

# 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):

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**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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