Life Insurance	Automobile	Debts and Credits
Retiree Life	Type of vehicle #1	I owe the following (debts not already listed)
Other Life Insurance	Insurance Co	
Insurer		
	Type of vehicle #2	
Policies are located	License Plate No	The following are owed to me
	Insurance Co	
Other Insurance		
1. Total Care Medical	Trust Funds	
Insurer	A living trust has been created for	Tax Returns
2. Seniors' Pharmacare yes □ no □		Copies of recent income tax returns are
3. Total Care Dental	It is located	located
Insurer	Attorney is	
4. Medical Travel		Funeral Arrangements
Insurer	I am the beneficiary of a trust established by	Funeral instructions are located
5. Trip Cancellation/Interruption		
Insurer	Papers are located	I own a plot in the
		cemetery.
6. Long Term Disability		Located
Insurer	Computer Passwords	Memorial Donation Preferences
7. Other		

Personal Property

List of other valuable property, location and any support documents.		

Phone Directory

Teachers' Pensions	(902) 424-5070			
	1-800-774-5070			
Johnson Inc	(902) 453-9543			
301113011 111C	1-800-453-9543			
Medavie Blue Cross	(902) 496-7009			
	1-800-565-8785			
Seniors' Pharmacare	(902) 429-6565			
	1-800-544-6191			
	()			
Teachers Plus Credit Union	(902) 477-5664			
	1-800-565-3103			
NSTU	(902) 477-5621			
	1-800-565-6788			
Notes				

Personal Inventory for

Up-dated to _____



Produced by:

Retired Teachers' Organization 3106 Joseph Howe Drive Halifax, NS B3L 4L7

rtonstu.ca

Name (Full)	Location of:	The original executed copy of my will is
Home address	Birth Certificate	located at
Phone No	Marriage/Divorce Certificates	
Birth date		
Social Insurance No.		My executor(s) is/are
	Passport	1
Spousal Information		at
Name (Full)		
	Driver's License	2
Address (if different)		at
	Credit/Bank Cards	The lawyer who drew up my will is
Phone No		
Birth date	Cheque Book	Address
Social Insurance No		
Children : attach list showing name, date of		
birth, address and phone number.		
Safaty Danasit Pay		Guardians of my children are
Safety Deposit Box		1
I have a safety deposit box at	Ensure that your Executor(s)	at
	, , , , , , , , , , , , , , , , , , , ,	2
	knows where this document is located or	2
The key is located	give them a copy	at

Personal Documents

Last Will and Testament

Personal Information

I have given Power of Attorney to	Residence located at	I have accounts with 1
at		
		Account no
	I own my residence: yes \square no \square	2
	There is a mortgage on this property held by	
A copy of the document is located		Account no
	I rent from	Investment Accounts
	Property insurance is held by	
Health Care Delegate	I own other property – attach details.	Pension
My Health Care Delegate is	Property taxes for the town/city of	Name of Plan
at		
		Pension ID number
	Real Estate Documents	Address of plan administrator
	The following papers are located at	
	Property deed	
A copy of my personal directive is located		RRSP/RRIF/Life Annuity located at
	Mortgage	
	Tax Receipts	

Real Estate

Bank Accounts

Power of Attorney