



NELS

Nelson End of Life Society

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.NELSONENDOFLIFE.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 birthplace _____

Mother's legal name _____

Mother's Maiden name _____

Mother's birthplace _____

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 _____

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 _____

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

Clubs/Organizations/Volunteer Positions

Name	Position held	Contact details

Name	Position held	Contact details

Name	Position held	Contact details

Important Medical Professionals

	<u>Name</u>	<u>Phone no / email</u>	<u>Address</u>
Primary Doctor	_____		
Medical Specialist	_____		
Dentist	_____		



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Optometrist _____
Hearing Aid Specialist _____
Other _____

Medical Documents

Care card number (MSP) _____ Document Location _____
Extended Medical Insurance Yes _____ No _____

Company	Policy number	Document location

Allergies- list below

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

Current Medications

Name	Dosage	Supplying Pharmacy	Phone Number

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 _____

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 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.

Financial Information

Financial advisors

Accountant _____

Name	Phone	Email
------	-------	-------

Financial Planner _____

Name	Phone	Email
------	-------	-------

Stockbroker _____

Name	Phone	Email
------	-------	-------

Banker _____

Name	Phone	Email
------	-------	-------

List of Properties Owned

Home _____

Description	Location	Location of title / deed
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Property easements / rights of way _____

Other real estate _____



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Other Important Legal Papers

Trusts _____

Type	Account number	Institution	Address/phone	Location of Document	
Other _____	Type	Account number	Institution	Address/phone	Location of Document
Other _____	Type	Account number	Institution	Address/phone	Location of Document

Personal PossessionsHousehold Inventory (and special dispositions to family or friends)

Log-on/users and passwords (Where are these located?)**Diplomas** (Where are these located?)

Family History (Do you have your history recorded? If so, where?)**Employee ID cards** (Where are these located?)**House system instructions** (Where are these instructions?)**Appliance manuals/ warranties** (Do you have any manuals/warranties? Where are they?)**Letters to family members** (Would you like to write letter to family members? If so, where would they be stored?)**Hidden items/ buried treasure****Vehicles (cars, boats)** (Provide details)**Vehicle ownership documents** (Where are these located?)**Firearms / Other items of value** (Where are they located?)

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Financial Records

Tax return _____

Irreplaceable receipts _____

Property tax documents _____

BankingChequing 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

Safety Deposit Box

Location	Key(s) location

Life Insurance

Yes, with death benefits _____ Yes, without death benefits _____

Company	Policy Number	Document location

Disability Insurance

Company	Policy Number	Document location



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Other health/ medically related insurance (dental, etc.)

Company

Policy number

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 Funds / Bonds

Documents location

GIC(s)

Documents location



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Debts / Outstanding Bills

Mortgage(s)

Type	Institution / address	Document location
<u>Loan(s)</u>		

Type	Institution / address	Document location
<u>Student Loan(s)</u>		

Type	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 _____



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Write an 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!

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

	Name	Phone
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.

Post -Death Wishes

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

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?

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

Name	Relationship	Phone /email
------	--------------	--------------

Location of address book for more addresses and phone numbers

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_____

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

Organization Phone number / Website

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?

Date_____

Signed_____



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