

Will Fact finder

Information we need from you

Note: If this document is signed by me it is my intention that it operate as my Last Will and Testament.

Your personal details		Date: xx/xx/2020
Type of relationship: <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Single		
Willmaker 1	Willmaker 2	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Full (legal) name:	Full (legal) name:	
Any alias:	Any alias:	
Date of birth:	Date of birth:	
Occupation:	Occupation:	
Person 1 previously married to another person: Yes <input type="checkbox"/> No <input type="checkbox"/>	Person 2 previously married to another person: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Home address:	
Mobile:	Mobile:
Email:	Email:

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Special circumstances (these create complexities when drafting the Will)

Do you or your spouse/partner own substantial assets, especially real estate, outside Australia?

Yes No

Details:

If you are divorced or separated from a previous relationship, was there a formal property settlement?

Yes No

Details:

Are you currently bankrupt or at risk of becoming bankrupt in the future?

Yes No

Details:

Do you have step-children or foster children who will be treated differently in your Will than your biological children?

Yes No

Details:

The children from this relationship

Full Name	M/F	Age	Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Children from other relationships (person 1)			Children from other relationships (person 2)		
Full Name	M/F	Age	Full Name	M/F	Age
1.			1.		
2.			2.		
3.			3.		
4.			4.		

Family Tree Diagram

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Willmaker 1 - Your executor(s)

	Full Name of executor(s)	Relation	Address of executor(s)	Occupation
<input type="checkbox"/>	My Spouse	My Spouse	As above	As above

Your back-up executor(s)

	Full Name of executor(s)	Relation	Address of executor(s)	Occupation

Can we email a copy of your Will to your Executors? Yes No

Willmaker 2 - Your executor(s)

	Full Name of executor(s)	Relation	Address of executor(s)	Occupation
<input type="checkbox"/>	My Spouse	My Spouse	As above	As above

Your back-up executor(s)

	Full Name of executor(s)	Relation	Address of executor(s)	Occupation

Can we email a copy of your Will to your Executors? Yes No

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

The Guardian(s) of your minor children			
First preference			
	Name of guardian(s)	If related to you, how related	Address of guardian (s)
1			
2			
Second preference			
	Name of guardian(s)	If related to you, how related	Address of guardian (s)
1			
2			

Willmaker 1 - Your real estate			
Property address	Owner(s) <i>(if jointly owned, indicate whether owned as joint tenants or tenants in common)</i>	Amount of any loan secured against property	Approximate value

Willmaker 2 - Your real estate			
Property address	Owner(s) <i>(if jointly owned, indicate whether owned as joint tenants or tenants in common)</i>	Amount of any loan secured against property	Approximate value

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Interests in private companies, family trusts, private unit trusts or partnerships
Please bring a copy of the relevant company constitution, trust deed or partnership agreement

Details of any foreign assets

Other highly valuable assets (eg art, antiques, bullion, coins, jewellery, stamps)		
Description	Owner(s)	Approximate value

Willmaker 1 - Your superannuation			
Name of fund	Have you made a binding death benefit nomination (Yes/No)	Nominated beneficiary	Approximate value

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Willmaker 2 - Your superannuation

Name of fund	Have you made a binding death benefit nomination (Yes/No)	Nominated beneficiary	Approximate value

Your major liabilities

Description	Name of debtor(s)	Approximate amount owing

Notes

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

SPOUSAL WILL - Distribution

Will-maker 1

If **Willmaker 2** survives me, I appoint **her** as my Executor and give **her** my entire estate:

Yes No Not applicable

If **Willmaker 2** does not survive me, I give my entire estate to all of my children in equal shares:

Yes No Not applicable

If a child does not survive but leaves children, the share left for my child shall be divided between his/her children:

Yes No Not applicable

Any beneficiary who is a minor when I die shall receive their share at age: 18 21 25 Other:.....

Will-maker 2

If **Willmaker 1** survives me, I appoint **him** as my Executor and give **him** my entire estate:

Yes No Not applicable

If **Willmaker 1** does not survive me, I give my entire estate to all of my children in equal shares:

Yes No Not applicable

If a child does not survive me but leaves children, the share left for my child shall be divided between his/her children:

Yes No Not applicable

Any beneficiary who is a minor when I die shall receive their share at age: 18 21 25

Will-maker 1 - Specific gifts of cash or property

I wish to make these gifts only if my **spouse** does not survive me:

Yes No Not applicable

Description/amount	Name of beneficiary/ies	Relation

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Will-maker 2 - Specific gifts of cash or property

I wish to make these gifts only if my **spouse** does not survive me:

Yes No Not applicable

Description/amount	Name of beneficiary/ies	Relation

Will-maker 1 - Gift-over

Share of estate	Full Name of beneficiary/ies	If related to you, how related If not related, address of beneficiary/ies

Will-maker 2 – Gift-over

Share of estate	Full Name of beneficiary/ies	If related to you, how related If not related, address of beneficiary/ies

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

NON-STANDARD WILL - Distribution

Will-maker 1 - Gifts

Description/amount	Name of beneficiary/ies	Relation

Will-maker 2 - Gifts

Description/amount	Name of beneficiary/ies	Relation

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Funeral & Medical Wishes	
Willmaker 1	Willmaker 2
I want my body: buried <input type="checkbox"/> cremated <input type="checkbox"/>	I want my body: buried <input type="checkbox"/> cremated <input type="checkbox"/>
I want my body made available for medical/scientific research purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No	I want my body made available for medical/scientific research purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No
I have a pre-paid funeral plan with:	I have a prepaid funeral plan with:
I have already registered instructions regarding my organs on the Australian Donor Register: <input type="checkbox"/> Yes <input type="checkbox"/> No	I have already registered instructions regarding my organs on the Australian Donor Register: <input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to register have my name placed on the Australian Donor Register: <input type="checkbox"/> Yes <input type="checkbox"/> No	I wish to register have my name placed on the Australian Donor Register: <input type="checkbox"/> Yes <input type="checkbox"/> No

Notes

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

Enduring Powers of Attorney – Principal 1

Enduring powers are useful legal documents which allow you to appoint a person or persons you trust to make certain decisions on your behalf. An “enduring” power remains valid even if you lose capacity.

Details of Principal 1	Is this Willmaker 1:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Address:		
Occupation:		

Enduring Power of Attorney		Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Joint: Yes <input type="checkbox"/>	Joint & Several: Yes <input type="checkbox"/>
Attorney 1: Principal 2 <input type="checkbox"/> Other <input type="checkbox"/>	Attorney 2			
Name:	Name:			
Address:	Address:			
Email:	Email:			
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>			
Alternative Attorney 1	Alternative Attorney 2			
Name:	Name:			
Address:	Address:			
Email:	Email:			
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>			
Can we email a copy of your EPOA (Personal & Financial) to your Attorneys? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Enduring Powers of Attorney – Principal 2

Enduring powers are useful legal documents which allow you to appoint a person or persons you trust to make certain decisions on your behalf. An “enduring” power remains valid even if you lose capacity.

Details of Principal 2	Is this person Willmaker 2: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	
Address:	
Occupation:	

Enduring Power of Attorney Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint: Yes <input type="checkbox"/> Joint & Several: Yes <input type="checkbox"/>	
Attorney 1: Principal 1 <input type="checkbox"/> Other <input type="checkbox"/>	Attorney 2
Name:	Name:
Address:	Address:
Email:	Email:
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>
Alternative Attorney 1	Alternative Attorney 2
Name:	Name:
Address:	Address:
Email:	Email:
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: Personal matters? <input type="checkbox"/> OR Financial matters? <input type="checkbox"/> OR Both personal and financial matters? <input type="checkbox"/>
Can we email a copy of your EPOA (Personal & Financial) to your Attorneys? Yes <input type="checkbox"/> No <input type="checkbox"/>	

