

**ALGHOUL & ASSOCIATES LAW FIRM**  
**LOUAY ALGHOUL**  
T: (204) 942-8070  
F: (204) 775-0902  
kristen@alghoul.com

**WILL INFORMATION SHEET**

**DATA INFORMATION SHEET**  
**\*Note: All questions may not be applicable  
to your specific situation.**

QUESTION	COMMENTS
1. Date	
	<i>PERSONAL INFORMATION</i>
2. Full name	
3. Have you used any other name?	
4. Address of Testator/Testatrix	
5. Phone No. 1. Business 2. Residence	
6. Occupation	
7. Name and Address of Spouse/Partner in full	
8. Have you been previously married?	
9. If yes, were there any children of the marriage?	
10. Any Support Payments to Spouse?	
11. Any Support Payments to Children?	
12. Do you presently have a will?	
	<i>CHILDREN</i>
13. Child No. 1  Full Name Address Date of Birth Marital Status	

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<b>QUESTION</b>	<b>COMMENTS</b>
14. Child No. 2  Full Name Address Date of Birth Marital Status	
15. Child No. 3  Full Name Address Date of Birth Marital Status	
	<i>DISPOSITION OF ASSETS/BENEFICIARIES</i>
16. Specific Gifts - Do you wish to leave any specific items to specific people? If that beneficiary is no longer around, do you wish to give them to someone else in particular?	
17. Residue/Balance of the estate - Who would you like to receive the balance of your estate and in what amounts (equally, certain percentages, etc)? If they are no longer around, who would you like the residue to go to?  Are there any other beneficiaries to be considered? 1. your parents 2. grandchildren 3. brothers and sisters 4. friends 5. charitable organizations	Residue to: 1. First:  In the following amounts:  2. If not my first choice, then to:  In the following amounts:
18. Are you currently supporting or providing funds to anyone else?	

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<b>QUESTION</b>	<b>COMMENTS</b>
	<i>EXECUTOR(S) AND GUARDIAN(S)</i>
19. Proposed Executor No. 1  Full Name Address Relationship to You	
20. Proposed Executor No. 2 (not necessary to have two executors)  Full Name Address Relationship to You	
21. Executors to act jointly or consecutively	
22. Alternate Executor(s)  Full Name Address Relationship to You	
23. Proposed Guardian No. 1  Full Name Address Relationship to You	
24. Proposed Guardian No. 2 (not necessary to have two guardians)  Full Name Address Relationship to You	
25. Alternate Guardian(s)  Full Name Address Relationship to You	

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QUESTION	COMMENTS
	<i>INFORMATION ABOUT YOUR ASSETS, including address, locations, approximate values.</i>
<p>Do you have:</p> <ol style="list-style-type: none"><li>1. a residence</li><li>2. a cottage</li><li>3. rental property</li><li>4. business property</li><li>5. farm property</li><li>6. company pension plan</li><li>7. RRSPs (Have beneficiaries been listed on the RRSPs itself?)</li><li>8. life insurance (Have beneficiaries been listed on the policy itself?)</li><li>9. group life insurance (Have beneficiaries been listed on the policy itself?)</li><li>10. investments / stocks</li><li>11. personal and household items</li><li>12. bank accounts</li><li>13. vehicle</li><li>14. safety deposit box</li><li>15. foreign property</li></ol>	
	<i>SPECIAL PROVISIONS</i>
26. Do you wish to make an immediate payment to a beneficiary under the age of minority or hold-up of capital to a specific age?	
27. Do any beneficiaries require special financial or protective care?	
28. At your death, if you have a business interest, is your business interest to be continued or sold?	

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QUESTION	COMMENTS
29. If business is to be continued, who do you contemplate could manage it?	

**POWER OF ATTORNEY INFORMATION SHEET**

QUESTION	COMMENT
1. Full Name of Attorney Address Telephone No.	
2. Full Name of Alternate Attorney Address Telephone No.	
3. Fees - Do you wish your attorney to be paid for their services?	
4. Do you wish your Attorney to be able to provide monies and financial support to your spouse/partner, children, etc?	
5. Do you wish your Attorney to be able to make gifts to charities in amounts similar to those made by you while able to manage your property on and to spouse/partner, children special occasions	

**HEALTH CARE DIRECTIVE**

QUESTION	COMMENT
1. Full Name of Proxy Address Telephone No.	
2. Full Name of Alternative Proxy Address Telephone No.	
3. Instructions and Restrictions on Medical Decisions (ie) no restrictions on proxy v no heroic measures type wording v somewhere in between	