

# YOUR LEGACY

## Will Planning Work Sheet

Your legacy can live on. An Estate Planning resource from Campbellford Memorial Hospital Foundation.



**CAMPBELLFORD**  
MEMORIAL HOSPITAL FOUNDATION

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

This document is intended to assist you in gathering information to prepare a will. It is not intended as a legal document. When creating your will, please ensure that you seek legal advice. We hope you find it helpful.

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### PERSONAL INFORMATION

#### YOUR PERSONAL INFORMATION

Your Legal Name: \_\_\_\_\_

Do you have a will?  Yes  No Date of Current Will: \_\_\_\_\_

Your Usual Residence: \_\_\_\_\_

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: \_\_\_\_\_

#### YOUR CHILDREN

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

# ASSETS

## BANK ACCOUNTS

Ownership:  Sole  Joint

Ownership:  Sole  Joint

Name of Joint Owner Relation

Name of Joint Owner Relation

Address of Joint Owner

Address of Joint Owner

Name of Financial Institution

Name of Financial Institution

Branch Address

Branch Address

Account Number

Account Number

Current Value: \$ \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

## INVESTMENTS

### BONDS

Ownership:  Sole  Joint

### MUTUAL FUNDS/STOCK PORTFOLIO

Ownership:  Sole  Joint

Name of Joint Owner Relation

Name of Joint Owner Relation

Address of Joint Owner

Address of Joint Owner

Type

Type

Location

Location

Current Value: \$ \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

### CERTIFICATES

Ownership:  Sole  Joint

### ANNUITIES

Ownership:  Sole  Joint

Name of Joint Owner Relation

Name of Joint Owner Relation

Address of Joint Owner

Address of Joint Owner

Type

Type

Location

Location

Current Value: \$ \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**BANK ACCOUNTS**

Branch Address

Ownership:  Sole  Joint

Account Number

Name of Joint Owner Relation

Current Value: \$ \_\_\_\_\_

Address of Joint Owner

**REGISTERED SAVINGS PLANS**

Name of Financial Institution

**RRSPs**

Branch Address

Name of Institution

Account Number

Address

Current Value: \$ \_\_\_\_\_

Plan Number

Ownership:  Sole  Joint

Current Value: \$ \_\_\_\_\_

Name of Joint Owner Relation

**RRIFs**

Address of Joint Owner

Name of Institution

Name of Financial Institution

Address

**LIFE INSURANCE**

Policy holder

Name of Agent

Name of Insurance Company

Policy Number

Value: \$ \_\_\_\_\_

Beneficiary

(Please attach extra pages as required.)

**GROUP LIFE INSURANCE**

Name of Employer

Group Plan Number

Name of Insurance Company

Beneficiary

Value: \$ \_\_\_\_\_

(Please attach extra pages as required.)

**REAL PROPERTY**

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

Residence: \_\_\_\_\_  
Location

Sole  Joint Owner \_\_\_\_\_ Value: \_\_\_\_\_  
\$ \_\_\_\_\_  
Name of Joint Owner

Cottage/Other Property: \_\_\_\_\_  
Location

Sole  Joint Owner \_\_\_\_\_ Value: \_\_\_\_\_  
\$ \_\_\_\_\_  
Name of Joint Owner

Business: \_\_\_\_\_  
Location

Sole Proprietor  Incorporated  Partnership \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Name of Partner

Automobiles: \_\_\_\_\_ \$ \_\_\_\_\_  
Value

Furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
Value

Jewelry: \_\_\_\_\_ \$ \_\_\_\_\_  
Value

Other Assets (i.e. collections, cultural items of worth, etc. Please state all appropriate information. 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

Loan is Life Insured:  Yes  No

**CREDIT/CHARGE CARD ACCOUNTS**

Plan Number

Current Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

**Registered Homeowner's Savings Plans**

Name of Institution

Address

Name of Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Plan Number

Current Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

### INSTRUCTIONS AND LOCATION OF IMPORTANT DOCUMENTS

#### DOCUMENTS

I have made duplicate copies of important documents (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/Safekeeping Privileges at:

I have a Safety Deposit Box at:

Name of Financial Institution: \_\_\_\_\_

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

Box Number: \_\_\_\_\_ Key Location: \_\_\_\_\_

#### INSTRUCTIONS FOR MY WILL

My personal Lawyer is: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

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

My Accountant/Financial Advisor is: \_\_\_\_\_

Firm's Name: \_\_\_\_\_

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

Name of Executor: \_\_\_\_\_

Address of Executor: \_\_\_\_\_

My Executor has a copy of my Will:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Alternative Executor Name

Trustee Name

Address

Address

Guardian Name

Special Instructions

Address

Funeral Arrangements \_\_\_\_\_

## Distribution

### BENEFICIARIES: RELATIVES AND FRIENDS

Beneficiary Legal Name: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Year/Month/Day

### BENEFICIARIES: CHARITIES

Legal Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Distribution: % \_\_\_\_\_

Specific Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_




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