



PERSONAL ESTATE PLANNING GUIDE

+ Atlantic Region Aboriginal Lands Association



PERSONAL ESTATE PLANNING GUIDE

+ A Practical Resource - 1st Edition

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Atlantic Region Aboriginal
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Visit our website at:

arala.ca



Disclaimer: This Planning Guide is intended to be used as a supporting, best practice guide and is for information purposes only. It is not intended to provide legal advice. Seeking the advice of a qualified lawyer is always recommended in personal estate planning.

PREFACE



ATLANTIC REGION ABORIGINAL LANDS ASSOCIATION (ARALA)

- + ARALA's Mandate is to assist First Nations interest in various land management functions and to create opportunities to network between each other on land-related issues.

In 2022 ARALA started the Wills and Estates Planning Guide project.

It was created in response to ARALA members expressing a need for additional resources around Wills and Estates planning.

This guide will enable families to maneuver the often-complex path of administering Will and Estates.



INTENDED USE OF THIS GUIDE

Estate Planning is a very important act that shows you care for the loved ones you are leaving behind. Once completed, the intended use of this guide is to support your estate executor or administrator in carrying out your wishes upon your passing. It is a supplementary guide to be used in tandem with a legal Will.

It is not meant to replace legal advice or to be used exclusively as your only mechanism for estate planning. It is best practice to ensure you have a current and legal Will that is accessible by your named executor(s).

A known contributor to the stress of processing an estate is locating key documents and important information.

Our hope is that this planning guide relieves some of that stress as all your information can be in one convenient place. Keep in mind that there may be some very confidential information contained in this guide and it should be protected and stored with care.

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ABOUT ME

Full name

Alias

Date of birth

Address

Secondary Address

Email Address

Phone Number

Status Number

Social Insurance Number

Birthplace

Citizenship

Occupation

Marital Status

Name of Spouse

Maiden Name

Date of marriage

Father's Full Name

Mother's Full Name

Mother's Maiden Name

Mother's Birthplace

Do I have a Will?

Location of the Will

Last Updated

Lawyer Name

Lawyer Phone Number

My Executor(s)

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

MY CHOICES

Use this section to elaborate on your wishes upon your passing. Some of this information may be briefly noted in your Will, however, most times it is not.

Funeral Pre-arranged yes no

Funeral Pre-paid yes no

Burial yes no

If yes, do you have a cemetery plot? yes no

Name of Cemetery: _____

Cemetery Section: _____

Cemetery Lot: _____

Phone Number: _____

Cremation yes no

Name of Crematorium: _____

If yes, where do you wish the ashes to be placed?

Family Plot Niche Columbarium Other

Specify Other: _____

Church Service yes no

Location of Church: _____

Denomination: _____

Cultural protocols and practices are important to me?

yes no

If yes, what are they?

Person(s) to do my eulogy

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Pallbearers

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Honorary Pallbearers

OBITUARY INFORMATION

Use this section to elaborate on things that may be contained in your obituary. Also, check the boxes indicating where you would like your obituary to be posted.

Newspaper Social Networking Website

Community Newsletter

I would like my name to be printed this way

My Spouse

Children & their spouses

Grandchildren & their spouses

Great Grandchildren

Siblings & their spouses

Parents

Others to be included in obituary

Pets

My Education

Professional designations

Clubs/associations I belong to

Achievements

Religious affiliations

Charitable donations to

Picture: yes no

If yes, which one? _____

Nicknames

Additional Information

THINGS THAT MATTER TO ME

This section can be used for several situations such as a tool for writing a eulogy or recognizing, and acknowledging special people, places, and important things in your life.

Special memories

Favourite books

People who made a difference

Things that made me laugh

The things I am most proud of

Things that made me cry

Favourite pastimes

Places that were special to me

Favourite quotes

Favourite songs

FAMILY & FRIENDS TO NOTIFY

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

CONTACTS TO BE NOTIFIED

Accountant

Company Name: _____
Contact Name: _____
Phone Number: _____

Bank

Company Name: _____
Contact Name: _____
Phone Number: _____

Cable/Satellite

Company Name: _____
Contact Name: _____
Phone Number: _____
Account Number: _____

Phone

Company Name: _____
Contact Name: _____
Phone Number: _____
Account Number: _____

Clergy

Name: _____
Phone Number: _____

Dentist

Practice Name: _____
Doctor Name: _____
Phone Number: _____

Employer

Company Name: _____
Contact Person: _____
Phone Number: _____

Eye Doctor

Company Name: _____
Doctor Name: _____
Phone Number: _____

Gym/Health Club

Company Name: _____
Contact Person: _____
Phone Number: _____
Account Number: _____

Elder/Medicine man/Knowledge Keeper

Company Name: _____
Contact Person: _____
Phone Number: _____

Utilities

Company Name: _____
Contact Person: _____
Phone Number: _____
Account Number: _____

Landlord

Company Name: _____
Contact Person: _____
Phone Number: _____

Veterinarian Services:

Company Name: _____
Contact Person: _____
Phone Number: _____

Other

Company Name: _____
Contact Person: _____
Phone Number: _____

MY ESTATE SETTLEMENT PREPARATION

Upon passing, a series of processes must take place to administer the estate. This next section includes information that will be used to assist in those processes such as: closing bank accounts, notifying insurers, completion of tax returns, etc. A listing of estate assets has not been included in this guide as that information should be included in your Will.

DOCUMENTS THAT WILL MOST LIKELY BE NEEDED

SOCIAL INSURANCE NUMBERS OF:

Deceased yes no

Located in: _____

Surviving Spouse yes no

Located in: _____

Dependent Children yes no

Located in: _____

BIRTH OR BAPTISMAL CERTIFICATES OF:

Deceased yes no

Located in: _____

Surviving Spouse yes no

Located in: _____

*Dependent Children yes no

Located in: _____

*Only required if there are surviving dependent children under the age of 18 or between 18-25 and still in school

Marriage Certificate or Statutory Declaration of Common Law Union yes no

Located in: _____

Prenuptial Agreement yes no

Located in: _____

Divorce Certificate yes no

Located in: _____

Funeral Home Statement of Prepaid Account for Funeral Expenses yes no

Located in: _____

All Pertinent Tax Slips (T5, T4, previous returns, etc.) yes no

Located in: _____

Vehicle Ownership & Insurance Slips yes no

Located in: _____

IDENTIFICATION

Passport yes no

Located in: _____

Health Card yes no

Located in: _____

Status Card yes no

Located in: _____

Driver's License yes no

Located in: _____

Organ Donor Cards yes no

Located in: _____

Other yes no

Located in: _____

MY FINANCIAL INFORMATION

BANK ACCOUNT INFO

Account Type: Chequing Savings Other

Name of Bank: _____

Branch: _____

Phone Number: _____

Is this a joint account?

If yes, who is it joint with? _____

Account Type: Chequing Savings Other

Name of Bank: _____

Branch: _____

Phone Number: _____

Is this a joint account?

If yes, who is it joint with? _____

Account Type: Chequing Savings Other

Name of Bank: _____

Branch: _____

Phone Number: _____

Is this a joint account?

If yes, who is it joint with? _____

SAFE DEPOSIT BOXES

Name of Bank: _____

Phone Number: _____

Name of Bank: _____

Phone Number: _____

LOANS/LINES OF CREDIT/MORTGAGES

Loan Type: Loan Line of Credit Mortgage

Other _____

Financial Institution: _____

Phone Number: _____

Loan Type: Loan Line of Credit Mortgage

Other _____

Financial Institution: _____

Phone Number: _____

Loan Type: Loan Line of Credit Mortgage

Other _____

Financial Institution: _____

Phone Number: _____

INVESTMENTS

(Example investments RRSP, TFSA, RESP, Stocks, Bonds, etc.)

Investment Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

Investment Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

Investment Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

Investment Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

INSURANCE

Type: Auto Life House Health
 Other _____

Insurance Company: _____

Phone Number: _____

Policy Number: _____

Located In: _____

Type: Auto Life House Health
 Other _____

Insurance Company: _____

Phone Number: _____

Policy Number: _____

Located In: _____

Type: Auto Life House Health
 Other _____

Insurance Company: _____

Phone Number: _____

Policy Number: _____

Located In: _____

Type: Auto Life House Health
 Other _____

Insurance Company: _____

Phone Number: _____

Policy Number: _____

Located In: _____

Type: Auto Life House Health
 Other _____

Insurance Company: _____

Phone Number: _____

Policy Number: _____

Located In: _____

PENSIONS

(Example Pensions: CPP, OAS, WSIB Benefits, OMERS, Teacher's Pension, occupational pensions, etc.)

Pension Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

Pension Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

Pension Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

Pension Type: _____

Financial Advisor: _____

Financial Institution: _____

Phone Number: _____

IMPORTANT CONTACT INFORMATION

First Nation Band Office: _____

Phone Number: _____

Lands Manager: _____

Is there someone who assists with Estates in my community? yes no

If yes, Name: _____

Phone Number: _____

Band Manager: _____

Phone Number: _____

Public Works Coordinator: _____

Phone Number: _____

Membership Clerk: _____

Phone Number: _____

First Nation Health Centre: _____

Phone Number: _____

Cemetery: _____

Phone Number: _____

Additional Contact Information



HELPFUL LINKS

To access some of these helpful links, take a picture of the QR codes with your smart phone and the link to the appropriate site will appear for you to click on.



- **INDIGENOUS SERVICES CANADA - ESTATE SERVICES FOR FIRST NATIONS**

<https://www.sac-isc.gc.ca/>
Reception is (902) 661-6209 and they can ask for the Estates Unit



- **CANADIAN MENTAL HEALTH ASSOCIATION - UNDERSTANDING & COPING WITH LOSS AND GRIEF**

<https://cmhanb.ca/grief-and-loss-recovery/>



- **GOVERNMENT OF CANADA**

<https://www.canada.ca/en.html>



- **GOVERNMENT OF NEW BRUNSWICK**

https://www2.gnb.ca/content/gnb/en/services/services_renderer.17478.Death_Certificate.html



- **GOVERNMENT OF NOVA SCOTIA**

<https://novascotia.ca/sns/access/vitalstats/death.asp>



- **GOVERNMENT OF PRINCE EDWARD ISLAND**

<https://www.princeedwardisland.ca/en/service/apply-for-a-death-certificate>



- **GOVERNMENT OF NEWFOUNDLAND AND LABRADOR**

<https://www.gov.nl.ca/dgsnl/birth/death-certificate/>



- **CANADA WILLS - HOME PAGE**

Create free legal will, free Living Will, Medical Power of Attorney and Advance Directive, free COVID-19 living will.

www.canadawills.com



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