



**NELS**  
Nelson End of Life Society

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## GOOD TO GO

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### 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](http://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 \_\_\_\_\_



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Your Citizenship\_\_\_\_\_

Passport information: Country\_\_\_\_\_ Number\_\_\_\_\_

Country \_\_\_\_\_ Number\_\_\_\_\_

Location of passport(s) / Citizenship papers\_\_\_\_\_

Current residence\_\_\_\_\_

Street

City

Province

Postal code

Mailing address (if different from above)\_\_\_\_\_

Street / 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 / partner\_\_\_\_\_

Location of Certificate of Divorce\_\_\_\_\_



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## Children

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 cards \_\_\_\_\_

Location of adoption papers \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_

Name

Phone

Email

## Pets

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

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**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 from \_\_\_\_\_ to \_\_\_\_\_

Military Identification Number \_\_\_\_\_

Military Benefits currently being received \_\_\_\_\_

**Education**

High School \_\_\_\_\_ Graduated \_\_\_\_\_

College \_\_\_\_\_ Graduated \_\_\_\_\_

University \_\_\_\_\_ Graduated \_\_\_\_\_

Degree/ Awards \_\_\_\_\_



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## Employment

Current			
	Company	Position	Dates
Past			
	Company	Position	Dates
	Company	Position	Dates

## Important Advisors

Lawyer			
	Name	Phone number	Email address
Executor of Will			
	Name	Phone number	Email address
Doctor(s)			
	Name	Phone number	Email address
	Name	Phone number	Email address
	Name	Phone number	Email address
Spiritual / Religious Advisor			
	Name	Phone number	Email address
	Name	Phone number	Email address



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## Clubs/Organizations/Volunteer Positions

Name	Position held	Contact details
Name	Position held	Contact details
Name	Position held	Contact details

## Important Medical Professionals

Name	Phone no / email	Address
Primary Doctor		
Medical Specialist		
Dentist		
Optometrist		
Hearing Aid Specialist		
Other		

## Medical Documents

Care card number (MSP) \_\_\_\_\_ Document Location \_\_\_\_\_

Extended Medical Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Company	Policy number	Document location



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Allergies- list below

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Chronic Medical condition and /or other important info (pacemaker, metal plates etc.)

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Current Medications

Name	Dosage	Supplying Pharmacy	Phone Number

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I request the nature of my medical condition /illness be shared with my

Medical professionals	Yes_____	No_____
Spouse	Yes_____	No_____
Immediate Family	Yes_____	No_____
Friends	Yes_____	No_____
Anyone who expresses an interest in my well being	Yes_____	No_____



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

Name	Phone Number	Email address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Health / Medical Information

Develop an Advanced Directive and give a copy to your doctor.

Location\_\_\_\_\_

Develop a Representation Agreement (RA9). Visit [www.nidus.ca](http://www.nidus.ca) to download document.

Location\_\_\_\_\_

Put a note on your fridge as to the location of this document

Create a No CPR order (formerly known as DNR) with your Doctor, if you want one.

Location\_\_\_\_\_

Put this document on your fridge and get an ID bracelet.

If you haven't filled out an RA9, is there someone you want involved in medical decisions

Name	Relationship	Phone
_____	_____	_____

For registration for organ donation //www.transplant.bc.ca/be-donor.



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**Personal Possessions**Household Inventory

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Log-on/users and passwords

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Diplomas

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Family History

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Employee ID cards

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House system instructions

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Appliance manuals/ warranties

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Letters to family members

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Hidden items/ buried treasure

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Vehicles (cars, boats)

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Vehicle ownership documents

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Firearms / Other items of value

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## Financial Records

Tax return \_\_\_\_\_

Irreplaceable receipts \_\_\_\_\_

Property tax documents \_\_\_\_\_

### Banking

#### Chequing accounts

Type	Account No	Institution/address	log in / password
Type	Account No	Institution/address	log in / password

#### Saving accounts

Type	Account No	Institution/address	log in / password
Type	Account No	Institution/address	log in / password

#### Credit / Debit cards

Type	Account no	Institution address /phone	Location of card
Type	Account no	Institution address /phone	Location of card
Type	Account no	Institution address /phone	Location of card



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### Safety Deposit Box

Location	Key(s) location
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### Life Insurance

Yes, with death benefits \_\_\_\_\_ Yes, without death benefits \_\_\_\_\_

Company	Policy Number	Document location
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### Disability Insurance

Company	Policy Number	Document location
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### Other health/ medically related insurance (dental, etc.)

Company	Policy number	Document location
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### House Insurance

Company	Documents location
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### Vehicle Insurance (Cars, Boat)

Company	Documents location
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### Business Insurance

Company	Documents location
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RRSPs

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Documents location

RRIFs

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Documents location

RESPs

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Documents location

Pension

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Documents location

Stock (s) Mutual Funds / Bonds

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Documents location

GIC(s)

---

Documents location

Debts / Outstanding Bills

Mortgage(s)

---

Type

Institution / address

Document location

Loan(s)

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Type

Institution / address

Document location

Student Loan(s)

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Type

Institution / address

Document location



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## 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
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Executor \_\_\_\_\_

Name	Phone	Email
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Location of will \_\_\_\_\_

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

Location of document \_\_\_\_\_

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

Who has your power of attorney and who is your named representative?

Name	Phone
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Your attorney/ lawyer	
Name	Phone

Write directions for how you want your personal effects dispersed separate from your will.

Location of these directions \_\_\_\_\_

### Optional to Do List

If you have an illness, discuss it with your family and friends with complete honesty.

Review your Advanced Care Directive with your family and friends.

Review your Representation Agreement Section 9 with your family and friends.

Discuss your decision for a No CPR order with your family and friends.

If you have had a long-term illness and have been told you have less than 6 months to live ask your MD to classify you as "palliative" so that you will be eligible for needed drugs, nursing services, etc.

Have your physician provide an "Expected Death At Home" form, so that it will be easier for your survivors to have your death certified. This elevates the necessity of calling 911 if you pass away at home

Other instructions /wishes - music to play for palliative care, please don't tell \_\_\_\_\_ about my condition etc.

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## Post -Death Wishes

Have you registered to donate your organs/ body? Where? What organization? And for any organs specifically?

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What kind of ceremony, service, wake, or gathering do you want? Do you want a pastor, registered celebrant, or someone else specific to oversee the event? So you want it to be religious, military, etc.? Have you written a final farewell to be read aloud? Where is it? Are there certain people you want to attend? Is there special music you want to be played or a special quotation you would like to be read aloud? Are there photos you want shown? Where are they? Have you set aside funds for this event? Where are they and who has access to them?

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List of People to be contacted in the event of your death

Name

Relationship

Phone /email

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Location of address book for more addresses and phone numbers

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Have you written your own obituary? Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

If no, is there someone you wish to write it?

Name \_\_\_\_\_ Phone/ Email \_\_\_\_\_

Have you written a journal, diary or letters to anyone? If so, where is/ are /they? Who are they for? \_\_\_\_\_

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If you are to be buried, do you want a marker? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what do you want your headstone/ grave-marker to look like and what do you want it to say? Describe in detail below.

Carved head stone \_\_\_\_\_ Bench \_\_\_\_\_ Tree \_\_\_\_\_

Natural stone \_\_\_\_\_ Statue \_\_\_\_\_ Bird bath \_\_\_\_\_ Other \_\_\_\_\_

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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 number / Website
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Organization	Phone number / Website
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What do you want to happen to your pets when you die? Who will take care of them? Have you set aside money for their care?

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Date \_\_\_\_\_ Signed \_\_\_\_\_



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