

Will Planning Work Sheet

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This document is intended to assist you in gathering information to prepare a will.

PERSONAL INFORMATION

Your Legal Name: _____

Do you have a will? Yes No Date of current will: _____

Address: _____

Postal Code: _____

Date of Birth: _____ Age: _____ Social Insurance Number: _____

Birth Place: _____

City/Province/Country

Marital Status: Single Divorced Married Widowed Other: Specify: _____

Spouse's Legal Name: _____

CHILDREN

Name: _____ Name: _____

Relationship to You: _____ Relationship to You: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Name: _____ Name: _____

Relationship to You: _____ Relationship to You: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

ASSETS

BANK ACCOUNTS

Ownership: Sole Joint

Name of Joint Owner Relation

Address of Joint Owner

Name of Financial Institution

Branch Address

Account Number

Current Value: \$

Ownership: Sole Joint

Name of Joint Owner Relation

Address of Joint Owner

Name of Financial Institution

Branch Address

Account Number

Current Value: \$

INVESTMENTS

BOND MUTUAL FUNDS/STOCKS ANNUITY

Ownership: Sole Joint

Name of Joint Owner Relation

Address of Joint Owner

Type

Location

Current Value: \$ _____

BOND MUTUAL FUNDS/STOCKS ANNUITY

Ownership: Sole Joint

Name of Joint Owner Relation

Address of Joint Owner

Type

Location

Current Value: \$ _____

BOND MUTUAL FUNDS/STOCKS ANNUITY

Ownership: Sole Joint

Name of Joint Owner Relation

Address of Joint Owner

Type

Location

Current Value: \$ _____

BOND MUTUAL FUNDS/STOCKS ANNUITY

Ownership: Sole Joint

Name of Joint Owner Relation

Address of Joint Owner

Type

Location

Current Value: \$ _____

REGISTERED SAVINGS PLANS

RRSPs RRIF TFSA

Ownership: Sole Joint

Name of Institution

Address

Plan Number

Current Value: \$ _____

RRSPs RRIF TFSA

Ownership: Sole Joint

Name of Institution

Address

Plan Number

Current Value: \$ _____

RRSPs RRIF TFSA

Ownership: Sole Joint

Name of Institution

Address

Plan Number

Current Value: \$ _____

RRSPs RRIF TFSA

Ownership: Sole Joint

Name of Institution

Address

Plan Number

Current Value: \$ _____

REAL PROPERTY

I have the following REAL PROPERTY (land, building, automobile, boats).

Residence: Address _____

Sole Joint Owner (Name of Joint Owner) _____

Cottage/Other Property: Address _____

Sole Joint Owner (Name of Joint Owner) _____

Business: Address _____

Sole Proprietor Incorporated Partnership

Name of Partner: _____ Value: \$ _____

Automobiles: _____ Value: \$ _____

Furniture: _____ Value: \$ _____

Jewelry: _____ Value: \$ _____

Other Assets (i.e., collections, cultural items of worth. Attach extra pages as required.):

LIFE INSURANCE

Policy Holder _____ Name of Agent _____

Name of Insurance Company _____ Policy Number _____

Current Value: \$ _____ Beneficiary _____

GROUP LIFE INSURANCE

Name of Employer _____ Group Policy Number _____

Name of Insurance Company _____ Beneficiary _____

Current Value: \$ _____ (Please attach extra pages as required.)

PENSION PLANS

Do you participate in a company pension plan: Yes No

If Yes: Company Name: _____ Beneficiary: _____

Plan Number: _____ Value: \$ _____ Canada Pension Plan: _____

_____ Annual Amount: \$ _____
Effective Date

Old Age Security: _____ Annual Amount: \$ _____
Effective Date

LIABILITIES

MORTGAGE / LOANS

I do not have a mortgage.

I do not have any loans.

Mortgage held by _____ Loan held by _____

Method of payment _____ Method of payment _____

Amount Owed: \$ _____ Amount Owed: \$ _____

Mortgage is Life Insured: Yes No

Mortgage is Life Insured: Yes No

CREDIT CARD ACCOUNTS

Name of Company: _____ Name of Company: _____

Account Number: _____ Account Number: _____

Expiry Date: _____ Expiry Date: _____

Credit Limit: \$ _____ Credit Limit: \$ _____

Name of Company: _____ Name of Company: _____

Account Number: _____ Account Number: _____

Expiry Date: _____ Expiry Date: _____

Credit Limit: \$ _____ Credit Limit: \$ _____

INSTRUCTIONS AND LOCATION OF IMPORTANT DOCUMENTS

DOCUMENTS

I have made duplicate copies of important document (i.e. will, list of stocks & bonds, my last income tax return, insurance policy(ies), funeral arrangements, mortgage agreement, etc.). These documents can be found:

Safety Deposit Box At home, please specify where Other, please specify where

SAFETY DEPOSIT BOX

I have a Safety Deposit Box at:

Name of Financial Institution: _____

Branch Address: _____

Box Number: _____ Key Location: _____

INSTRUCTIONS FOR MY WILL

My Lawyer is: _____ Phone Number: _____

Law Firm Name: _____

Address: _____

My Accountant / Financial Advisor is: Phone Number:

Firm Name: _____

Address: _____

Name of Executor: _____ Phone Number: _____

Address of Executor: _____

My Executor has a copy of my will: Yes No

Other (alternative executor, trustee, guardians, special instructions):

DISTRIBUTION

BENEFICIARIES: RELATIVES AND FRIENDS

Beneficiary Legal Name: _____

Relation to You: _____ Birth Date: _____
Year/Month/Day

Address: _____

Postal Code: _____

Distribution: % _____ Specific Amount: \$ _____

Beneficiary Legal Name: _____

Relation to You: _____ Birth Date: _____
Year/Month/Day

Address: _____

Postal Code: _____

Distribution: % _____ Specific Amount: \$ _____

Beneficiary Legal Name: _____

Relation to You: _____ Birth Date: _____
Year/Month/Day

Address: _____

Postal Code: _____

Distribution: % _____ Specific Amount: \$ _____

BENEFICIARIES: NON-PROFIT ORGANIZATIONS

Legal Name: _____ Legal Name: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Distribution: % _____ Distribution: % _____

Specific Amount: \$ _____ Specific Amount: \$ _____



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