Life Insurance	Automobile	Debts and Credits
Retiree Life	Type of vehicle #1License Plate No	I owe the following (debts not already listed)
Other Life Insurance	Insurance Co	
Insurer		
	Type of vehicle #2	
Policies are located	License Plate No	The following are owed to me
	Insurance Co	
Other Insurance		
1. Total Care Medical	Trust Funds	
Insurer	A living trust has been created for	Tax Returns
2. Seniors' Pharmacare yes □ no □		Copies of recent income tax returns are
3. Total Care Dental	It is located	located
Insurer	Attorney is	
4. Medical Travel		Funeral Arrangements
Insurer	I am the beneficiary of a trust established by	Funeral instructions are located
5. Trip Cancellation/Interruption		
Insurer	Papers are located	I own a plot in the
		cemetery.
6. Long Term Disability		Located
Insurer	Computer Passwords	Memorial Donation Preferences
7. Other		

Personal Property

ny suppor	t docume	nts.	
			_
			_

Phone Directory

Teachers' Pensions	(902) 424-5070
	1-800-774-5070
Johnson Inc.	(902) 453-9543
	1-800-453-9543
Medavie Blue Cross	(902) 496-7009
Medavic Blac cross	1-800-565-8785
Seniors' Pharmacare	(902) 429-6565
Semois i namacare	
	1-800-544-6191
Teachers Plus Credit Union	(902) 477-5664
	1-800-565-3103
NSTU	(902) 477-5621
	1-800-565-6788
Notes	

Personal Inventory for

Up-dated to _



Produced by:

Retired Teachers' Organization 3106 Joseph Howe Drive Halifax, NS B3L 4L7

rto.nstu.ca

Name (Full)	Location of:	The original executed copy of my will is
Home address	Birth Certificate	located at
Phone No	Marriage/Divorce Certificates	
Birth date		
Social Insurance No.		My executor(s) is/are
	Passport	1
Spousal Information		at
Name (Full)		
	Driver's License	2
Address (if different)		at
	Credit/Bank Cards	The lawyer who drew up my will is
Phone No		
Birth date	Cheque Book	Address
Social Insurance No.		
Children: attach list showing name, date of		
birth, address and phone number.		Cuardians of my shildren are
Safety Deposit Box		Guardians of my children are 1
I have a safety deposit box at		at
	Ensure that your Executor(s)	
	knows where this document is located or	2
The key is located	give them a copy	at
	3	

Personal Documents

Last Will and Testament

Personal Information

I have given Power of Attorney to	Residence located at	l have accounts with 1
at		
		Account no
	I own my residence: yes □ no □	2
	There is a mortgage on this property held by	Account to a
A copy of the document is located		Account no
	I rent from	Investment Accounts
	Property insurance is held by	
Health Care Delegate	I own other property – attach details.	Pension
My Health Care Delegate is	Property taxes for the town/city of	Name of Plan
at		
		Pension ID number
_	Real Estate Documents	Address of plan administrator
	The following papers are located at	-
A copy of my personal directive is located	Property deed	RRSP/RRIF/Life Annuity located at
	Mortgage	
	Tax Receipts	

Real Estate

Bank Accounts

Power of Attorney