



South  
Saskatchewan  
Community  
Foundation



# Legacy Planner

Planning for Health, Wealth, and Beyond

Name:

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Date Complete:

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Date(s) Reviewed: (recommended once per year)

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Your legacy, *forever.*



## Why We Made This Book

In this booklet, we offer more than just a guide; we provide a pathway to extend your love and care beyond the boundaries of life. Think of it as your ultimate gesture of affection, a lasting “I love you” that transcends time.

In the spirit of ‘Memento Mori’ — a poignant Latin reminder that life is fleeting and every moment is precious — this booklet empowers you to cherish the present by preparing for the future.

This Legacy Planner is designed to bring clarity and peace to your final wishes, lifting the weight of uncertainty from your loved ones’ shoulders. By organizing your affairs, you’re not just streamlining processes; you’re crafting a legacy, a story of a life well-lived that will be cherished and honoured. This is your story, written with love, leaving an indelible mark on the hearts of those you hold dear.

## How to Use This Organizer

- Use this organizer as a handy master index of your personal and financial records.
- In each section, fill in names, addresses, and other key details. Write down the location of the documents that contain additional details.
- Keep this organizer in a secure place with your other important papers. Let your family know where it is. We recommend that you do not save this electronically. A safe deposit box or safe is a good option. Including documents along with this plan is recommended to assist loved ones if they need to access this organizer.
- We recommend you give this organizer a yearly checkup, or when significant life events occur, such as a passing of a loved one, birth or adoption of children, new relationships or marriage, separation or divorce, or significant changes in financial circumstances.
- This document is not a legally binding document and should only be used as a guide for your loved ones. The examples given throughout the document are for informational purposes only. We strongly recommend consulting a lawyer in the completion of a Will, a power of attorney, and a living Will. The South Saskatchewan Community Foundation shall not be responsible for any reliance on the information provided by any person.

## Contents

### Core Information

Basic Personal Information	4
Executors	4
Family Contacts	5
Children and Dependents	6
Other Key Contacts	6
Organ Donation	7

### Will & Funeral Arrangements

Your Will	9
Funeral Arrangements	9
Eulogy	11
Obituary, Memories	12

### Financial

Taxes	13
Bank and Credit Union Accounts	13
Loans and Lines of Credit	14
Safe Deposit Box	14
Credit Cards	15
Automatic Payments	16
Charitable Gifts, Pension Plans	17
RRSPs	18
RRIFs, RESPs	19
TFSA's	20
Bonds and Securites	21
Insurance Coverage	22
Trust Funds, Cryptocurrency	23

### Real Estate and Property

Vehicles	23
Homes and Real Estate	24
Personal Property, Phones, Firearms	25
Intellectual Property, Pets	26
Business Ownership	27

### Memberships and Accounts

Social Media, Email, Digital Assets	28
Online Accounts	29
Memberships, Subscriptions, Loyalty	30

### Future Planning

Care and Comfort Planning	31
Safe Keeping	33
Sample Will Clauses	34

# Today's Preparation, Tomorrow's Legacy: A Comprehensive Guide

**Recognizing the importance of planning for the future can be daunting, yet it's crucial to acknowledge that life's uncertainties can lead to unexpected events, including unforeseen deaths or serious illnesses. It's not just the elderly; even younger individuals can face these realities.**

Consider initiating conversations with your family about this process. Encouraging them to consider their own preparations can be invaluable—they might require it sooner than anticipated. This package isn't solely for end-of-life arrangements; it holds significant weight in the event of severe illness or loss of mental capacity. Engaging in advance preparation prompts critical thinking about various options and aids in selecting what aligns best with your wishes and the needs of your family.

Although navigating through this process may present challenges, the peace of mind it brings outweighs the effort. Families who plan ahead often encounter fewer complications when faced with a loss. Streamlining interactions with the funeral home, religious institutions, and others involved becomes notably more manageable, earning appreciation from those assisting you during difficult times. Furthermore, understanding available options can lead to substantial cost savings.

Adapt this comprehensive outline to suit your unique requirements. While you might possess some of this information already, consolidating it into a singular repository is vital. Regularly reviewing and updating this package ensures its relevance. Equally crucial is informing your family of its location within your home. Encourage friends to consider a similar approach by creating their personalized packages.

To request additional booklets, visit [www.sscf.ca](http://www.sscf.ca), email [info@sscf.ca](mailto:info@sscf.ca), or call (306) 751-4756.



## Basic Personal Information

### Your Full Legal Name

Date of Birth

Location of Birth

Location of Birth Certificate

Social Insurance Number and Location of Card  
(also, if applicable, U.S. social security number)

Health Card Number

Location of Health Card

Countries of Which you are a Citizen

Location of Citizenship Papers, if applicable

Passport Number

Location of Passport

Driver's Licence Number

Location of Driver's Licence

Marital Status

Location of Marriage Certificate

Location of Divorce Papers, if applicable

Other

## Identify your Executor(s)

This is one of your Will's most important functions. The Executor is your personal representative, and will settle your estate and carry out your Will's terms.

Note: This is a complex role that requires familiarity with investments and sale of property. It is a good idea to choose someone who has the expertise, time, and inclination to manage these activities. You may wish to consider appointing a professional (trust company or other expert) alone or as co-executor with a family member.

### Who is your Executor(s)?

Name

Address

Phone

Email

Have you discussed with your chosen Executor(s)? ☐ Yes ☐ No

### Name an alternate in case your Executor(s) cannot act or predeceases you

Name

Address

Phone

Email

# Family Contacts (Spouse, Parents, Siblings, etc.)

Please include any relevant details of these key family contacts (i.e., birth date, medical conditions, care needs, etc.) and whether you serve as a trustee, power of attorney (POA), and/or executor.

Name	Relationship
Date of Birth	Location of Birth
Address	Phone
	Email
Details <span>Trustee <input type="checkbox"/></span> <span>POA <input type="checkbox"/></span> <span>Executor <input type="checkbox"/></span>	

Name	Relationship
Date of Birth	Location of Birth
Address	Phone
	Email
Details <span>Trustee <input type="checkbox"/></span> <span>POA <input type="checkbox"/></span> <span>Executor <input type="checkbox"/></span>	

Name	Relationship
Date of Birth	Location of Birth
Address	Phone
	Email
Details <span>Trustee <input type="checkbox"/></span> <span>POA <input type="checkbox"/></span> <span>Executor <input type="checkbox"/></span>	

Name	Relationship
Date of Birth	Location of Birth
Address	Phone
	Email
Details <span>Trustee <input type="checkbox"/></span> <span>POA <input type="checkbox"/></span> <span>Executor <input type="checkbox"/></span>	

Name	Relationship
Date of Birth	Location of Birth
Address	Phone
	Email
Details <span>Trustee <input type="checkbox"/></span> <span>POA <input type="checkbox"/></span> <span>Executor <input type="checkbox"/></span>	



## Children and Dependents

<b>Name</b>	Relationship
Date of Birth	Location of Birth
Guardian/Godparents/Caretaker	Phone/Email
Instructions for Care	

<b>Name</b>	Relationship
Date of Birth	Location of Birth
Guardian/Godparents/Caretaker	Phone/Email
Instructions for Care	

<b>Name</b>	Relationship
Date of Birth	Location of Birth
Guardian/Godparents/Caretaker	Phone/Email
Instructions for Care	

## Other Key Contacts

<b>Employer or Business Partner</b>	
Name	Address
Phone	Email

<b>Lawyer</b>	
Name	Address
Phone	Email

<b>Accountant</b>	
Name	Address
Phone	Email

### Investment Advisor

Name

Address

Phone

Email

### Bank or Credit Union Advisor

Name

Address

Phone

Email

### Trust Officer

Name

Address

Phone

Email

### Notary

Name

Address

Phone

Email

### Doctor

Name

Address

Phone

Email

### Dentist

Name

Address

Phone

Email

## Organ Donation

Organ and/or tissue donation can make an incredible impact on patients waiting for a life-saving transplant. One organ donor can save up to eight lives.

If interested, you must register your intent with the Saskatchewan Organ and Tissue Donor Registry.

Do you want to donate your organs or body for transplant, research, or education? ☐ Yes ☐ No

Have you registered your intent with the Saskatchewan Organ and Tissue Donor Registry? ☐ Yes ☐ No

Where have you documented this?

Have you communicated this with family?

## A Will is more than a legal document; it's a cornerstone of your legacy, ensuring that your wishes are honoured and your loved ones are cared for after you're gone. Here's why having a Will is crucial:

- 1. Control Over Asset Distribution:** Without a Will, your assets are distributed according to provincial laws, which may not align with your personal wishes. A Will allows you to decide precisely who inherits what, ensuring your assets go to the people or causes you care most about.
- 2. Protection for Loved Ones:** A Will can provide financial security and clear instructions for the care of your dependents, including minor children. It allows you to appoint guardians, reducing the risk of disputes or uncertainty about their future welfare.
- 3. Minimize Legal Complications and Costs:** A well-crafted Will simplifies the legal process for your heirs, potentially reducing the time and expenses associated with settling your estate. This can be a significant relief during a time of grief.
- 4. Reflect Your Values and Wishes:** A Will is a powerful tool to express your values, be it through charitable donations, personal bequests, or specific funeral arrangements. It's an opportunity to leave a lasting impact that aligns with your beliefs and life story.
- 3. Appoint an Executor:** Select a trustworthy and capable person to carry out the terms of your Will. This role requires honesty, organizational skills, and the ability to handle legal and financial responsibilities.
- 4. Plan for Minor Children:** If you have children under the age of majority, appoint a guardian to ensure they are cared for according to your wishes.
- 5. Consider Special Bequests and Charitable Donations:** Specific bequests can carry significant sentimental value. Charitable donations, meanwhile, can extend your impact and reflect your commitment to causes you care about.
- 6. Update Regularly:** Life changes, such as marriages, births, or asset fluctuations, necessitate updates to your Will to ensure it always reflects your current situation and wishes.
- 7. Seek Professional Advice:** Consult with legal and financial professionals to ensure your Will is valid, comprehensive, and aligned with your intentions.

### Essential Tips for Creating Your Will:

- 1. Inventory Your Assets:** List everything you own, including property, investments, valuable personal items, and digital assets. This comprehensive list will be the foundation of your asset distribution plan.
- 2. Choose Your Beneficiaries Wisely:** Think carefully about who you want to inherit your assets. This can include family, friends, charities (or the Community Foundation), or institutions that align with your values.

Remember, a Will is more than a document; it's a final act of love and responsibility, ensuring your legacy lives on and your life's story is told as you wish.

There are several ways in which you can prepare a Will, including: writing it yourself, using online sites such as Epilogue Wills ([www.sscf.ca/wills](http://www.sscf.ca/wills)), or having a lawyer prepare your Will. If you use Epilogue Wills, you will receive 20% off as a courtesy from the Foundation with the cost of a basic Will being \$139. Regardless of how you choose to create your Will, the South Saskatchewan Community Foundation shall not be responsible for your reliance on any information provided herein or provided by any third party including Epilogue Wills. We recommend consulting a lawyer to prepare your Will.



## Your Will

**Do you have a Will?** ☐ Yes ☐ No

Date of Will (when last updated)

Location of Original Document

Location of Copy

Type of Will: ☐ Notarized ☐ Witnessed ☐ Handwritten

**Do you have a Living Will or Power of Attorney for personal care?** ☐ Yes ☐ No

Your Legal Representative for Personal Care

Phone

Email

Location of Original Document

Location of Copy

**Do you have a Power of Attorney for property?** ☐ Yes ☐ No

Your Legal Representative for Property

Law Firm Name

Address

Phone

Email

Location of Original Document

Location of Copy

## Funeral Arrangements

**Have you made funeral arrangements?** ☐ Yes ☐ No

Funeral Home

Address

Phone

Email

Have you pre-paid for your funeral?

**Have you set out instructions for burial, cremation, or funeral?** ☐ Yes ☐ No

Where are these instructions written?

Location of Document

Would you like to be cremated or buried?

Would you like open or closed casket?

If open casket, what is your clothing preference?

Who would you like to officiate the service?

Do you have a request for specific music or a performer at service?

Who would you like to give a eulogy?

Who would you like to be Pall Bearers?

Would you like a token of remembrance given out at your service?

Do you have favourite flowers and would you like them at your service?

Do you have a favourite quote, religious verse, poem, or words of inspiration that you would like shared at your service?

Do you have any requests for a lunch and if so, what is served?

Any other request for loved ones to know?

**Do you have own a cemetery plot?** ☐ Yes ☐ No

Location of Plot

Deed where the Plot is Located

Have you provided for its ongoing care? ☐ Yes ☐ No

Do you want a graveside service?

Requests for loved ones to know about a graveside service

**What kind of memorial (marker or tombstone) do you want on your grave?**

Is there a specific message that you would like engraved on your marker or urn?

The Community Foundation is able to set-up memorial funds — often within two business days — so that information can be included in your obituary and donations can be made to your legacy fund in lieu of flowers.

Establishing a fund at the Community Foundation ensures that your legacy lives on forever and sustainably supports the causes and charities that you care about for years to come. Please refer to Page 35 for more information or contact us at [legacy@sscf.ca](mailto:legacy@sscf.ca) to start a conversation about your legacy fund.

## Eulogy

A eulogy is a heartfelt tribute, typically read at a funeral, encapsulating the essence of a person's life, their impact on others, and the memories they leave behind. Writing your own eulogy can be a profound act of reflection, allowing you to express your life's narrative and values in your own words. This self-authored farewell offers a unique opportunity to share final thoughts, impart wisdom, and ensure your story is told exactly as you wish, leaving a meaningful and enduring imprint on those you love.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

## Obituary

If you would like to write your own obituary, record it here, or make note of where it can be located.

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## Your Life Well-Lived

Jot down some of your favourite memories, or record where a more detailed document can be located, if applicable.

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## Taxes

Do you file your taxes yourself? ☐ Yes ☐ No

Tax Software Name

Username

Password

Tax Advisor Name

Firm Name

Address

Phone

Email

Location of Tax Documentation

## Bank and Credit Union Accounts

Bank accounts and assets in one name require probate, causing potential access delays after death. Joint accounts, on the other hand, remain accessible, bypassing this hurdle. Without proper planning, your assets could be frozen during the probate process. Consider joint account arrangements to ensure uninterrupted financial support for your loved ones.

### Account 1:

Bank or Credit Union

Branch

Type of Account (cheq/sav)

Account #

Address

Phone/Email

### Account 2:

Bank or Credit Union

Branch

Type of Account (cheq/sav)

Account #

Address

Phone/Email

### Account 3:

Bank or Credit Union

Branch

Type of Account (cheq/sav)

Account #

Address

Phone/Email

### Account 4:

Bank or Credit Union

Branch

Type of Account (cheq/sav)

Account #

Address

Phone/Email

## Loans and Lines of Credit

Mortgages are listed under the Homes and Real Estate section. Please see Page 24.

### Type of Debt:

Creditor Name or Institution

Account Number

Address

Phone/Email

Amount Owning \$

Date

Location of Documentation

### Type of Debt:

Creditor Name or Institution

Account Number

Address

Phone/Email

Amount Owning \$

Date

Location of Documentation

### Type of Debt:

Creditor Name or Institution

Account Number

Address

Phone/Email

Amount Owning \$

Date

Location of Documentation

### Type of Debt:

Creditor Name or Institution

Account Number

Address

Phone/Email

Amount Owning \$

Date

Location of Documentation

## Safe Deposit Box

Do you have a safe deposit box? ☐ Yes ☐ No

Box Number

Location of Box

Location of Keys

List of Contents (or Location of Document)

### Names of Individuals with Access to the Safe Deposit Box

Name

Phone/Email

Name

Phone/Email



# Credit Cards

<b>Credit Card 1 Description:</b>		
Card Issuer	Phone Number	
Card Number	Expiry Date	Credit Limit \$
Amount Owning \$	Date	Location of Documentation

<b>Credit Card 2 Description:</b>		
Card Issuer	Phone Number	
Card Number	Expiry Date	Credit Limit \$
Amount Owning \$	Date	Location of Documentation

<b>Credit Card 3 Description:</b>		
Card Issuer	Phone Number	
Card Number	Expiry Date	Credit Limit \$
Amount Owning \$	Date	Location of Documentation

<b>Credit Card 4 Description:</b>		
Card Issuer	Phone Number	
Card Number	Expiry Date	Credit Limit \$
Amount Owning \$	Date	Location of Documentation

<b>Credit Card 5 Description:</b>		
Card Issuer	Phone Number	
Card Number	Expiry Date	Credit Limit \$
Amount Owning \$	Date	Location of Documentation

## Other financial commitments and contractual obligations

<b>Commitment or Obligation:</b>
Description
Location of Documentation

<b>Commitment or Obligation:</b>
Description
Location of Documentation

## Regular Payments

(Mortgage, Rent, Loans, Utilities, Bills, etc.)

### Payment Description:

Payee Name		Account #
Payee Address	Phone	Email
Payment Type	Amount \$	Payment Schedule

### Payment Description:

Payee Name		Account #
Payee Address	Phone	Email
Payment Type	Amount \$	Payment Schedule

### Payment Description:

Payee Name		Account #
Payee Address	Phone	Email
Payment Type	Amount \$	Payment Schedule

### Payment Description:

Payee Name		Account #
Payee Address	Phone	Email
Payment Type	Amount \$	Payment Schedule

### Payment Description:

Payee Name		Account #
Payee Address	Phone	Email
Payment Type	Amount \$	Payment Schedule

### Payment Description:

Payee Name		Account #
Payee Address	Phone	Email
Payment Type	Amount \$	Payment Schedule

## Regular Charitable Gifts

Charity Name:	Value of Regular Gift \$
Address	Phone/Email

Charity Name:	Value of Regular Gift \$
Address	Phone/Email

Charity Name:	Value of Regular Gift \$
Address	Phone/Email

## Pension Plans

Pension Plan 1:	
Plan or Policy #	Location of Information
Company with Plan	Phone/Email
Address	
Type of Plan: <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Hybrid or Other	
Name of spouse when pension began, if applicable	
Phone/Email	
Beneficiary(ies) and their contact information	

Pension Plan 2:	
Plan or Policy #	Location of Information
Company with Plan	Phone/Email
Address	
Type of Plan: <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Hybrid or Other	
Name of spouse when pension began, if applicable	
Phone/Email	
Beneficiary(ies) and their contact information	

## Registered Retirement Savings Plan (RRSPs)

### RRSP 1:

Financial Company

Account #

Address

Phone/Email

Individual RRSP or group RRSP? ☐ Individual ☐ Group

Company or Group Name?

Do you invest regularly using automatic payments? ☐ Yes ☐ No

How often?

Beneficiary(ies) and their contact information

### RRSP 2:

Financial Company

Account #

Address

Phone/Email

Individual RRSP or group RRSP? ☐ Individual ☐ Group

Company or Group Name?

Do you invest regularly using automatic payments? ☐ Yes ☐ No

How often?

Beneficiary(ies) and their contact information

### RRSP 3:

Financial Company

Account #

Address

Phone/Email

Individual RRSP or group RRSP? ☐ Individual ☐ Group

Company or Group Name?

Do you invest regularly using automatic payments? ☐ Yes ☐ No

How often?

Beneficiary(ies) and their contact information

### RRSP 4:

Financial Company

Account #

Address

Phone/Email

Individual RRSP or group RRSP? ☐ Individual ☐ Group

Company or Group Name?

Do you invest regularly using automatic payments? ☐ Yes ☐ No

How often?

Beneficiary(ies) and their contact information

## Registered Retirement Income Funds (RRIFs) and Annuities

### RRIF or Annuity 1:

Financial Company/Advisor

Policy or Account #

Address

Phone/Email

Do you receive income? ☐ Yes ☐ No

How often?

Where is it deposited?

Beneficiary(ies) and their contact information

### RRIF or Annuity 2:

Financial Company/Advisor

Policy or Account #

Address

Phone/Email

Do you receive income? ☐ Yes ☐ No

How often?

Where is it deposited?

Beneficiary(ies) and their contact information

## Registered Education Savings Plan (RESPs)

### RESP 1:

Financial Company/Advisor

Account #

Address

Phone/Email

Type of RESP? ☐ Individual ☐ Family ☐ Group

Company or Group Name?

Do you invest regularly using automatic payments? ☐ Yes ☐ No

How often?

Student beneficiary(ies) and their contact information

### RESP 2:

Financial Company/Advisor

Account #

Address

Phone/Email

Type of RESP? ☐ Individual ☐ Family ☐ Group

Company or Group Name?

Do you invest regularly using automatic payments? ☐ Yes ☐ No

How often?

Student beneficiary(ies) and their contact information

## Investments: Tax-Free Savings Accounts (TFSAs)

### TFSA 1:

Financial Company	Account #
Address	Phone/Email
Individual TFSA or group TFSA? <input type="checkbox"/> Individual <input type="checkbox"/> Group	Company or Group Name?
Do you invest regularly using automatic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Beneficiary(ies) and their contact information	

### TFSA 2:

Financial Company	Account #
Address	Phone/Email
Individual TFSA or group TFSA? <input type="checkbox"/> Individual <input type="checkbox"/> Group	Company or Group Name?
Do you invest regularly using automatic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Beneficiary(ies) and their contact information	

### TFSA 3:

Financial Company	Account #
Address	Phone/Email
Individual TFSA or group TFSA? <input type="checkbox"/> Individual <input type="checkbox"/> Group	Company or Group Name?
Do you invest regularly using automatic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Beneficiary(ies) and their contact information	

### TFSA 4:

Financial Company	Account #
Address	Phone/Email
Individual TFSA or group TFSA? <input type="checkbox"/> Individual <input type="checkbox"/> Group	Company or Group Name?
Do you invest regularly using automatic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Beneficiary(ies) and their contact information	



## Bonds, GICs, or Other Savings

### Asset 1:

Type of Account

Payable to bearer? ☐ Yes ☐ No

Who holds the asset?

Registered in your name? ☐ Yes ☐ No

Co-registered with

Serial #s

Asset Location

### Asset 2:

Type of Account

Payable to bearer? ☐ Yes ☐ No

Who holds the asset?

Registered in your name? ☐ Yes ☐ No

Co-registered with

Serial #s

Asset Location

## Securities: Stocks, Mutual Funds, or Other Investments

Publicly-traded securities are one of the most tax-efficient ways to make a charitable donation. Donated securities receive a charitable tax receipt for the current market value and are not subject to capital gains taxes.

### Securities Account 1:

Description

Information is Located

Lender

Address

Phone

Email

### Securities Account 2:

Description

Information is Located

Lender

Address

Phone

Email

## Life Insurance

Life insurance policies can be a powerful tool for making significant charitable donations as part of your legacy.

By designating the Community Foundation as the beneficiary of your life insurance policy, the payout is contributed to your legacy fund to forever support the causes and charities important to you. Please see Page 35 for more information.

### Life Insurance Policy 1:

Insurance Company

Policy #

Company Address

Phone/Email

Advisor who services policy

Phone/Email

Beneficiary(ies) and their contact information

Location of Policy Documentation

Amount to be Received \$

### Life Insurance Policy 2:

Insurance Company

Policy #

Company Address

Phone/Email

Advisor who services policy

Phone/Email

Beneficiary(ies) and their contact information

Location of Policy Documentation

Amount to be Received \$

## Other Insurance Coverage (Critical Illness, Travel, Health, etc.)

### Type of Insurance Coverage:

Insurance Company

Policy #

Company Address

Location of Policy Documentation

Advisor who services policy

Phone/Email

### Type of Insurance Coverage:

Insurance Company

Policy #

Company Address

Location of Policy Documentation

Advisor who services policy

Phone/Email

## Trust Funds

### Purpose of Trust:

Agreement was drawn up by

Location of Trust Papers

Phone/Email

Do you receive payments from the trust? ☐ Yes ☐ No

Value of Payments

### Purpose of Trust:

Agreement was drawn up by

Location of Trust Papers

Phone/Email

Do you receive payments from the trust? ☐ Yes ☐ No

Value of Payments

## Cryptocurrency

### Type of Cryptocurrency:

### Value of Holdings

Webpage Address

Username

Password

Public Key

Private Key

### Type of Cryptocurrency:

### Value of Holdings

Webpage Address

Username

Password

Public Key

Private Key

## Vehicles

### Vehicle 1 Make & Model:

### Year

VIN Number

Licence Plate Number

Colour

Location of Vehicle Registration

Owned ☐ Leased ☐ Lease Term

### Vehicle 2 Make & Model:

### Year

VIN Number

Licence Plate Number

Colour

Location of Vehicle Registration

Owned ☐ Leased ☐ Lease Term

### Vehicle 3 Make & Model:

### Year

VIN Number

Licence Plate Number

Colour

Location of Vehicle Registration

Owned ☐ Leased ☐ Lease Term

# Homes and Real Estate

## Property 1 Street Address:

Legal Description of Land

Location of Land Survey

Type of Real Estate

Title is Held by

Location of Title Documentation

Is there a mortgage? ☐ Yes ☐ No

Mortgage Account #

Mortgage Issuer

Mortgage Advisor

Balance of Mortgage \$

Date

Mortgage Term

Do you have property insurance? ☐ Yes ☐ No

Policy #

Insurance Company

Insurance Advisor

Property Tax Account #

Location of Property Tax Info

Location of Utilities and/or Lease Documentation

Does the property have an alarm system? ☐ Yes ☐ No

Alarm Code or Password

Alarm Company Name

Phone

## Property 2 Street Address:

Legal Description of Land

Location of Land Survey

Type of Real Estate

Title is Held by

Location of Title Documentation

Is there a mortgage? ☐ Yes ☐ No

Mortgage Account #

Mortgage Issuer

Mortgage Advisor

Balance of Mortgage \$

Date

Mortgage Term

Do you have property insurance? ☐ Yes ☐ No

Policy #

Insurance Company

Insurance Advisor

Property Tax Account #

Location of Property Tax Info

Location of Utilities and/or Lease Documentation

Does the property have an alarm system? ☐ Yes ☐ No

Alarm Code or Password

Alarm Company Name

Phone

# Personal Property

Examples include jewelery, musical instruments, furnishings, clothing, antiques, and collections.

Item Description	Location
Item Description	Location
Item Description	Location
Item Description	Location
Item Description	Location
Item Description	Location
Item Description	Location
Do you have any specific personal effects you wish to go to specific people? (should be included in your Will)	
<div></div>	
<div></div>	
Are any items insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Mobile Phones

Phone Number	Telecom Company
Phone Make and Model	Passcode

  

Phone Number	Telecom Company
Phone Make and Model	Passcode

# Firearms

Description	Serial Number
Storage Location	Lock Code

  

Description	Serial Number
Storage Location	Lock Code

  

Description	Serial Number
Storage Location	Lock Code

# Intellectual Property

Description:

Location of Documentation

Do you earn royalties? ☐ Yes ☐ No

Description:

Location of Documentation

Do you earn royalties? ☐ Yes ☐ No

Description:

Location of Documentation

Do you earn royalties? ☐ Yes ☐ No

# Pets

Vetrinarian Clinic Name:

Vetrinarian Clinic Address

Phone

Pet Guardian Name

Email/Phone

Pet Name

Breed

Age

Dietary Information

Likes/Dislikes

Pet Name

Breed

Age

Dietary Information

Likes/Dislikes

Pet Name

Breed

Age

Dietary Information

Likes/Dislikes

Pet Name

Breed

Age

Dietary Information

Likes/Dislikes



# Business Ownership

**Business Legal Name:**

Business Operating Name

CRA Business Number (BN)

Business Type

Description of Shares Owned

Listing of Key Individuals (Other Owners, Key Staff, etc.):

Name

Role

Phone/Email

Name

Role

Phone/Email

Name

Role

Phone/Email

Listing of Key Assets and Liabilities:

Description

Location

Description

Location

Description

Location

Description

Location

Description

Location

**Business Legal Name:**

Business Operating Name

CRA Business Number (BN)

Business Type

Description of Shares Owned

Listing of Key Individuals (Other Owners, Key Staff, etc.):

Name

Role

Phone/Email

Name

Role

Phone/Email

Name

Role

Phone/Email

Listing of Key Assets and Liabilities:

Description

Location

Description

Location

Description

Location

Description

Location

Description

Location

## Social Media, Email, Digital Assets

Do you have an online password manager for your digital assets? ☐ Yes ☐ No

Company

Username

Password

If you do not have a password manager yet, we recommend you explore the various options.

Is information on your digital assets available somewhere else? ☐ Yes ☐ No

Location of Information

Do you use two-factor authentication? ☐ Yes ☐ No

Instructions to access 2FA Codes

Wifi Network Name

Password

### Social Media

Platform/Site

Username

Password

Platform/Site

Username

Password

Platform/Site

Username

Password

Platform/Site

Username

Password

Platform/Site

Username

Password

### Email Accounts

Email Address

Password

Email Address

Password

Email Address

Password

Email Address

Password

# Other Online Accounts

(Webpages, Apps, CRA, PayPal, Data Storage, Photos, etc.)

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

Webpage Name	URL
Username	Password

## Memberships

(Professional Associations, Co-operatives, Clubs, etc.)

Association Name	Membership #	
Address	Phone	Email

Association Name	Membership #	
Address	Phone	Email

Association Name	Membership #	
Address	Phone	Email

Association Name	Membership #	
Address	Phone	Email

## Subscriptions

Publication Name		
Address	Email	Phone

Publication Name		
Address	Email	Phone

Publication Name		
Address	Email	Phone

## Loyalty Programs

Loyalty Program Name	Membership #
Username	Password

Loyalty Program Name	Membership #
Username	Password

Loyalty Program Name	Membership #
Username	Password

Loyalty Program Name	Membership #
Username	Password

# Care & Comfort Planning

**Why This Conversation is Vital:**

Planning for the unexpected is not just about legalities; it's about ensuring your values, desires, and preferences are known and respected, especially in times of health crises. Engaging in these discussions not only brings clarity to your wishes but also strengthens bonds with loved ones, providing them with guidance and peace during challenging moments. During these times in your life, where you might no longer have a voice or capacity to express your wishes, can help loved ones increase your comfort and quality of life.

Completing this Care & Comfort Planning Section does not mean it will happen. It will only happen if someone has the legal authority to carry out your wishes. We recommend to have a Power of Attorney and a Healthcare Directive prepared. These documents provide the legal authority to take care of your affairs and health care when you are not able. We recommend consulting a lawyer to prepare these documents. The South Saskatchewan Community Foundation shall not be responsible for your reliance on any information provided herein.

**What Matters to You:** Reflect on what brings you comfort, joy, and a sense of fulfillment. Consider your values, people, and activities that are significant to you.

What does a good day look like for you?

What are some things you enjoy in life and would like to continue to do?

What are your largest fears and worries about the future with your health?

**Healthcare Preferences:** Express your desires regarding medical treatments and interventions. How much information do you want about your condition, and what level of decision-making involvement do you prefer?

As an example, do you want to know only the basics of your diagnosis or treatment or all the details?

When there is a medical decision to be made, would you like your health care team to make all the decisions or to have family make the decisions?

When professionals are sharing information, do you want those close to you to know all the details or not?

**End-of-Life Care: Share your thoughts on where you would like to spend your final days and the type of care you wish to receive.**

Consideration of how much medical treatment you are willing to go through for the possibility of gaining more time. For example, you are fine with the standard care or would you want every possible medical treatment?

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Would you prefer to be in a health care facility or do you prefer to be at home if possible?

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**Healthcare Proxy: Identify a trusted individual who can make healthcare decisions on your behalf if you're unable to do so.**

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**Future Conversations: Plan for ongoing discussions with family, friends, and healthcare professionals to ensure your wishes are understood and can evolve with your circumstances.**

Who are the key people you will involve in your care (family members, friends, faith leaders, others)?

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Is there anything you want to make sure your family, friends, and health care team know about you and your wishes and preferences for care if you get sick?

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**Steps to Effective Planning**

- Contemplate: Dedicate time to think about your core values and how they shape your healthcare choices.
- Plan the Discussion: Determine the right setting and time to have these meaningful conversations.
- Initiate Dialogue: Use open-ended questions and personal reflections to start the conversation.
- Continue the Conversation: Keep the dialogue ongoing, adapting as your situation or preferences change.
- Remember, this is a journey, not a one-time discussion. It's about creating a living document of your wishes that evolves with you.



## Safe Keeping

**Ensure the following items are included:**

- ☐ Completed and Signed Will
  - ☐ Completed and Signed Living Will
  - ☐ Completed and Signed Power of Attorney
  - ☐ Completed and Signed Healthcare Directive or Proxy
  - ☐ Copies of Insurance Policies
  - ☐ Copies of Bank, Investment, Mortgage, and Loan Statements
  - ☐ Copies of Funeral Home and/or Cemetery Contracts
  - ☐ Photocopy of Passports, Driver's Licence, Social Insurance Card, Health Card, and/or Organ Donation Card
  - ☐ Photocopy of Birth, Marriage and/or Divorce Certificates
  - ☐ Inclusion of Your Favourite Photos

## Notes

[illegible]

**This document records the wishes and intent of \_\_\_\_\_ and should be taken as a guideline for their final wishes after passing.**

Printed Name	Signature	Date
Witness Name	Witness Signature	Date

# Sample Will Clauses

**There are many options to consider when giving through a bequest. The Community Foundation is a trusted and local partner to help guide your charitable giving.**

**The gift can be a specified dollar amount, a share of your estate's residue, or the entire residue of your estate.**

**Our team would be delighted to speak with you about creating your legacy by establishing a new fund or making a gift to an existing fund at the Community Foundation. Donors leaving estate gifts are invited to join our Legacy Circle.**

The following clauses highlight examples of what may be used in a Will and are provided for information purposes only. The samples may be adapted as necessary to reflect each person's planning objectives.

The South Saskatchewan Community Foundation strongly advises that any person considering the inclusion of clauses of this type in their Will discuss the matter with their own legal and financial advisors. The Community Foundation shall not be responsible for any reliance on the following sample clauses by any person. Prospective donors or their advisors are encouraged to contact the Community Foundation to discuss the types of gifts that may be appropriate.

**We can all leave a legacy; consider what yours will be.**



**If you are considering a charitable gift as part of your estate planning, please consider speaking with the South Saskatchewan Community Foundation. We are “cause neutral” and do not compete with or represent any particular charity, interest, or cause.**

**We work with donors to build endowments and other funds that ensure vital futures for the communities and causes they are passionate about. We help make giving easy, and there are many tax efficient ways to make charitable gifts to the causes and charitable organizations that are meaningful to you. With one stop, we offer countless ways to provide either one time or ongoing support to your preferred charities and causes throughout Saskatchewan.**

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The following draft clauses are provided for information purposes only. They do not reflect the individual language of every Will. They are only intended as illustrations of the types of clauses which may be appropriate to insert into a person's Will. The sample clauses must be adapted as necessary to reflect each person's planning objectives, financial circumstances, and tax exposure.

The South Saskatchewan Community Foundation strongly advises that any person considering the inclusion of clauses of this type in their Will should discuss the matter with their own legal and financial advisors.

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## A GIFT TO AN EXISTING FUND - SAMPLES

### Sample 1

To pay to the South Saskatchewan Community Foundation Registered Charity No. 89027 1448 RR0001 the sum of \$ \_\_\_\_\_ to be added to the \_\_\_\_\_ Fund.

### Sample 2

To divide the residue of my estate into \_\_\_\_\_ equal shares and to pay or transfer one (or more) of such equal shares to the South Saskatchewan Community Foundation Registered Charity No. 89027 1448 RR0001 to be added to the \_\_\_\_\_ Fund.

### Sample 3

To pay or transfer the residue of my estate to the South Saskatchewan Community Foundation Registered Charity No. 89027 1448 RR0001 to be added to the \_\_\_\_\_ Fund.

For more Will clause examples and information on how to leave a legacy, please visit our website at <https://sscf.ca/Wills/>

If you would like your family to start a Legacy Fund in your honour, please state what you would like the Fund to be called and outline the charitable purposes of the Fund: \_\_\_\_\_

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Anyone considering making a gift by Will to the South Saskatchewan Community Foundation is invited to contact the South Saskatchewan Community Foundation to discuss various donor options. The relevant contact information is as follows:

### The South Saskatchewan Community Foundation

1911 Broad Street Regina, SK S4P 1Y1

P: (306) 751-4756

E: [legacy@sscf.ca](mailto:legacy@sscf.ca)

W: [www.sscf.ca](http://www.sscf.ca)

# *Leave Your Legacy*

**The Foundation connects donors and charities across Saskatchewan.**

We believe in facilitating Saskatchewan philanthropy, supporting local charities, and developing our community so that our home is a more vital, strong, and fair place to live, work, and play. At the Foundation, we believe that change starts with a single act of kindness, a spark of compassion, or a generous gesture. It's about recognizing that together, we have the power to create a community that thrives, leaving no one behind.

Your support, whether it's through donations, partnerships, or spreading the word, is the lifeblood of our Foundation. Together, we can build a future filled with hope, opportunity, and prosperity for all.

In our pursuit of positive change, we invite you to stay connected with us, to share your stories, and to inspire others to join this incredible journey. Together, we will remain the heartbeat of change in our community, fostering a sense of belonging, support, and unity that defines Saskatchewan's spirit. Together, we can make a difference that will resonate for generations to come.

Thank you to our remarkable donors and charities who tirelessly work towards a better tomorrow. Your dedication inspires us, and your contributions transform lives. Together, we are truly making a difference, and we couldn't be more grateful for your unwavering support.



P: (306) 751-4756  
TF: 1 (877) 751-4756  
E: [info@sscf.ca](mailto:info@sscf.ca)  
W: [www.sscf.ca](http://www.sscf.ca)

Charity number:  
890271448 RR0001

**Connect with us:**

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i [@southsaskfoundation](https://www.instagram.com/southsaskfoundation)  
in [@SouthSaskatchewanCommunityFoundation](https://www.linkedin.com/company/SouthSaskatchewanCommunityFoundation)  
[www.sscf.ca](http://www.sscf.ca)