



TO GATHER, TO REFLECT,  
*to remember.*

YOUR FAMILY REGISTER



## YOUR FAMILY REGISTER

THIS FAMILY REGISTER IS OFFERED TO YOU AS A TOOL TO CLEARLY LAY OUT THE ENTIRE INVENTORY OF YOUR POSSESSIONS, FURNITURE, TITLES, REAL ESTATE OR IMPORTANT DOCUMENTS, AS WELL AS ANY RELEVANT INFORMATION REGARDING THEIR LOCATION.

THIS DOCUMENT CONTAINS A GREAT DEAL OF ADDITIONAL INFORMATION RELATING TO YOU OR TO THE MEMBERS OF YOUR FAMILY.

LEFT IN THE HANDS OF A FAMILY MEMBER OR DESIGNATED EXECUTOR, THIS FAMILY REGISTER CAN BE OF GREAT ASSISTANCE IN THE PROPER SETTLEMENT OF AN ESTATE.



# Personal information

## PERSONAL INFORMATION

Surname, given name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Birth certificate: \_\_\_\_\_

Registration of birth (location): \_\_\_\_\_

Registration of marriage (location): \_\_\_\_\_

Civil status: ☐ Single ☐ Married ☐ Common-law partner

☐ Separated ☐ Divorced ☐ Widowed

Surname and given name of father: \_\_\_\_\_ ☐ Deceased ☐ Living

Surname and given name of mother: \_\_\_\_\_ ☐ Deceased ☐ Living

## SPOUSE OR COMMON-LAW PARTNER INFORMATION

Surname, given name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Birth certificate: \_\_\_\_\_

Registration of birth (location): \_\_\_\_\_

Registration of marriage (location): \_\_\_\_\_

Civil status: ☐ Single ☐ Married ☐ Common-law partner

☐ Separated ☐ Divorced ☐ Widowed

Surname and given name of father: \_\_\_\_\_ ☐ Deceased ☐ Living

Surname and given name of mother: \_\_\_\_\_ ☐ Deceased ☐ Living

# Family

## CHILDREN

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## CLOSE RELATIVES

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Surname, given name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## EXECUTOR

Surname, given name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

# *Titles and important documents*

## **WILL**

☐ With    ☐ Without

Type of will:                    ☐ Holographic    ☐ Witnessed    ☐ Notarized

Name of notary: \_\_\_\_\_

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

## **MANDATE IN CASE OF INCAPACITY**

☐ With    ☐ Without

Name of notary: \_\_\_\_\_

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

## **PRE-MARITAL AGREEMENT**

☐ With    ☐ Without

Name of notary: \_\_\_\_\_

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

## **BIRTH CERTIFICATE**

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

## **CONTRACTS/LEASES/MORTGAGES**

Location of titles: \_\_\_\_\_

Name of adviser: \_\_\_\_\_

## **TAX RETURN**

Location of documents: \_\_\_\_\_

Name of accountant: \_\_\_\_\_

## **MOTOR VEHICLE CONTRACTS AND DOCUMENTS**

Location of documents: \_\_\_\_\_

## **BONDS/INVESTMENTS/LOANS**

Location of documents: \_\_\_\_\_

## **OTHER IMPORTANT DOCUMENTS**

Name of document: \_\_\_\_\_

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

# Finances

## ASSETS AND INVESTMENTS

### BANK ACCOUNTS

Types of accounts:

- ☐ Personal account    ☐ Loan    ☐ Savings account  
☐ Investments    ☐ Private account    ☐ Joint account

REFERENCE NUMBER

INSTITUTION

ADVISER

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### RRSP OR RRIF INVESTMENTS

REFERENCE NUMBER

INSTITUTION

ADVISER

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### INVESTMENTS (term deposits)

REFERENCE NUMBER

INSTITUTION

ADVISER

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### SECURITIES (shares, bonds, etc.)

REFERENCE NUMBER

INSTITUTION

ADVISER

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### SAFE DEPOSIT BOX

Location of safe deposit box

Location of key

REFERENCE NUMBER

INSTITUTION

ADVISER

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## OTHER ASSETS

### EMPLOYER PENSION PLAN

Member number: \_\_\_\_\_

Name of employer: \_\_\_\_\_

### PRIMARY RESIDENCE

Address: \_\_\_\_\_

### SECONDARY RESIDENCE

Address: \_\_\_\_\_

### LAND

Address: \_\_\_\_\_

### INCOME PROPERTY

Address: \_\_\_\_\_

### OTHER VALUES AND INVESTMENTS

\_\_\_\_\_  
\_\_\_\_\_

## DEPTS AND OBLIGATIONS

### DEBIT CARDS

Name of institution	Card number
_____	_____
_____	_____
_____	_____

### CREDIT CARDS

Name of institution	Card number	Expiration date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### OTHER DEPTS

\_\_\_\_\_

\_\_\_\_\_

## LOANS

### LINE OF CREDIT

Name of institution

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### VEHICLE LOAN

Name of institution  
or credit company

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### PERSONAL LOAN

Name of institution

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### STORE CREDIT CARDS (furniture, computers, electronics, etc.)

Name of institution  
or company

Account number

Expiration date

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### MORTGAGE

Name of institution  
or company

Account number

Expiration date

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## BENEFITS / PENSIONS / COMPENSATIONS

- ☐ War veterans allowance (Canadian veterans)
- ☐ Pension benefits (Commission administrative des régimes de retraite et d'assurances –CARRA)
- ☐ Compensation (Commission de la santé et de la sécurité au travail – CSST)
- ☐ Old age pension (Service Canada)
- ☐ Guaranteed income supplement (Service Canada)
- ☐ Pension benefit (Régie des rentes du Québec – RRQ)
- ☐ Spouse's pension (Régie des rentes du Québec – RRQ)
- ☐ Disability benefit (Régie des rentes du Québec – RRQ)
- ☐ Compensation (Société de l'assurance automobile du Québec – SAAQ)





## INSURANCE

### INDIVIDUAL LIFE INSURANCE

Name of financial institution or company

Card number

### WORKPLACE INSURANCE

Name of financial institution or company

Card number

### MOTOR VEHICLE INSURANCE

Name of financial institution or company

Card number

### HOME INSURANCE

Name of financial institution or company

Card number

### SECONDARY RESIDENCE INSURANCE

Name of financial institution or company

Card number

## DONATIONS

### ORGAN DONATIONS

☐ Yes ☐ No

If so, you must have:

- ☐ Signed to that effect on your Quebec Health Insurance Card and/or
- ☐ Given verbal consent to at least 2 witnesses

# *Funeral and burial services*

## FUNERAL SERVICES

### PREARRANGEMENT CONTRACT

Name and address of funeral home: \_\_\_\_\_

\_\_\_\_\_

Counsellor: \_\_\_\_\_

Contract number: \_\_\_\_\_

### BURIAL

Name and address of cemetery / columbarium: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Name of concession holder: \_\_\_\_\_

Plot number: \_\_\_\_\_

### PERSONALIZED SERVICES

Types of floral arrangements: \_\_\_\_\_

Charitable donations: \_\_\_\_\_

Favourite musical pieces: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIFICATIONS

[illegible]

Date \_\_\_\_\_

Signature of holder

Signature of spouse or  
common-law partner



#### SAINT-EUSTACHE

##### HEAD OFFICE

147 Arthur-Sauvé Boulevard  
Saint-Eustache QC  
J7P 2A4

**Tel. : 450 473-5934**

Fax: 450 473-7022

Email: [info@rfgoyer.com](mailto:info@rfgoyer.com)

**24/7 SERVICE**

[RESIDENCEGOYER.COM](http://RESIDENCEGOYER.COM)

#### FABREVILLE

3495 Dagenais Boulevard West  
Laval QC  
H7P 4V9

**Tel. : 450 627-4140**

#### SAINTE-THÉRÈSE

105 Desjardins Boulevard East  
Sainte-Thérèse QC  
J7E 1C5

**Tel. : 450 435-3987**

#### SAINTE-MARTHE- SUR-LE-LAC

3150, Chemin d'Oka  
Sainte-Marthe-sur-le-Lac QC  
J0N 1P0

**Tel. : 450 473-5934**

#### LAVAL-OUEST

3535 Sainte-Rose Boulevard West  
Laval QC  
H7R 1T9

**Tel. : 450 627-4140**

#### SAINT-BENOÎT

9126 Sainte-Madeleine Street  
Mirabel QC  
J7N 2P4

**Tel. : 450 473-5934**

#### SAINT-AUGUSTIN

15545 Saint-Augustin Street  
Mirabel QC  
J7N 1X6

**Tel. : 450 473-5934**