



Westlock Community Foundation



# Legacy Planner

Planning for Health, Wealth, and Beyond.

Name

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Date Complete:

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 safety 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 Life Planning Booklet 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 Westlock Community Foundation shall not be responsible for any reliance on the information provided by any person.

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# 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 packages, visit [www.westlockfoundation.ca](http://www.westlockfoundation.ca), call 780-349-2212, email [info@westlockfoundation.ca](mailto:info@westlockfoundation.ca)



*Your legacy, forever.*

# Basic Personal Information

## Your Full Legal Name

Date and Place of Birth

Birth Certificate is Located

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

Health Card Number

Countries of Which you are a Citizen

Driver's License is Located

Citizenship Papers, if Applicable, are Located

Marriage Certificate, if Applicable, is Located

Passport(s) are Located

Marital Status

Divorce Papers, if Applicable, are Located

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.

\*Tip: 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

## Key Contacts Immediate Family (spouse, children, parents, siblings, etc.)

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

## Other Key Contacts

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

**Notary**

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Name	Address
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Phone	Email
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**Accountant**

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Name	Address
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Phone	Email
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**Doctor**

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Name	Address
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Phone	Email
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**Dentist**

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Name	Address
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Phone	Email
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**Bank / Credit Union**

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Name	Address
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Phone	Email
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**Trust Officer**

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Name	Address
------	---------

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Phone	Email
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**Other Contacts 1**

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Name	Address
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Phone	Email
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**Other Contacts 2**

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Name	Address
------	---------

---

Phone	Email
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**Other Contacts 3**

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Name	Address
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Phone	Email
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## 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.

### 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.

**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. 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 [www.epiloguewills.com](http://www.epiloguewills.com) or having a lawyer prepare your Will. Regardless of how you choose to create your Will, the Westlock 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.

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# Your Will

**Do you have a Will?**  Yes  No

Date of Will (when last updated)

Original Document is Located

A Copy is Located

Type of Will:  Notarized  Witnessed  Handwritten

**Do you have a living Will or power of attorney for personal**  Yes  No

**care?** Your Legal Representative for Personal Care

Phone

Email

Original Document is Located

A Copy is Located

**Do you have a power of attorney for property?**  Yes  No

Your Legal Representative for Property

Phone

Email

Law Firm

Address

Phone

Email

Original Document is Located

A Copy is Located

# Funeral Arrangements

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

Funeral Home Address

Phone Email

Have you repaid for your funeral?

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

Where are these instructions written?

Document is Located

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 music / performer to be played 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 or in your obituary? \_\_\_\_\_

\_\_\_\_\_

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

Plot is Located \_\_\_\_\_

Deed where the Plot is Located \_\_\_\_\_

Have you provided for its ongoing care?  Yes  No

Have you prepaid for your funeral? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

Deed where the plot is located \_\_\_\_\_

\_\_\_\_\_







# Taxes

**Do you file your taxes yourself?**  Yes  No

Tax Advisor

Address

Email

Phone

Tax information and supporting data are

located

## Bank, 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, Credit Union

Branch

Type of Account

Account #

(cheq/sav) Address

Phone

Email

### Account 2

Bank, Credit Union

Branch

Type of Account

Account #

(cheq/sav) Address

Phone

Email

### Account 3

Bank, Credit Union

Branch

Type of Account

Account #

(cheq/sav) Address

Phone

Email

### Account 4

Bank, Credit Union

Branch

Type of Account

Account #

(cheq/sav) Address

Phone

Email

# Debtors and Creditors

Debts you owe such as credit cards, loans, lines of credit, personal guarantees, etc.

## Debtor 1

Amount \$ \_\_\_\_\_ Date of Loan \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Debtor 2

Amount \$ \_\_\_\_\_ Date of Loan \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Debtor 3

Amount \$ \_\_\_\_\_ Date of Loan \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## People you owe money to

### Creditor 1

Amount \$ \_\_\_\_\_ Date of Loan \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Creditor 2

Amount \$ \_\_\_\_\_ Date of Loan \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Creditor 3

Amount \$ \_\_\_\_\_ Date of Loan \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Other financial commitments and contractual obligations

### Description of Commitment or Obligation 1

Information is Located \_\_\_\_\_

### Description of Commitment or Obligation 2

Information is Located \_\_\_\_\_

### Description of Commitment or Obligation 3

Information is Located \_\_\_\_\_

# Credit Cards

**Credit Card Company**

<b>1 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>2 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>3 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>4 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>5 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>6 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>7 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

**Credit Card Company**

<b>8 Credit Limit</b>	Estimated Amount Owing
Card Number	Company Phone Number

# Automatic Payments

Mortgage, rent, loans, bills, payments

## Payment 1

Type of Payment	Amount \$	Account #
Due Date	Paid to	
Address	Email	Phone

## Payment 2

Type of Payment	Amount \$	Account #
Due Date	Paid to	
Address	Email	Phone

## Payment 3

Type of Payment	Amount \$	Account #
Due Date	Paid to	
Address	Email	Phone

## Payment 4

Type of Payment	Amount \$	Account #
Due Date	Paid to	
Address	Email	Phone

## Payment 5

Type of Payment	Amount \$	Account #
Due Date	Paid to	
Address	Email	Phone

## Payment 6

Type of Payment	Amount \$	Account #
Due Date	Paid to	
Address	Email	Phone



# Regular Charitable Gifts

## Charity 1

Information is

Address

Located Phone/Email

## Charity 2

Information is

Address

Located Phone/Email

## Charity 3

Information is

Address

Located Phone/Email

# Pension Plans

## Pension Plan 1

Plan or Policy #

Information is Located

Company with Plan

Phone/Email

Address

Type of Plan:  Defined Benefit  Defined Contribution  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 #

Information is Located

Company with Plan

Phone/Email

Address

Type of Plan:  Defined Benefit  Defined Contribution  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	No	Phone/Email
Individual RRSP or group RRSP? <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"/>	How often?	
Beneficiary(ies) and their phone or email		

## RRSP 2

Financial Company	Account #
Address	Phone/Email
Individual RRSP or group RRSP? <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 phone or email	

# 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 phone or email	

## 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 phone or email	

## Registered Education Savings Plan (RESPs)

### RESP 1

Financial Company	Account #
Address	Phone/Email
Advisor who services account	Phone/Email
Type of RESP? <input type="checkbox"/> Individual <input type="checkbox"/> Family <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?
Student beneficiary(ies) and their phone or email	
<hr/>	
<hr/>	

## Registered Retirement Income Funds (RRIFs) and Annuities

### RRIF or Annuity #1

Financial Company	Policy or Account #
Address	Phone/Email
Advisor who services account	Phone/Email
Do you receive income? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Where is it deposited?	
Beneficiary(ies) and their phone or email	
<hr/>	
<hr/>	

### RRIF or Annuity #2

Financial Company	Policy or Account #
Address	Phone/Email
Advisor who services account	Phone/Email
Do you receive income? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?
Where is it deposited?	
Beneficiary(ies) and their phone or email	
<hr/>	
<hr/>	

## 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

### Securities Account #1

Description

Information is Located

---

A gift or from inheritance?  Yes  No

---

Lender

---

Address

Phone

---

Email

---

### Securities Account #2

Description

Information is Located

---

A gift or from inheritance?  Yes  No

---

Lender

---

Address

Phone

---

Email

---

# Trust Funds

## Purpose of Trust 1

Agreement was drawn up by \_\_\_\_\_

Phone/Email \_\_\_\_\_

Trust Papers are Located \_\_\_\_\_

## Purpose of Trust 2

Agreement was drawn up by \_\_\_\_\_

Phone/Email \_\_\_\_\_

Trust Papers are Located \_\_\_\_\_

## Purpose of Trust 3

Agreement was drawn up by \_\_\_\_\_

Phone/Email \_\_\_\_\_

Trust Papers are Located \_\_\_\_\_

# Life Insurance

## Policy 1

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Address \_\_\_\_\_

Phone/Email \_\_\_\_\_

Advisor who services policy \_\_\_\_\_

Phone/Email \_\_\_\_\_

Beneficiary(ies) and their contact information \_\_\_\_\_

Amount to be Received \_\_\_\_\_

## Policy 2

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Address \_\_\_\_\_

Phone/Email \_\_\_\_\_

Advisor who services policy \_\_\_\_\_

Phone/Email \_\_\_\_\_

Beneficiary(ies) and their contact information \_\_\_\_\_

Amount to be Received \_\_\_\_\_

# Home and Real Estate

## Property 1

Address	Type of Real Estate
Title is Held by	
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage Held by	Phone/Email
Address	

## Property 2

Address	Type of Real Estate
Title is Held by	
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage Held by	Phone/Email
Address	

## Property 3

Address	Type of Real Estate
Title is Held by	
Is there a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage Held by	Phone/Email
Address	

## Documentation

Deeds are Located
Copies of Mortgage are Located
Property Insurance Policies are Located
Land Surveys are Located
Property Tax Receipts are Located
Leases are Located
Information on Building Costs are Located

## Personal Property

List of vehicles you own or lease

---

Vehicle registrations are located

---

Vehicle bills of sale or lease and insurance policies are located

---

Jewellery, stamp collections, coin collections, and other valuables are located

---

Notes about furnishings, clothing, antiques, jewellery, other personal belongings. Do you have any specific personal effects you wish to go to specific people? (should be included in your Will)

---

---

Are household furnishings insured?  Yes  No

---

Furnishing bills of sale and insurance policies, and list of items in your home, are located

---

---

## My Pets

Pet Name

Breed

Age

---

Pet Name

Breed

Age

---

Pet Name

Breed

Age

---

Pet Name

Breed

Age

---

Pet Guardian

Address

Phone

---

Vet Clinic

Address

Phone

---

Vet Name

---

---

## Safe Deposit Box

Do you have a safe deposit box?  Yes  No

---

Box is Located

Keys are Located

---

List of Contents is Located

---

Names of those who have access to it

---

# Mobile Phone

Phone Number	Phone Passcode
Phone Make / Model	
Phone Number	Phone Passcode
Phone Make / Model	

# Social Media, Email, Digital Assets

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

Company Account # or user ID	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

Information is located

Do you use two-factor authentication (text, email, authentication apps), and if so, ensure details included to access

## Social Media

Platform / Site	Username
Password	
Platform / Site	Username
Password	
Platform / Site	Username
Password	
Platform / Site	Username
Password	
Platform / Site	Username
Password	
Platform / Site	Username
Password	
Platform / Site	Username
Password	

Your legacy, forever.



## Email Accounts

Email Address	Password
---------------	----------

Email Address	Password
---------------	----------

Email Address	Password
---------------	----------

Email Address	Password
---------------	----------

## Websites

Site	Username
------	----------

Password
----------

Site	Username
------	----------

Password
----------

Site	Username
------	----------

Password
----------

Site	Username
------	----------

Site
------

Password
----------

## Other Online Accounts

For example, CRA, PayPal, Cryptocurrency, data storage, photos, etc.

Company/Site name	Type of Account	Account #
-------------------	-----------------	-----------

User ID	Password
---------	----------

Company/Site name	Type of Account	Account #
-------------------	-----------------	-----------

User ID	Password
---------	----------

Company/Site name	Type of Account	Account #
-------------------	-----------------	-----------

User ID	Password
---------	----------

Company/Site name	Type of Account	Account #
-------------------	-----------------	-----------

User ID	Password
---------	----------

Company/Site name	Type of Account	Account #
-------------------	-----------------	-----------

User ID	Password
---------	----------

Your legacy, *forever*.

## Memberships

Club or Association 1

Address	Email	Phone
---------	-------	-------

Club or Association 2

Address	Email	Phone
---------	-------	-------

Club or Association 3

Address	Email	Phone
---------	-------	-------

## Subscriptions

Publication 1

Address	Email	Phone
---------	-------	-------

Publication 2

Address	Email	Phone
---------	-------	-------

Publication 3

Address	Email	Phone
---------	-------	-------

## Health, Medical, Hospital, Travel, and Other Insurance

### Policy 1

Type of Insurance	Policy #
-------------------	----------

Insurance Company	Phone
-------------------	-------

Address	Email
---------	-------

Policy is Located

### Policy 2

Type of Insurance	Policy #
-------------------	----------

Insurance Company	Phone
-------------------	-------

Address	Email
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Policy is Located

# 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 Westlock Community Foundation shall not be responsible for your reliance on any information provided herein.

## Critical Questions:

**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?

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

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

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**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?

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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?

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

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**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 or you want every possible medical treatment possible?

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---

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

---

**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 License, Social Insurance Card, Health Card, and/or Organ Donation Card
- Photocopy of Birth, Marriage and/or Divorce Certificates
- Inclusion of Your Favourite Photos (To be shared after your passing)

## Notes

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## This document records the wishes and intent of:

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And should be taken as a guideline to the final wishes after passing.

Printed Name

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Signature Date

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Witness Signature

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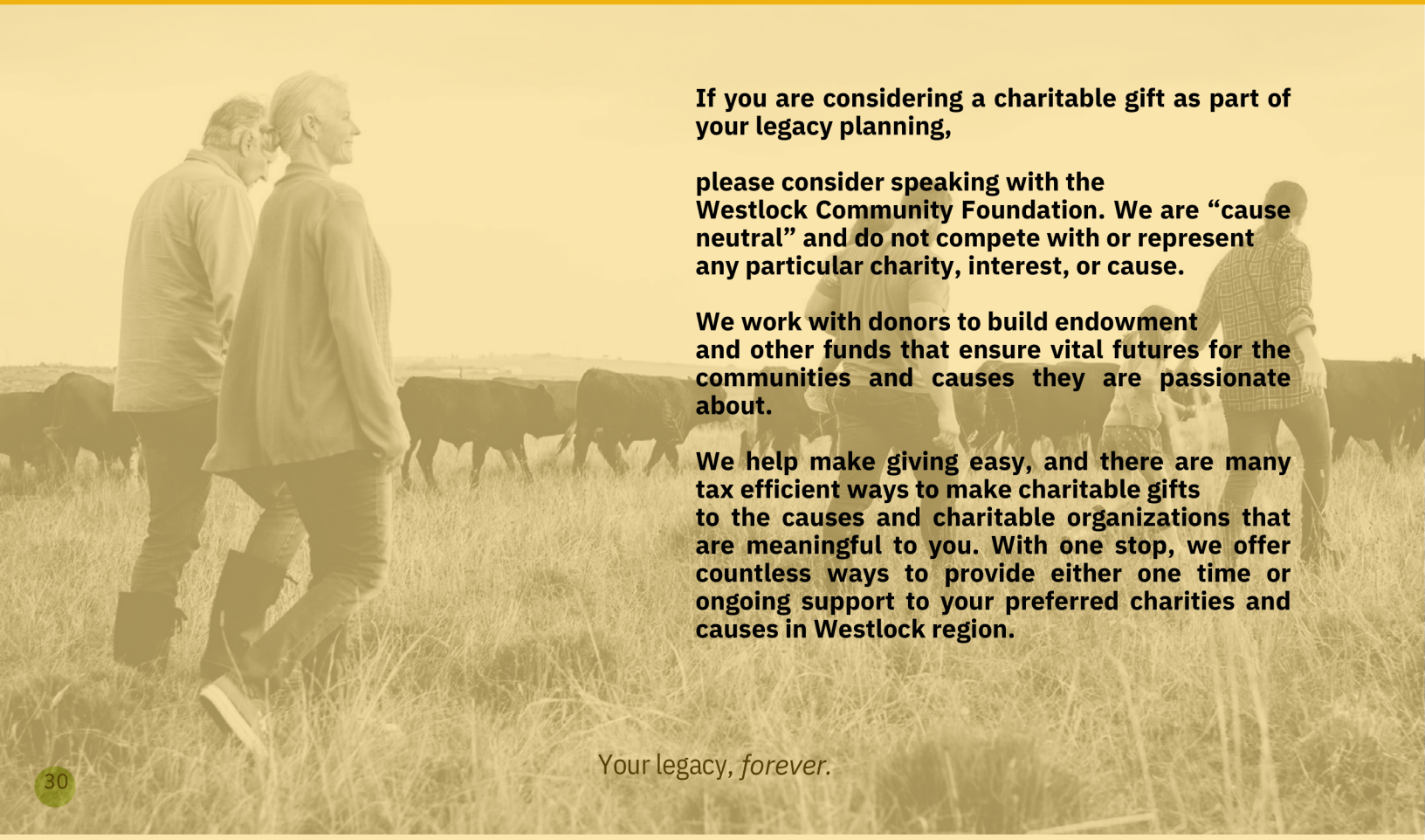
# Sample Will Clauses

**There are many options available when deciding to give through a bequest. The gift can establish a new personal or family fund, a field of interest fund, or a designated fund, or the gift could be donated to an existing fund held at The Community Foundation.**

**The gift can be a specified amount, a share of your estate’s residue, or the entire residue of your estate. No minimum amount is required to gift to an existing Fund. 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 Westlock 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 legacy planning,**

**please consider speaking with the Westlock 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 endowment 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 in Westlock region.**

Your legacy, *forever.*

**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 Westlock 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 Westlock Community Foundation Registered Charity No. 75788 1800 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 Westlock Community Foundation Registered Charity No. 75788 1800 RR0001 to be added to the \_\_\_\_\_ Fund.

#### Sample 3

To pay or transfer the residue of my estate to the Westlock Community Foundation Registered Charity No. 875788 1800 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 [www.westlockfoundation.ca/advisors](http://www.westlockfoundation.ca/advisors)

Anyone considering making a gift by Will to the Westlock Community Foundation is invited to contact the Westlock Community Foundation contact information is as follows:

**The Westlock Community Foundation**  
**102-10011 106 St, Westlock AB, T7P 2K3**  
**P: (780) 349-2212**  
**E: [info@westlockfoundation.ca](mailto:info@westlockfoundation.ca)**  
**W: [www.westlockfoundation.ca](http://www.westlockfoundation.ca)**

# Leave Your Legacy

**The Community Foundation connects donors and charities across Westlock, Westlock County, the Village of Clyde, and beyond!**

We believe in facilitating local 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 our community 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:** (780)-349-2212  
**E:** [info@westlockfoundation.ca](mailto:info@westlockfoundation.ca)  
**W:** [www.westlockfoundation.ca](http://www.westlockfoundation.ca)  
Charity number: 757881800RR0001

**Connect with us:**  
[@westlockfoundation](#)



[www.westlockfoundation.ca](http://www.westlockfoundation.ca)

Your legacy,