

GOOD TO GO

Information Package

With gratitude to the Lasqueti Island Last Resort Society



This 'kit' has been assembled NOT for you but for your loved ones. We all know the benefits of having a will and an advance directive. This information package is designed to go along with those documents that will lessen the burden for those left behind.

Your personal details (medical, financial) and wishes can be gathered and kept in one place. Whether you are actively dying or in the prime of life, this document can be a valuable source of information when needed.

PHONE: 250 – 509 - 1617 WWW.NELSOCIETY.ORG

Good to Go Information Package

Personal Data

Full legal name (first, middle, last)
Maiden name, if female
AKA, aliases, nicknames
Birth date (month, day, year)
City, Province/State, Country of birth
Location of birth certificate
Father's legal name
Father's birth place
Mother's legal name
Mother's Maiden name
Mother's birth place

Your Citizenship			
Passport information: Country		_ Number	
Country		_ Number	
Location of passport(s) / Citizenship pape	ers		
Current residence			
Street			
City	Province		Postal code
Mailing address (if different from above)_			
, , , , , , , , , , , , , , , , , , ,		PO Box	
City	Province		postal code
Legal name of spouse or partner			
Partner's legal name at birth			
_			
Marital status			
Location of marriage certificate			
Name and address of former spouse / pa	artner		
Location of Certificate of Divorce_			

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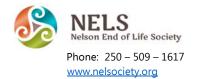
Name#1	Name#5	
SIN	SIN	
Name#2	Name#6	
SIN	SIN	
Name#3	Name#7	
SIN	SIN	
Name#4	Name#8	
SIN	SIN	
Location of their birth certificates		
Location of their Social Insurance card	ds	
Location of adoption papers		
Legal Guardian(s) Name	Phone	Email
Pets		
Name	Type of animal	
Name	Type of animal	
Name	Type of animal	

Government Identification

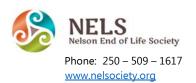
Social Insurance Number	
Location of card	
Medical Care Card (MSP) number	
Location of card	
Aboriginal Status/Band/Registration number	
Location of document	
Veterans Affairs number	
Location of document	
Military Service	
Position	
Dates fromto	
Military Identification Number	
Military Benefits currently being received	
Education	
High School	Graduated
College	Graduated
University	Graduated
Degree/ Awards	

Employment

Currer	nt			
	Company		Position	Dates
Past				
	Company		Position	Dates
	Company		Position	Dates
Important	t Advisors			
Lawyer				
-	Name	Phone number		Email address
Executor o	f Will			
	Name	Phone number		Email address
Doctor(s)_				
	Name	Phone number		Email address
_	Name	Phone number		Email address
_				
	Name	Phone number		Email address
	- II			
Spiritual /	Religious Advisor			
	Name	Phone number		Email address
	Name	Phone number		Email address



Clubs/Organizations/Volunteer Positions			
Name	Position held	Contact details	
Name	Position held	Contact details	
Name	Position held	Contact details	
Important Medical Professiona	als		
Name	Phone no / email	Address	
Primary Doctor			
Medical Specialist			
Dentist			
Optometrist			
Hearing Aid Specialist			
Other			
Medical Documents			
Care card number (MSP)	Document L	ocation	
Extended Medical Insurance	Yes	No	



Document location

Policy number

Company

llergies- list below			
hronic Medical conditi	ion and /or	other important info (pacem	aker, metal plates etc.)
Current Medications			
Name Dosag	e	Supplying Pharmacy	Phone Number
equest the nature of n	ny medical o	condition /illness be shared v	vith my
Medical professiona	ıls Yes	No	
Spouse		No	
Immediate Family		No	
Friends		No	
Anyone who expres			
interest in my well b			
,	Yes	No	

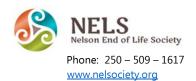
 $\underline{www.nelsociety.org}$

Important People to Notify in the Event of a serious illness/ injury/ my death

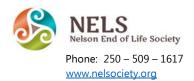
Name	Phone Number	Email address
Health / Medical	Information	
Develop an Adv	vanced Directive and give a copy to	your doctor.
Location		
Develop a Repr	resentation Agreement (RA9). Visit	www.nidus.ca to download document.
Location		
	on your fridge as to the location of	
Create a No CP	R order (formerly known as DNR) v	with your Doctor, if you want one.
Location		
	ocument on your fridge and get an	ID bracelet.
If you haven't fi	lled out an RA9, is there someone	you want involved in medical decisions
Name	Relationship	Phone
For registration	for organ donation //www.transpla	ant.bc.ca/be-donor.

Financial Information

Financial advis	ors		
Accountant_			
	Name	Phone	Email
Financial Pla	nner		
	Name	Phone	Email
Stock broker			
	Name	Phone	Email
Banker			
	Name	Phone	Email
List of Propert	ies Owned		
Home			
Γ	Description	Location	Location of title / deed
Property ea	asements / rights of wa	у	
Other real e	estate		
Other Importa	nt Legal Papers		
Trusts			-
Туре	Account number	Institution Address/phone	Location of Document
Other			
Туре	Account number	Institution Address/phone	Location of Document
Other			
Type	Account number	Institution Address/phone	Location of Document

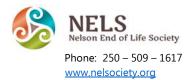


Household Inventory
Log-on/users and passwords
Diplomas
Family History
Employee ID cards
House system instructions
Appliance manuals/ warranties
Letters to family members
Hidden items/ buried treasure
Vehicles (cars, boats)
Vehicle ownership documents
Firearms / Other items of value

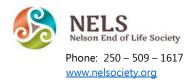


Financial Records

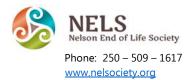
Tax return			
Irreplaceable	receipts		
Property tax c	locuments		
Ranking			
Banking			
Chequing acc	ounts		
Туре	Account No	Institution/address	log in / password
Туре	Account No	Institution/address	log in / password
Saving accour	nts		
Туре	Account No	Institution/address	log in / password
Туре	Account No	Institution/address	log in / password
Credit / Debit	cards		
Туре	Account no	Institution address /phone	Location of card
Туре	Account no	Institution address /phone	Location of card
Type	Account no	Institution address /phone	Location of card



Safety Deposit Box			
Location		Key(s) location	
Life Insurance			
Yes, with death benefits_		Yes, without death benefits	
Company	Policy Number	per Document location	
Disability Insurance			
Company	Policy Number	Document location	
Other health/ medically related	insurance (dental, e	etc.) Document location	
Company	Policy Humber	Document location	
House Insurance			
Company		Documents location	
Vehicle Insurance (Cars, Boat)			
Company		Documents location	
Business Insurance			
Company		Documents location	



RRSPs				
			Documents location	
RRIFs				
			Documents location	
RESPs				
			Documents location	
Pension				
			Documents location	
Stock (s)	Mutual Fund	ds / Bonds		
			Documents location	
GIC(s)				
			Documents location	
Debts / Ou	utstanding B	ills		
Mortgage((s)			
	Туре	Institution / address	Document location	
Loan(s)				
	Туре	Institution / address	Document location	
Student l	_oan(s)			
	Туре	Institution / address	Document location	



Recurring Bills

Company	Frequency	How billed? Online/ Mail?	Website log-in password
Company	Frequency	How billed? Online/ Mail?	Website log-in password
Company	Frequency	How billed? Online/ Mail?	Website log-in password
Company	Frequency	How billed? Online/ Mail?	Website log-in password

Legal Information

Write a WILL....keep it as simple as possible. You can:

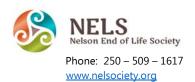
- 1. Write your own:
 - a. Take out a book from the library with instructions or
 - b. Buy a kit from a bookstore or online or
 - c. Research online. Google the words" how to write your own will in BC"
- 2. Pay a notary public or lawyer to write one for you

Executor			
	Name	Phone	Email
Executor			
	Name	Phone	Email
Location of	will		

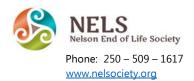
Write and enduring Power of Attorney or Representation Agreement Section 7 (RA7) Visit www.nidus.ca to download this document.

Location of document_____

Put a note on your fridge as to the location of these two documents!



arate from your will.
plete honesty.
d friends.
n 6 months to live ask ded drugs, nursing
it will be easier for f calling 911 if you
tell about
't



Post -Death Wishes

Have you registered organs specifically?	d to donate your organs/ body? Wher	e? What organization? And for any
registered celebran religious, military, e there certain people special quotation yo	ony, service, wake, or gathering do yo t, or someone else specific to oversee tc.? Have you written a final farewell t e you want to attend? Is there special ou would like to be read aloud? Are th set aside funds for this event? Where	the event? So you want it to be o be read aloud? Where is it? Are music you want to be played or a ere photos you want shown? Where
List of People to k	pe contacted in the event of your deat	h
Name	Relationship	Phone /email

Location of address bo	ook for more addr	esses and phone	numbers	
Have you written your	own obituary?	Yes	No	
Location				
If no, is there so	meone you wish t	o write it?		
Name		_ Phone/ Email		
Have you written a jour	•	<u>-</u>	o, where is,	' are /they? Who are they
If you are to be buried, want your headstone/ detail below.				_ If yes, what do you nt it to say? Describe in
Carved head stone	Benc	:h	Tree	
Natural stone	Statue	Bird bath		Other

Do you have any favourite charities to which you would like a donation to be made in your				
honour / memory?	Yes	No	I prefer no gifts	
	Organization	Phone	e number / Website	
	Organization	Phone	e number / Website	
What do you want you set aside mone		r pets when yo	ou die? Who will take ca	re of them? Have
Date			Signed	