



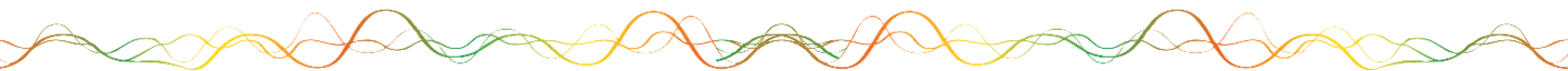
# Personal Estate Planning Guide

This Guide Belongs to: \_\_\_\_\_



**Ontario Aboriginal Lands Association**

[www.oala-on.ca](http://www.oala-on.ca)



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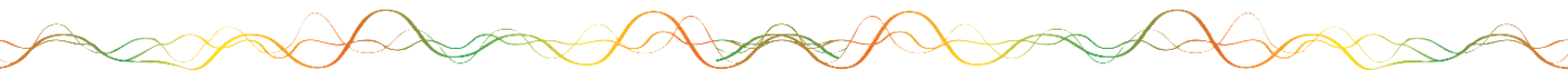
Ontario Aboriginal Lands Association

Estates Unit

(519) 312-9615

[estates@oala-on.ca](mailto:estates@oala-on.ca)





# PERSONAL ESTATE PLANNING GUIDE

*A Practical Resource*

Ontario Aboriginal Lands Association

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[www.oala-on.ca](http://www.oala-on.ca)

**1<sup>st</sup> Edition**

**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

### **OALA ESTATES UNIT:**

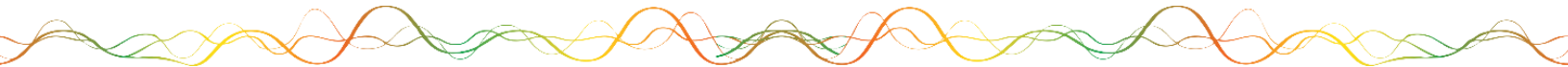
In 2020, the OALA Estates Unit was created in response to our OALA members expressing a need for additional support in the area of estates. The Estates Unit has a mandate to support First Nation lands professionals by building capacity, providing training opportunities, and offering tools such as this guide, to help maneuver the often-complex paths of First Nation 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 administer 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 of your information can be located 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: (mm/dd/yyyy) \_\_\_\_\_

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?**

Yes

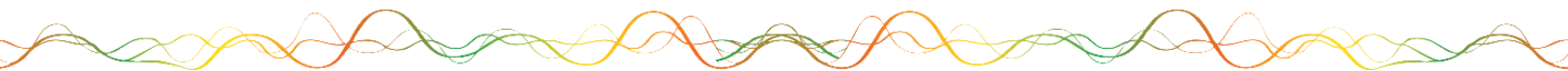
No

Location of the Will: \_\_\_\_\_


Last Updated: \_\_\_\_\_


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


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

**Cremation:** Yes  No

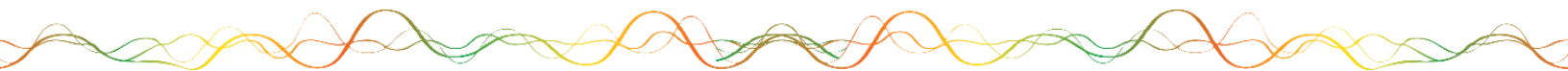
Name of Crematorium: \_\_\_\_\_

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

Family Plot  Niche  Columbarium  Other

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





**Entombment?** Yes  No

If yes, do you have a mausoleum crypt? Yes  No

---

**Place of Service:**

Funeral Home: Address: \_\_\_\_\_

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

Community Centre: Address: \_\_\_\_\_

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

Officiant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I prefer the funeral service: Public  Private

Viewing for family: Yes  No  Viewing for friends: Yes  No

Flower Preference: \_\_\_\_\_ Jewelry: \_\_\_\_\_

Clothing: \_\_\_\_\_ Glasses? Yes  No

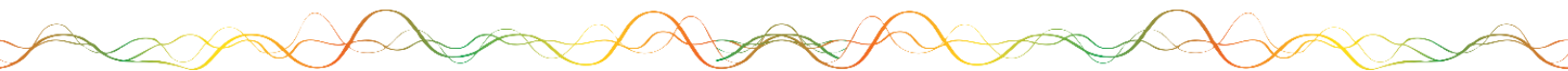
Preferred Music: \_\_\_\_\_

Song(s): \_\_\_\_\_

Pictures: \_\_\_\_\_







Cultural protocols and practices are important to me?

Yes  No

If yes, what are they?

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**Person(s) to do my eulogy:**

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_


 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_


 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_


**Pallbearers:**


 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

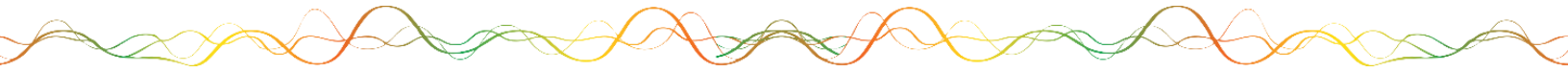
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_





## 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 grand children:

Siblings & their spouses:

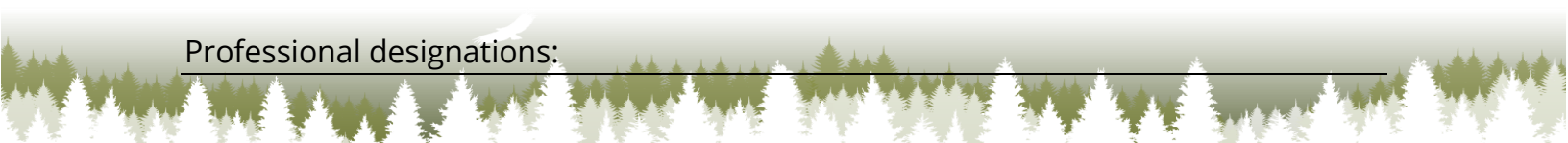
Parents:

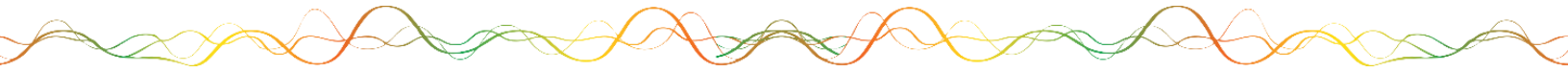
Others to be included in obituary:

Pets:

My education:

Professional designations:





Religious affiliations:

Clubs/associations I belong to:

Achievements:

Charitable donations to:

Picture:    Yes     No     If yes, which one?

Nicknames:

**Additional Information:**

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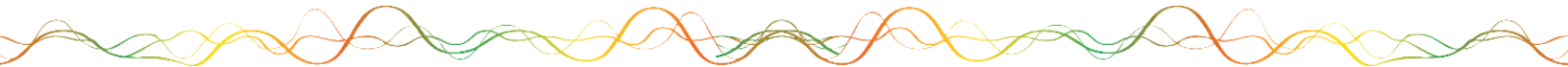
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## THINGS THAT MATTER TO ME

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

Special memories:

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People who made a difference:

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The things I am most proud of:

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Favourite pastimes:

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Places that were special to me:

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Favourite quotes:

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Favourite songs:

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Favourite books:

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Things that made me laugh:

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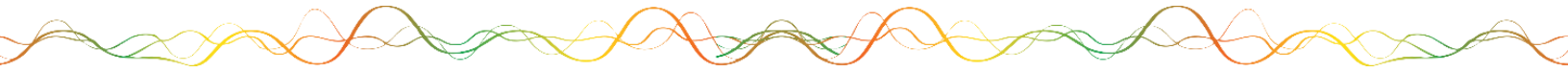
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Things that made me cry:

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## FAMILY & FRIENDS TO NOTIFY

**Name:**

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Relationship:

Phone Number:

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**Name:**

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Relationship:

Phone Number:

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**Name:**

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Relationship:

Phone Number:

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**Name:**

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Relationship:

Phone Number:

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**Name:**

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Relationship:

Phone Number:

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**Name:**

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Relationship:

Phone Number:

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**Name:**

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Relationship:

Phone Number:

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**Name:**

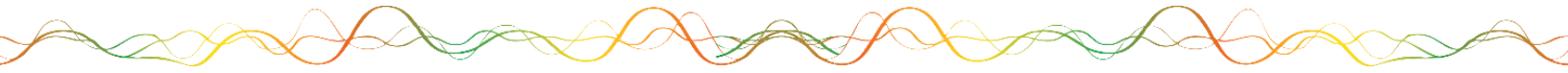
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Relationship:

Phone Number:

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## CONTACTS TO BE NOTIFIED

### Accountant

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

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

Phone Number: \_\_\_\_\_

### Bank

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

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

Phone Number: \_\_\_\_\_

### Cable/Satellite

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

Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Phone:

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

Account Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Clergy:

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

Phone Number: \_\_\_\_\_

### Dentist:

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

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

Phone Number: \_\_\_\_\_

### Doctor:

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

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

Phone Number: \_\_\_\_\_

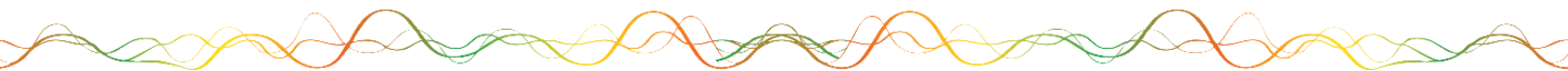
### Employer:

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

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

Phone Number: \_\_\_\_\_





**Eye Doctor:**

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

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Gym/Health Club:**

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Specialists:**

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Utilities:**

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Landlord:**

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Veterinarian Services:**

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Other:**

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 <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
Surviving Spouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
Dependent Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____

#### Birth or Baptismal Certificates of:

Deceased	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
Surviving Spouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
*Dependent Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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: \_\_\_\_\_

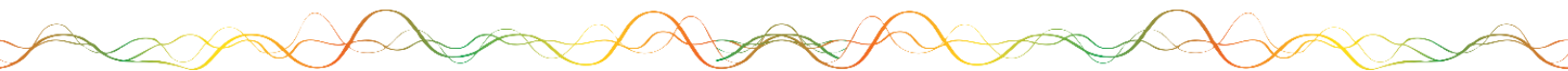
#### Vehicle Ownership & Insurance Slips:

Yes  No  Located in: \_\_\_\_\_

#### Identification:

Passport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
Health Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
Status Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Located in: _____
Driver's License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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?    Yes     No     If yes who is it joint with? \_\_\_\_\_

**Account Type:**    Chequing     Savings     Other   
 Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a joint account?    Yes     No     If yes who is it joint with? \_\_\_\_\_

**Account Type:**    Chequing     Savings     Other   
 Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone Number: \_\_\_\_\_

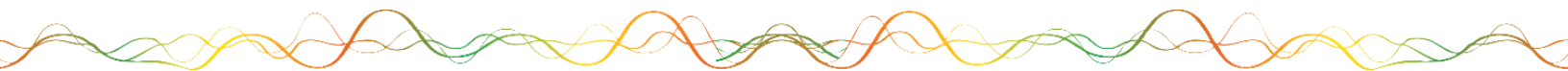
Is this a joint account?    Yes     No     If yes who is it joint with? \_\_\_\_\_

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

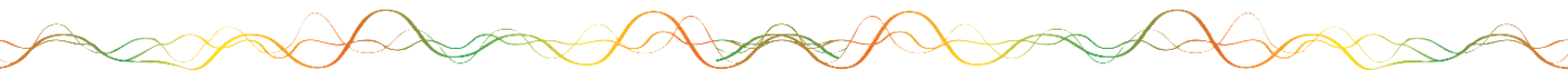
**Investment Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Investment Type:** \_\_\_\_\_ Financial Advisor: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_





**Insurance:**

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

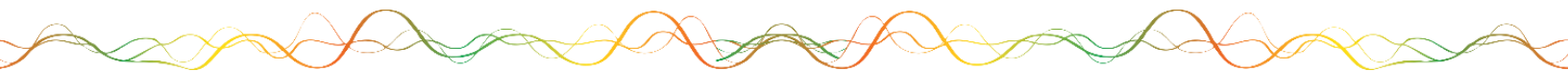
**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Located In: \_\_\_\_\_

**Type:** Auto  Life  House  Health  Other  \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Credit Cards:**

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards, etc.)

**Located in:** \_\_\_\_\_

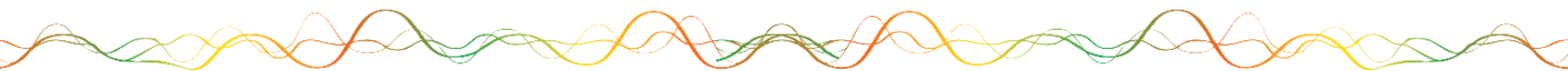
**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards, etc.)

**Located in:** \_\_\_\_\_

**Credit Card Type:** VISA  Master Card  AMEX   
Other  \_\_\_\_\_ (gas cards, department store credit cards, etc.)

**Located in:** \_\_\_\_\_





**Credit Card Type:** VISA  Master Card  AMEX   
 Other  \_\_\_\_\_ (gas cards, department store credit cards, etc.)

Located in: \_\_\_\_\_

**Credit Card Type:** VISA  Master Card  AMEX   
 Other  \_\_\_\_\_ (gas cards, department store credit cards, etc.)

Located in: \_\_\_\_\_

**Additional Financial Information:**

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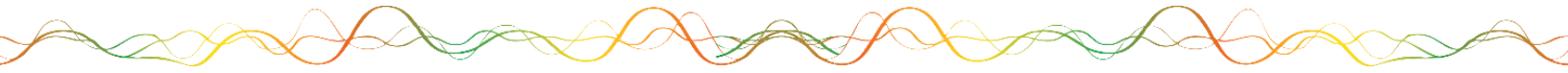
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Photo taken by Emma Taylor, Curve Lake First Nation





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

Does my community have any Estate related policies? Yes  No   
If yes, where can I obtain a copy: \_\_\_\_\_

Band Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Public Works Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Membership Clerk: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Nation Health Centre: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ontario Works Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Additional Contact Information:

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## 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.



**Ontario Aboriginal Lands Association (OALA) Estates Unit**  
<https://oala-on.ca/about-oala/estates-unit/>



**Indigenous Services Canada – Estate Services for First Nations**  
<https://www.sac-isc.gc.ca/eng/1100100032357/1581866877231>



**National Aboriginal Lands Managers Association (NALMA)**  
<https://nalma.ca/>



**Canadian Mental Health Association – Understanding & Coping with Loss and Grief**  
<https://ontario.cmha.ca/documents/understanding-and-coping-with-loss-and-grief/>



**Ontario Works Directives – Funeral and Burials**  
[https://www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/ow/7\\_2\\_OW\\_Directives.aspx](https://www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/ow/7_2_OW_Directives.aspx)



**Legal Aid Ontario – Find a Legal Clinic**  
<http://www.legalaid.on.ca/legal-clinics/>



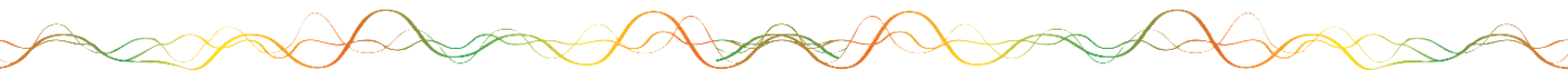
**Government of Canada**  
<https://www.canada.ca/en.html>











**Notes:**

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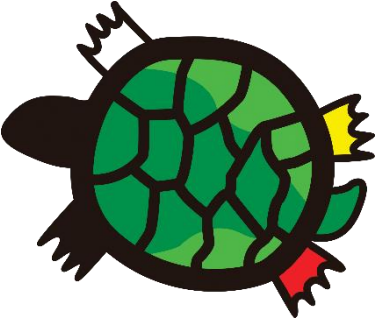
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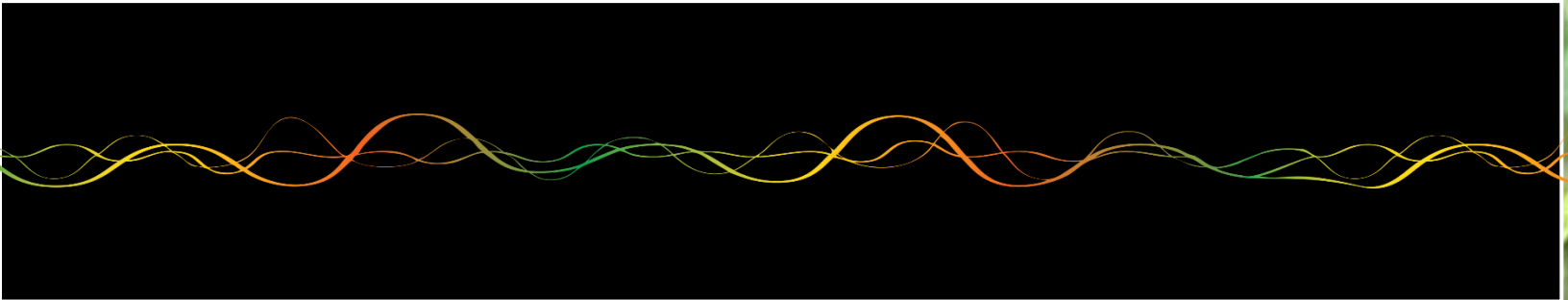
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[www.oala-on.ca](http://www.oala-on.ca)

