funeral Home: _____

Phone Number: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Type of Funeral/Burial: _____

Special Instructions:

Financial Information

Banking

Bank Name: _____ Branch: _____

Type of Account: ☐ Chequing ☐ Savings ☐ Other: _____

Account Number: _____

Bank Name: _____ Branch: _____

Type of Account: ☐ Chequing ☐ Savings ☐ Other: _____

Account Number: _____

Username: _____ Password: _____

Credit Cards

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ Other: _____

Account Number: _____ Expiration Date: _____

Username: _____ Password: _____

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ Other: _____

Account Number: _____ Expiration Date: _____

Username: _____ Password: _____

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ Other: _____

Account Number: _____ Expiration Date: _____

Username: _____ Password: _____

How to cancel credit cards

For information on cancelling your credit card, the Government of Canada website provides detailed information.
<https://www.canada.ca/en/financial-consumer-agency/services/credit-cards/cancel-credit-card.html>

Financial Assets

Type/Description: _____

Location: _____

Company Contact: _____ Phone: _____

Bequests (Art/Jewellery): _____

Other Loan Information

Safety Deposit Box

Name of Location: _____

Address: _____ Phone: _____

Name of Keyholder: _____ Phone: _____

Life Insurance/Benefits

Location of Policy: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other: _____

Name of Company: _____ Phone: _____

Policy Number: _____ Beneficiary: _____

Amount: _____

Location of Policy: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other: _____

Name of Company: _____ Phone: _____

Policy Number: _____ Beneficiary: _____

Amount: _____

Location of Policy: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other: _____

Name of Company: _____ Phone: _____

Policy Number: _____ Beneficiary: _____

Amount: _____

Location of Policy: _____

Type: ☐ Term ☐ Whole Life ☐ Universal ☐ Group ☐ Other: _____

Name of Company: _____ Phone: _____

Policy Number: _____ Beneficiary: _____

Amount: _____

Real Estate Holdings

Description: _____

Address: _____

Deed Location: _____

Deed Holding Institution: _____

Passport

Full Name (First, Middle, Last): _____

Passport Number: _____

Date of Issue: _____ Date of Expiration: _____
DD/MM/YYYY DD/MM/YYYY

Driver's Licence

Full Name (First, Middle, Last): _____

Driver's Licence Number: _____

Date of Issue: _____ Date of Expiration: _____
DD/MM/YYYY DD/MM/YYYY

Online Profile

List your email, social media accounts, or other important login information.

Account Name: _____

Web Address/URL _____

Username: _____ Password: _____

Other Information: _____

Account Name: _____

Web Address/URL _____

Username: _____ Password: _____

Other Information: _____

Account Name: _____

Web Address/URL _____

Username: _____ Password: _____

Other Information: _____

Account Name: _____

Web Address/URL _____

Username: _____ Password: _____

Other Information: _____

People to Contact

Who would you like notified of your passing?

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____

Organizations to Contact

What organizations or groups should be notified upon your passing? (fraternal organizations, service clubs, home health care agencies, fitness clubs, hobby groups etc.)

Name of Organization: _____

Contact Person: _____

Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Name of Organization: _____

Contact Person: _____

Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Name of Organization: _____

Contact Person: _____

Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Name of Organization: _____

Contact Person: _____

Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Name of Organization: _____

Contact Person: _____

Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Your Legacy

What do you want to be remembered for?

(values, accomplishments, challenges, etc.)

Career

Occupation: _____ Type of Business: _____

Name of Business: _____

Education

High School/College/University: _____

Degree(s): _____

Military Service

Branch of Service: _____

Service Serial Number: _____

Date Entered Service: _____ Place: _____

DD/MM/YYYY

Type of Separation OR
Discharge of Service: _____

Date: _____ Place of Separation: _____

DD/MM/YYYY

Location of Military Discharge Papers: _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Additional Information/Medals/Citations: _____

My Family History

Where do I come from?

Grandparents

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

Parents

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

Siblings

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

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Children

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

Grandchildren

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____

Spouse/Partner: _____ Date of Marriage: _____

Appendix

After the Death Occurs

Notify:

- Family & friends
- Funeral home and clergy
- Employment
- Executor/executrix (funeral arrangements may have been pre-planned)
- Register the death once you've received the Statement/Proof of Death from the funeral director. Ask for 10-15 copies.

Copies of the actual Death Certificate can be ordered from the Registrar General online at www.ontario.ca/page/how-get-copy-ontario-death-certificate-online#section-1

Documents to Collect:

- Birth Certificate
- Marriage certificate
- Will
- Social Insurance number
- OHIP card
- Insurance policies
- Deeds and title to property
- Auto title and registration papers (drivers license & insurance)
- Income Tax for previous year

Helpful Resources

Here is some basic information that may help.

Note that some of these resources will apply to you and others may not.

1. Obtain the **Statement of Death** from your funeral home and ask for 10-15 copies for business purposes. Copies of the actual Death Certificate can be ordered from the registrar general online at www.ontario.ca/page/how-get-copy-ontario-death-certificate-online#section-1
2. Contact **Service Canada** to report death and inquire about benefits including the death benefit- 1-800-277-9914
3. Contact **City of Toronto Human Service**-416-338-8888 or **Social Services York Region**- 1-888-256-1112 if funeral home service is needed. Do this PRIOR to signing a contract with a funeral home.
4. Contact **Canada Revenue Agency** to report date of death, to get a copy of the most recent tax form and to submit a final tax return- 1-800-959-9291
5. Contact **Legal Aid Ontario** at – 1-800-668-8258 or **Pro Bono Ontario** at 1-855-255-7256 if legal guidance is needed and costs cannot be covered.
6. Contact **Jane/Finch Center** and ask about the Financial Empowerment and Problem-Solving Program. This program provides assistance in dealing with benefits, ODSP, Life insurance/private pensions, and funeral assistance- (416) 663-2733 ext. 279.
7. Contact **JF&CS** and ask for Restitution Services if deceased is a Holocaust survivor- 416-638-7800
8. Contact **Veterans Affairs Canada** if deceased was a Veteran- 1-866-522-2122

Survivors Pension

The Canada Pension Plan (CPP) survivor's pension is paid to the person who, at the time of death, is the legal spouse or common-law partner of the deceased contributor. If you are a separated legal spouse and the deceased had no common-law partner, you may qualify for this benefit.

Complete Form (ISP 1300) and mail it to them. The survivor's pension starts at the earliest the month after the contributor's death.

As soon as the CPP has all the information and documentation, your application will be processed.

To contact CPP:

- Canada and the United States Toll-free: 1-800-277-9914
- Canada and the United States TTY: 1-800-255-4786
- The hours of operation are 8:30 am to 4:30 pm local time, Monday to Friday.

Note: To access information about your account, you will need to provide your Social Insurance Number (SIN) and other personal information.

Property tax & utility billing

Change of Ownership (Tax and Utility):

- Lawyers will send in new ownership paperwork once the sale of property is finished.
- The paperwork will include: property address, name of new owner, closing date.
- There is a fee for an ownership change.
- If lawyer has not sent in the ownership change paperwork, then the new owner can submit them.
- To remove a deceased owner from the accounts, please send in the death certificate with written request.

To call the City of Toronto with more specific Property Tax and Utilities question, their contact information is at this website and also listed below:

<https://www.toronto.ca/services-payments/property-taxes-utilities/>

City of Toronto, Revenue Services

From Monday to Friday 8:30 a.m. to 4:30 p.m., call the Tax & Utility Inquiry Line

Telephone: 311

TTY: 416-338-0TTY (0889)

Outside City Limits: 416-392-CITY (2489)

Fax: 416-696-3605

Email: propertytax@toronto.ca

Email: utilitybill@toronto.ca

Social Insurance Number

What to do with the deceased's SIN following a death:

To report a death, provide the Statement/Proof of Death from the funeral director or a copy of the death certificate issued by the vital statistics agency, and the SIN of the deceased individual. You may submit the documents in person at your nearest Service Canada Centre or mail them to the following address:

Service Canada

Social Insurance Registration office

Post Office Box 7000

Bathurst, NB E2A 4T1, Canada

When you provide this information, the SIN record will be annotated to indicate the person is deceased, but the SIN can still be used for estate purposes.

If you cannot remember the SIN, the legal representative of the estate can make a request to obtain a confirmation of the SIN of the deceased individual. To obtain a confirmation of the SIN of the deceased individual, simply gather all the required original documents and take them to the nearest Service Canada Center. If everything is in order, you will get the SIN during your visit and you will not need to part with your documents.

Special measures are in place to accommodate individuals who cannot apply in person at a Service Canada Center. To confirm your eligibility to apply by mail, you must verify your postal code.

Passport

If the passport is valid, mail it to have it cancelled at:

**Passport Program
Gatineau QC K1A 0G3 Canada**

An expired passport doesn't need to be returned. However, if you want it to be securely destroyed, send a note and a copy of the death certificate along with the expired passport asking for its destruction. You may also ask that the cancelled passport be returned.

Cancel a driver's licence by mail

To cancel a driver's licence by mail, send a copy of one of the accepted documents listed below along with the original driver's licence to be cancelled to the follow address:

**ServiceOntario
P.O. Box 9100
Kingston, Ontario K7L 5K3**

Include one or more of the following documents along with the application for a refund or – if not asking for a refund – the original driver's licence to be cancelled:

- death certificate
- notification of death from police officer, judiciary or lawyer

Health Card

To cancel a family member's health card following their death, please visit any ServiceOntario centre.

Bring the following with you:

- the health card
- a death certificate [This can be a death certificate from the funeral home or a certificate from ServiceOntario (a fee applies)]

If you do not have a death certificate, you can complete a Change of Information Form.

- This form can be found at this link: <https://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0280-82>

Vehicle Ownership

How to change vehicle ownership prior to death:

The following documents need to be brought to a Service Ontario centre:

- a completed sworn statement for a Family Gift of a Used Motor Vehicle in the Province of Ontario form
- proof of Ontario insurance
- your Ontario driver's licence
- Safety Standards Certificate (not required for spouse to spouse transfers)
- vehicle ownership permit with the completed portion on the back, AND
- a completed plate transfer declaration if you are also transferring the licence plate (this is required on spouse to spouse transfers in order to exempt them from the Safety Standards Certificate and the Drive Clean emissions test requirements)
- Only one exempt transfer of the same vehicle, between family members, is allowed within a 12-month period.

Cancel Credit Cards

For information on cancelling your credit card, the Government of Canada website provides detailed information.

<https://www.canada.ca/en/financial-consumer-agency/services/credit-cards/cancel-credit-card.html>