



ESTATE INVENTORY WORKBOOK

Heritage Law Offices

Introduction

One of the key tasks as the executor of an estate is to establish a list of the estate's assets and liabilities. To assist with this task, we have created this Estate Inventory Workbook. It provides you with one convenient place to document a list of assets and liabilities.

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General Information

Name of Executor(s): _____

Contact Information: _____

Deceased Person Information			
Name of Deceased Person:			
Date of Death:	Date of Birth:		
Address:			
Social Insurance Number:		Citizenship:	
Marital Status:			
Occupation:		Employer:	
Spouse, Children & Other Dependents			
1. Name:	Relationship:	Dependent: <input type="checkbox"/> Y <input type="checkbox"/> N	Age:
Address:			
Phone No:		Email:	
2. Name:	Relationship:	Dependent: <input type="checkbox"/> Y <input type="checkbox"/> N	Age:
Address:			
Phone No:		Email:	
3. Name:	Relationship:	Dependent: <input type="checkbox"/> Y <input type="checkbox"/> N	Age:
Address:			
Phone No:		Email:	
4. Name:	Relationship:	Dependent: <input type="checkbox"/> Y <input type="checkbox"/> N	Age:
Address:			
Phone No:		Email:	
5. Name:	Relationship:	Dependent: <input type="checkbox"/> Y <input type="checkbox"/> N	Age:
Address:			
Phone No:		Email:	



Professional Advisors

Accountant	
Contact:	Company:
Address:	
Phone No:	Email:
Notes:	
Lawyer/Notary	
Contact:	Company:
Address:	
Phone No:	Email:
Notes:	
Other	
Contact:	Company:
Address:	
Phone No:	Email:
Notes:	
Contact:	Company:
Address:	
Phone No:	Email:
Notes:	

Asset Inventory

Use this section of the Workbook to create an inventory of the estate assets. You will need to determine the market value of each estate asset at date of death. Review all records, including financial statements, insurance policies and tax returns to obtain market values. You may also need to get an appraisal of personal items. (i.e., art work, collections, antiques, etc.) Be sure to include any foreign assets in the inventory as well, such as real estate, securities or overseas business interests. You may wish to get professional assistance to obtain an accurate market value for foreign assets.

Bank Accounts

Bank Accounts			
1. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
2. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			



Bank Accounts continued

Bank Accounts			
3. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
4. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
5. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			



Personal Investments

In this section, include cash accounts, margin accounts, Tax Free Savings Accounts, Registered Retirement Savings Plans (RRSPs), Registered Retirement Income Funds (RRIFs), Locked-in RRIFs, Locked-in RRSPs, Life Income Funds, Prescribed Retirement Income Funds, Registered Education Savings Plans, annuities, etc.

For registered accounts, indicate beneficiary when applicable. If cash or margin account, indicate whether held in single name, joint tenancy with right of survivorship or tenancy in common. Please note that in Quebec, there is no right of survivorship or tenancy in common.

Personal Investments			
1. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			
2. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			
3. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			



Personal Investments continued

Personal Investments			
4. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			
5. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			
6. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			
7. Company:		Contact:	
Address:			
Phone No:		Email:	
Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Beneficiary (registered Account):		Market Value \$:
Notes:			



Business Interests

Business Interests (Private Corporations, Partnerships, Sole Proprietorships)	
1. Business Name:	Contact:
Address:	
Phone No:	Email:
Partnership: <input type="checkbox"/> Shareholder: <input type="checkbox"/> Other: <input type="checkbox"/>	
Type:	Percentage of Interest Held:
Notes:	
2. Business Name:	Contact:
Address:	
Phone No:	Email:
Partnership: <input type="checkbox"/> Shareholder: <input type="checkbox"/> Other: <input type="checkbox"/>	
Type:	Percentage of Interest Held:
Notes:	
3. Business Name:	Contact:
Address:	
Phone No:	Email:
Partnership: <input type="checkbox"/> Shareholder: <input type="checkbox"/> Other: <input type="checkbox"/>	
Type:	Percentage of Interest Held:
Notes:	



Real Estate

Real Estate	
1. Principal Residence Address:	
Title Held By:	
Purchase Price \$:	Market Value \$:
Notes:	
2. Other Property Address:	
Title Held By:	
Purchase Price \$:	Market Value \$:
Notes:	
3. Other Property Address:	
Title Held By:	
Purchase Price \$:	Market Value \$:
Notes:	
4. Other Property Address:	
Title Held By:	
Purchase Price \$:	Market Value \$:
Notes:	



Pension Plans

Pension Plans: includes defined benefit, money purchase or defined contribution; DPSP or group RRSP, Canada Pension Plan, etc.	
1. Company:	Phone No:
Plan Type:	Individual: <input type="checkbox"/> Employer: <input type="checkbox"/> Government: <input type="checkbox"/>
Beneficiary:	Value \$:
Notes:	
2. Company:	Phone No:
Plan Type:	Individual: <input type="checkbox"/> Employer: <input type="checkbox"/> Government: <input type="checkbox"/>
Beneficiary:	Value \$:
Notes:	
3. Company:	Phone No:
Plan Type:	Individual: <input type="checkbox"/> Employer: <input type="checkbox"/> Government: <input type="checkbox"/>
Beneficiary:	Value \$:
Notes:	
4. Company:	Phone No:
Plan Type:	Individual: <input type="checkbox"/> Employer: <input type="checkbox"/> Government: <input type="checkbox"/>
Beneficiary:	Value \$:
Notes:	



Insurance

Life Insurance		
1. Issuer:		Insured:
Address:		
Phone No:		Email:
Beneficiary:		Individual: <input type="checkbox"/> Group: <input type="checkbox"/>
Type: Term <input type="checkbox"/> Permanent: <input type="checkbox"/>		Policy Number:
Death Benefit:	Face Value \$:	Cash Surrender Value \$:
Notes:		
2. Issuer:		Insured:
Address:		
Phone No:		Email:
Beneficiary:		Individual: <input type="checkbox"/> Group: <input type="checkbox"/>
Type: Term <input type="checkbox"/> Permanent: <input type="checkbox"/>		Policy Number:
Death Benefit:	Face Value \$:	Cash Surrender Value \$:
Notes:		
3. Issuer:		Insured:
Address:		
Phone No:		Email:
Beneficiary:		Individual: <input type="checkbox"/> Group: <input type="checkbox"/>
Type: Term <input type="checkbox"/> Permanent: <input type="checkbox"/>		Policy Number:
Death Benefit:	Face Value \$:	Cash Surrender Value \$:
Notes:		



Insurance continued

Health Insurance	
1. Issuer:	
Address:	
Phone No:	Email:
Policy No:	Individual: <input type="checkbox"/> Group: <input type="checkbox"/>
Refund of Premiums:	Amount Owing to the Estate \$:
Coverage Details:	
Notes:	
2. Issuer:	
Address:	
Phone No:	Email:
Policy No:	Individual: <input type="checkbox"/> Group: <input type="checkbox"/>
Refund of Premiums:	Amount Owing to the Estate \$:
Coverage Details:	
Notes:	



Insurance continued

Critical Illness/Disability Insurance	
1. Issuer:	
Address:	
Phone No:	Email:
Critical Illness: <input type="checkbox"/> Disability: <input type="checkbox"/> Private Disability: <input type="checkbox"/> Other: <input type="checkbox"/>	
Person Insured:	Policy No:
Refund of Premiums:	Amount Owing to the Estate \$:
Notes:	
2. Issuer:	
Address:	
Phone No:	Email:
Critical Illness: <input type="checkbox"/> Disability: <input type="checkbox"/> Private Disability: <input type="checkbox"/> Other: <input type="checkbox"/>	
Person Insured:	Policy No:
Refund of Premiums:	Amount Owing to the Estate \$:
Notes:	
3. Issuer:	
Address:	
Phone No:	Email:
Critical Illness: <input type="checkbox"/> Disability: <input type="checkbox"/> Private Disability: <input type="checkbox"/> Other: <input type="checkbox"/>	
Person Insured:	Policy No:
Refund of Premiums:	Amount Owing to the Estate \$:
Notes:	



Insurance continued

Other Insurance Coverage		
1. Issuer:		Insured:
Address:		
Phone No:		Email:
Type: Credit Card <input type="checkbox"/> Travel: <input type="checkbox"/> Other: <input type="checkbox"/>	Policy No:	Death Benefit \$:
Notes:		
2. Issuer:		Insured:
Address:		
Phone No:		Email:
Type: Credit Card <input type="checkbox"/> Travel: <input type="checkbox"/> Other: <input type="checkbox"/>	Policy No:	Death Benefit \$:
Notes:		
3. Issuer:		Insured:
Address:		
Phone No:		Email:
Type: Credit Card <input type="checkbox"/> Travel: <input type="checkbox"/> Other: <input type="checkbox"/>	Policy No:	Death Benefit \$:
Notes:		
4. Issuer:		Insured:
Address:		
Phone No:		Email:
Type: Credit Card <input type="checkbox"/> Travel: <input type="checkbox"/> Other: <input type="checkbox"/>	Policy No:	Death Benefit \$:
Notes:		
5. Issuer:		Insured:
Address:		
Phone No:		Email:
Type: Credit Card <input type="checkbox"/> Travel: <input type="checkbox"/> Other: <input type="checkbox"/>	Policy No:	Death Benefit \$:
Notes:		



Private Loans & Mortgages

Private Loans & Mortgages	
1. Name of Borrower:	
Address:	
Phone No:	Email:
Private Loan <input type="checkbox"/> Mortgage <input type="checkbox"/>	Sole <input type="checkbox"/> Joint <input type="checkbox"/>
Original Amount \$:	Balance Owing to the Estate \$:
Notes:	
2. Name of Borrower:	
Address:	
Phone No:	Email:
Private Loan <input type="checkbox"/> Mortgage <input type="checkbox"/>	Sole <input type="checkbox"/> Joint <input type="checkbox"/>
Original Amount \$:	Balance Owing to the Estate \$:
Notes:	
3. Name of Borrower:	
Address:	
Phone No:	Email:
Private Loan <input type="checkbox"/> Mortgage <input type="checkbox"/>	Sole <input type="checkbox"/> Joint <input type="checkbox"/>
Original Amount \$:	Balance Owing to the Estate \$:
Notes:	



Interest in other Estates & Trusts

This section covers assets registered in the deceased person’s name held on behalf of others (e.g. assets held by the deceased person as a trustee or assets held under a Power of Attorney).

Interests in other Estates & Trusts		
1. Name of Estate/Trust:		Name of Executor/Trustee:
Phone No	Email	Value of Distribution (\$)
Notes:		
2. Name of Estate/Trust:		Name of Executor/Trustee:
Phone No	Email	Value of Distribution (\$)
Notes:		

Personal Effects & Other Assets

List all personal items for example; cars, jewellery, art, antiques, furniture. Include items that may have been held in a safety deposit box or safekeeping.

Personal Effects & Other Assets			
Item Description	Location	Beneficiary	Value (\$)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			

Liability Inventory

Use this section of the Workbook to capture the details of the estate’s liabilities, both domestic and foreign. You will require a valuation of each liability as at the date of death.

Mortgages

Mortgages		
1. Financial Institution:		Contact:
Phone No:	Email:	
Title Held By:		
Account No:	Balance \$:	
Notes:		
2. Financial Institution:		Contact:
Phone No:	Email:	
Title Held By:		
Account No:	Balance \$:	
Notes:		
3. Financial Institution:		Contact:
Phone No:	Email:	
Title Held By:		
Account No:	Balance \$:	
Notes:		



Personal Loans & Lines of Credit

Personal Loans & Lines of Credit			
1. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
2. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
3. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
4. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			
5. Financial Institution:		Contact:	
Address:			
Phone No:		Email:	
Account No:	Sole: <input type="checkbox"/> Joint: <input type="checkbox"/>	Balance \$:	
Notes:			



Credit Cards

Credit Cards	
1. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
2. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
3. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
4. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
5. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
6. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
7. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	
8. Credit Card Company:	Phone No:
Card No:	Balance \$:
Notes:	



Other Liabilities

Other Liabilities		
Item Description	Location	Balance (\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
22.		
21.		
22.		



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