

PATRIMONY :

Your 360 guide

Report on my life

- Personal property
- Digital assets
- Medical directives and legal documents



SHORT PATRIMONIAL INVENTORY¹

Inventory of personal property, digital assets and important documents, and their location.

Make life easier for your loved ones and get peace of mind

What if tomorrow, someone had to settle your succession. How would they know about all of your bank accounts, investments, debts and the location of important documents?

And what if, in the event of your incapacity, someone became responsible for your wellbeing and property. How would they know what medications you need, the nature of medical directives or of your obligations?

Tell your loved ones about the existence of:

- your bank accounts
- your credit cards
- your insurance policies
- your investments
- your pension plans
- your debts
- your safety deposit box
- your contracts and legal documents
- your social media accounts
- your pictures, etc.

¹ A longer and more comprehensive version of the Patrimonial Inventory is available on the Chambre's website. Use the version that best meets your patrimony. To guide you, refer to "THE PLUSES of the complete version" at the end of this document.



A useful inventory in many circumstances

This inventory will be useful to the liquidator of your succession or your mandatary if you are declared incapacitated. It can also be used to redistribute assets following a separation or divorce, for example.

Moreover, such a document can be very useful in the event of an insurance or fire claim or another tragic event.

Keep in a safe place

As this document contains personal and confidential information, it is best to be kept in a secure location, such as a safe or safety deposit box. Note that your notary is the best guardian.

Periodic update

The Patrimonial Inventory must be updated periodically to reflect your financial and personal reality.

Seek the help of your notary

To ensure nothing gets overlooked, it would be in your best interest to consult a notary, who will notarize your inventory or review it and append it to an act of deposit. In both cases, notaries keep your inventory in a secure location in their records (fireproof vault), thereby protecting it against any risk of loss or damage. Moreover, notaries will enter your inventory in a register at the Chambre des notaires du Québec, making it much easier for the liquidator or mandatary to trace this document.

Disclaimer

This document is provided as a service and for information purposes only. The Chambre des notaires is not responsible for the way the information in this document is understood and used once filled out. This document does not contain any advice or directive with regard to the information to be provided. This document does not replace tax and succession planning offered by an expert. To ensure your Patrimonial Inventory is adapted to your personal situation and filled out correctly, it is highly recommended that you consult a notary who is duly registered on the roll of the Order.

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Patrimonial Inventory

Patrimonial Inventory of: _____

Dated: _____

01 Personal information

Civil status

Surname at birth: _____

Given name: _____

Date of birth (month/day/year): _____

Place of birth: _____

Place of storage of the birth certificate: _____

Social insurance number: _____

Place of storage of the card: _____

Current address: _____

Home telephone: _____

Cell phone number: _____

Personal email address: _____

Citizenship: _____

Place of storage of the citizenship certificate, if applicable: _____

Medical information

Family doctor (name, address and telephone):

I have the following illnesses: _____

I take the following medication: _____

I have the following allergies: _____

Matrimonial situation

Status:

Single

Married

Civil union

Common law

Divorced

Separated

Legally separated

Widowed

Matrimonial regime:

Partnership of acquests

Separation of property

Community of property

Place of storage of the cohabitation, marriage or indivision contract, if applicable:

Date of separation or of judgment of divorce, if applicable:

Place of storage of the judgment of divorce, if applicable:

Information on the spouse and children

Current spouse

Surname at birth: _____ Given name: _____

Date of birth (month/day/year): _____

Current address, if different from my own: _____

Date of spouse's death, if widowed (month/day/year): _____

Location of the spouse's death certificate, if applicable: _____

Children

Surname: _____ Given name: _____

Date of birth: _____

Place of storage of the birth certificate: _____

Social insurance number: _____

Telephone: _____ Email address: _____

Mailing address, if different from my own: _____

Father or mother's name: _____

Surname: _____ Given name: _____

Date of birth: _____

Place of storage of the birth certificate: _____

Social insurance number: _____

Telephone: _____ Email address: _____

Mailing address, if different from my own: _____

Father or mother's name: _____

Surname:	Given name:
Date of birth:	
Place of storage of the birth certificate:	
Social insurance number:	
Telephone:	Email address:
Mailing address, if different from my own:	
Father or mother's name:	

Grand-children

Surname:	Given name:
Date of birth:	
Telephone:	Email address:
Mailing address:	
Name of my child who is the parent:	

Surname:	Given name:
Date of birth:	
Telephone:	Email address:
Mailing address:	
Name of my child who is the parent:	

Surname:	Given name:
Date of birth:	
Telephone:	Email address:
Mailing address:	
Name of my child who is the parent:	

Surname:	Given name:
Date of birth:	

Telephone: _____ Email address: _____
Mailing address: _____
Name of my child who is the parent: _____

Surname: _____ Given name: _____
Date of birth: _____
Telephone: _____ Email address: _____
Mailing address: _____
Name of my child who is the parent: _____

Current spouse's children and grand-children

Surname: _____ Given name: _____
Date of birth: _____
Telephone: _____ Email address: _____
Mailing address: _____

Surname: _____ Given name: _____
Date of birth: _____
Telephone: _____ Email address: _____
Mailing address: _____

Surname: _____ Given name: _____
Date of birth: _____
Telephone: _____ Email address: _____
Mailing address: _____

02 Professional information

Current employer

Employer name: _____
My position or title: _____
Address: _____

Telephone: _____

Start date: _____

Pension funds: Yes No Insurance: Yes No

I benefit from the following social benefits (life, medical, dental and salary insurance, severance pay if applicable, vacation accrued, etc.):

I am an employee of the Canadian Armed Forces: Yes No

Badge number: _____ Unit: _____ Duration: _____

Place of storage of the document: _____

Past employers

Name of past employer no. 1: _____

Address: _____

Period: _____

Pension funds: Yes No

Name of past employer no. 2: _____

Address: _____

Period: _____

Pension funds: Yes No

03 Important documents

Will

Yes No

Date of the most recent will (month/day/year): _____

Place of storage: _____

Drawn up by a notary (name, mailing address, email, telephone):

Drawn up by a lawyer (name, mailing address, email, telephone):

Liquidator of the succession (name, mailing address, email, telephone):

Funeral prearrangement contract

Yes No

Name of the funeral service company:

Contact information:

Contract or member number:

Place of storage of the contract:

I have drawn up specific instructions for my funeral: Yes No

These instructions can be found in the document dated:

Place of storage of the document:

Special provisions concerning my wishes and the disposal of my remains or ashes:

I hold the rights to a cemetery plot: Yes No

I jointly own the rights to a cemetery plot:

Plot number: Maintenance contract no. and proof of payment:

Place of storage of the document:

Protection mandate (or Mandate in case of incapacity)

Yes No

Date of the most recent mandate (month/day/year):

Place of storage:

Drawn up by a notary (name, mailing address, email, telephone):

Drawn up by a lawyer (name, mailing address, email, telephone):

Person appointed to act on my behalf (name, mailing address, email, telephone):

End-of-life instructions and advance medical directives

In the event that I would be incapable of expressing my end-of-life wishes, my wishes with regard to medical treatments and care are set out:

In my protection mandate

In my advance medical directives, drawn up by a notary (name, mailing address, email, telephone):

In my non-notarized advance medical directives

Place of storage:

Organ and tissue donation

Yes No

My consent to organ donation is indicated:

On my health insurance card

In my will or a protection mandate in view of my incapacity, drawn up by the notary (name, mailing address, email, telephone) :

In a non-notarized declaration

Place of storage of the document containing the consent (or refusal):

04 Assets

Accounts

Account no. 1

Financial institution:

Address:

Account number:

Joint account: Yes No

Name of co-account holder, if applicable:

Account no. 2

Financial institution:

Address:

Account number:

Joint account: Yes No

Name of co-account holder, if applicable:

Type of investment 2:

Name of establishment:

Person responsible for the record (name, email, telephone):

Account/certificate or serial number:

Expiry:

Place of storage of the statements:

Type of investment 3:

Name of establishment:

Person responsible for the record (name, email, telephone):

Account/certificate or serial number:

Expiry:

Place of storage of the statements:

Pensions, allowances and deferred tax plans

Group pension plans

Employer name:

Person responsible for the record (name, email, telephone):

Name of the designated beneficiary in the plan, if applicable:

Place of storage of the documents:

Individual pension plans

Possible types: RRSP (registered retirement savings plan), registered retirement savings fund, PRPP (pooled registered pension plan), VRSP (voluntary retirement savings plan), LIRA (locked-in retirement account), LIF (life income fund), SIPP (simplified pension plan), or other

Type of plan:

Name of establishment:

Person responsible for the record (name, email, telephone):

Account number:

Amount:

Appointment of beneficiary, if applicable:

Place of storage of the statements:

Other plans

I am the settlor/beneficiary of a registered education savings plan

Name of establishment:

Person responsible for the record (name, email, telephone):

Appointment of beneficiary, if applicable:

Place of storage of the statements:

I am the settlor/beneficiary of a registered disability savings plan

Name of establishment:

Person responsible for the record (name, email, telephone):

Appointment of beneficiary, if applicable:

Place of storage of the statements:

I am the settlor/beneficiary of a registered stock savings plan

Name of establishment:

Person responsible for the record (name, email, telephone):

Appointment of beneficiary, if applicable:

Place of storage of the statements:

Pensions and allowances

I am the beneficiary of the following pensions:

Life annuities: direct deposit deposit by cheque

Account number:

Financial institution:

Place of storage of the documents:

The surviving spouse's pension: direct deposit deposit by cheque

Account number:

Financial institution:

Place of storage of the documents:

Pension from the Québec pension plan: direct deposit deposit by cheque
Account number: _____
Financial institution: _____
Place of storage of the documents: _____

Old age security pension: direct deposit deposit by cheque
Account number: _____
Financial institution: _____
Place of storage of the documents: _____

Canada Pension Plan: direct deposit deposit by cheque
Account number: _____
Financial institution: _____
Place of storage of the documents: _____

War Veterans Allowance direct deposit deposit by cheque
Account number: _____
Financial institution: _____
Place of storage of the documents: _____

I am the beneficiary of the Commission des normes, de l'équité, de la santé et de la sécurité du travail.
Amount of the allowance: _____ Payment dates: _____
Place of deposit: _____ Record number: _____
Person responsible for the record (name, email, telephone): _____

Place of storage of the documents: _____

I am the beneficiary of the following pensions:

I am the beneficiary of the Société d'assurance automobile du Québec.
Amount of the allowance: _____ Payment dates: _____
Place of deposit: _____ Record number: _____
Person responsible for the record (name, email, telephone): _____

Place of storage of the documents: _____

Life insurance(s)

Life insurance taken on my own life

I am the holder of a life insurance policy from the insurance company (name, mailing address):

Broker or officer (name, telephone, email):

Insurance policy number:

Amount:

Beneficiary:

Expiry:

Amount of any loan, if applicable:

Place of storage of the document:

Life insurance taken on the life of a third party

Name of person insured no. 1:

Insurance company (name, mailing address):

Broker or officer (name, telephone, email):

Insurance policy number:

Amount:

Beneficiary:

Expiry:

Amount of any loan, if applicable:

Place of storage of the document:

Name of person insured no. 2:

Insurance company (name, mailing address):

Broker or officer (name, telephone, email):

Insurance policy number:

Amount:

Beneficiary:

Expiry:

Amount of any loan, if applicable:

Place of storage of the document:

Name of person insured no. 3:

Insurance company (name, mailing address):

Broker or officer (name, telephone, email):

Insurance policy number:

Amount:

Beneficiary:

Expiry:

Amount of any loan, if applicable:

Place of storage of the document:

Other insurance

Possible types: car, home, specific insurance on valuable movables, disability, drug, hospitalization, travel, medical and dental care, mortgage life insurance, personal loan insurance, life insurance required under a purchase and sale agreement between shareholders or members, professional liability insurance, etc.

Type:

Insurance company:

Insurance company (name, mailing address):

Broker or officer (name, email, telephone):

Insurance policy number:

Amount:

Beneficiary:

Expiry:

Place of storage of the document:

Claims and other rights

I have a claim

Debtor (name, mailing address, email, telephone):

Broker or officer (name, telephone, email):

Amount:

Balance:

Nature of the claim: _____ Expiry: _____

Reimbursement conditions: _____

Based on the document signed before the notary (name, mailing address, email, telephone):

Based on a non-notarized document signed on: _____

Place of storage of the document: _____

Immovables

Residence

Address of the residence: _____

Single owner OR Co-owner

Co-owner (name, mailing address, email, telephone):

Indivision by agreement with the co-owner(s) or building management agreement Yes No

Based on the document signed before the notary (name, mailing address, email, telephone):

Based on a non-notarized document signed on: _____

Place of storage of the indivision by agreement or building management agreement: _____

Other immovables (income property, secondary home, land)

Address of immovable 1: _____

Single owner OR Co-owner

Co-owner (name, mailing address, email, telephone):

Indivision by agreement with the co-owner(s) or building management agreement Yes No

Based on the document signed before the notary (name, mailing address, email, telephone):

Based on a non-notarized document signed on: _____

Place of storage of the indivision by agreement or building management agreement: _____

Other personal property

Vehicles

Possible types: car, minivan, ATV, snowmobile, motorcycle, motorized recreational vehicle, sailboat, motorboat, aircraft, helicopter or other.

Type of vehicle 1:	Registration:
Owner	Leased from:
Location:	
Place of storage of the documents (lease or purchasing contract, loan, insurance, warranty):	

Type of vehicle 2:	Registration:
Owner	Leased from:
Location:	
Place of storage of the documents (lease or purchasing contract, loan, insurance, warranty):	

Other personal property

Possible types: jewellery, books, records, stamps, artwork, antiques or other.

Type:	Location:
Insurance policy:	
Place of storage (purchase contract, insurance policies, video or pictures of the property and of the assessment of the value):	

Type:	Location:
Insurance policy:	
Place of storage (purchase contract, insurance policies, video or pictures of the property and of the assessment of the value):	

05 Liabilities

Loans

Possible types: personal loan, student loan, mortgage loan, acknowledgement of debt, line of credit, car loan or other

Lender (name of person or institution, mailing address, email, telephone)

Amount of the original debt:

Balance:

Payment debts:

Expiry:

Loan subject to an insurance or mortgage life insurance:

Yes

No

Place of storage of the document setting out the loan:

Lease agreements

Possible types: apartment, immovable, business premises, car, artwork, warehouse, tools, specialized equipment or other

I lease the following property:

Owner (name, mailing address, email, telephone):

Duration of lease agreement:

Cost:

Payment date:

Deposit amount:

Balance:

Place of storage of the document:

Other debts

Possible types: purchase contract, living expenses, for a disabled child, alimony, compensatory allowance, sum to be paid to an ex-spouse under a judgment of divorce, separation from bed and body, dissolution of a civil union, etc.

I am responsible for paying one or more creditors

Type of debt:

Creditor (name, mailing address, email, telephone):

Amount of the original debt:

Balance:

Payment debts:

05 Credit cards

I am a credit card holder

Yes

No

Card issuer no 1:

Credit limit:

Card issuer no 2:

Credit limit:

Card issuer no 3:

Credit limit:

06 Other information

Tax returns

I have filed my tax returns with the provincial and federal governments for the last tax year and have paid any amount owing.

Accountant (name, mailing address, email, telephone):

Place of storage of the tax return copies:

Capital gains

I did not use the capital gains deduction

I have used the capital gains deduction

I have used, in whole (or in part), the capital gains deduction for qualified property (qualified agricultural property, qualified fishing property, qualified small business corporation shares). The details are set out in federal form T657 and Québec form TP-726.7, relating to my most recent tax returns.

07 Virtual assets

My directives pertaining to my virtual patrimony are subject to the various depositary/provider policies. Speak with your notary for the necessary research on each depositary's policy in the event of a user's death or disability.

Your directives will therefore be compliant with the depositary's policy with regard to access to accounts in the event of death or incapacity. Check whether certain conditions must be filled out, and include them in the *Directives and comments* section.

Computer devices that belong to me

Example:

Description of property: *Computers, tablets, cell phones, external hard drives, etc.*

Identifier* (user name, not a password.): *Username_215335*

Location: *Home, office, bedside table, etc.*

Level of confidentiality of the data contained: *Low* *Medium* *High*

Local data: *Pictures, personal documents, work documents, accounting and tax reports, etc.*

Instructions or comments: *Destroy work documents without consulting them*

Description of property 1:

Identifier*:

Location:

Level of confidentiality of the data contained: low medium high

Local data:

Instructions or comments:

Description of property 2:

Identifier*:

Location:

Level of confidentiality of the data contained: low medium high

Local data:

Instructions or comments:

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

Description of property 3:			
Identifier*:			
Location:			
Level of confidentiality of the data contained:	low	medium	high
Local data:			
Instructions or comments:			

Description of property 4:			
Identifier*:			
Location:			
Level of confidentiality of the data contained:	low	medium	high
Local data:			
Instructions or comments:			

Email and communication

Email accounts, Skype, etc.

Email address 1:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Email address 2:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

E-commerce

Accounts hosted on merchant sites, which may contain personal information and even sums of money in “virtual wallets”.

Example: Amazon, Ebay, etc.

Description of supplier 1:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

Description of supplier 2:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

Description of supplier 3:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

Finance

Financial or payment sites. *Example: Paypal, Applepay, Google pay, eTrade, etc.*

Description of supplier 1:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

Description of supplier 2:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

Social media

Example: Facebook, Twitter, LinkedIn, etc.

Description of supplier 1:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

Description of supplier 2:

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

Description of supplier 3:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Cloud computing

Offsite data storage or data backup services, etc. *Example: Dropbox, Google docs, One Drive, iCloud, Online Backup, Avancie, etc.*

Description of supplier 1:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Video gaming accounts

Gaming – certain platforms contain property that may have a certain value, such as gaming licences purchased by the client or virtual wallets containing money. It may be to your advantage to plan access to this property in the event of your death or incapacity. *Example: Xbox live, Steam, etc.*

Description of supplier 1:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Description of supplier 2:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

Multimedia

Accounts containing music, pictures, videos, etc. *Example: Google Photos, iTunes, Netflix, etc.*

NOTE: In some cases, multimedia files cannot be transferred to the heirs, such as music stored in iTunes, for which you only have a user licence.

Description of supplier 1:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Description of supplier 2:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Domain names, websites and blogs that belong to me

Example: GoDaddy, etc.

Description of the hosting service provider 1:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

Description of the hosting service provider 2:			
Identifier*:			
Depositary and location: www.			
Level of confidentiality of the data contained:	low	medium	high
Instructions or comments:			

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

Software and applications

Software licences acquired online or through application servers, which your representative will generally need to terminate. In certain cases, a storage space may be associated with a software licence, where you could store files you wish to dispose of. *Example: Office 365, etc.*

Description of software 1 :

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

Description of software 2 :

Identifier*:

Depository and location: www.

Level of confidentiality of the data contained: low medium high

Instructions or comments:

* This is not a password. The password should be included in the optional appendix to the Patrimonial Inventory accessible on the Chambre's website.

The pluses of the complete version

Medical information

- Medical specialist
- Participation in a hospital research protocol

Additional information on the children

- Adopted child or child in the process of being adopted
- Disabled child
- Dependents
- Foster home

Pets

Representation and other managed patrimonies

- Mandatary to the person (and/or property) under a protection mandate
- Mandatary under a general or specific power of attorney
- Liquidator or trustee or affairs manager
- Tutor to a minor, tutor to a person of full age, curator to a person full of age, advisor to a person of full age

Member of an organization, professional order or association

Participation in a Board of Directors

Will

- Distinct will regarding my property outside Québec

Power of attorney

- Donation of body to science
- Firearms owner
- Property outside Québec

Claims and other rights

- Holder of a right to usufruct
- Holder of a right of first refusal, a right of option to purchase, etc.
- Holder of copyrights and other interests
- Beneficiary of a trust

Living trusts, businesses, private companies and corporations

- Business owner
- Shareholder
- Holder of shares in a partnership

Guarantee

Commitments

- Right of first refusal
- Real estate brokerage contract
- Purchase offer in progress
- Non-competition clause
- Commitment toward the trustee in bankruptcy

Proceedings before a tribunal and offence notices

Other information

- Health insurance card
- Disabled parking permit issued by the Société d'assurance-automobile du Québec
- Subscription to periodicals
- Gym membership

Virtual assets

- Level of confidentiality of the data and priority for following the directives.

