

Will Fact finder

Information we need from you

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Your personal details	
Type of relationship: Married <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Single <input type="checkbox"/> Date: _____	
Spouse/partner 1	Spouse/partner 2
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____	Title 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:	
Phone:	
Email:	

Your children					
Children from this relationship					
Name	Gender	Age	Name	Gender	Age
Children from other relationships (person 1)			Children from other relationships (person 2)		
Name	Gender	Age	Name	Gender	Age

Your major assets			
Bank accounts			
Bank/Financial institution		Account holder(s)	Approximate balance
Real estate			
Property address	Owner(s) (if jointly owned, indicate whether owned as joint tenants or tenants in common)	Amount of any loan secured against property	Approximate value
Shares/managed investments			
Description	Owner(s)	Amount of any loan secured against assets	Approximate value
Life insurance			
Insurance company	Life insured	Nominated beneficiary	Approximate value
Superannuation			
Name of fund	Have you made a binding death benefit nomination (Yes/No)	Nominated beneficiary	Approximate value

Interests in private companies, family trusts, private unit trusts or partnerships

Please bring a copy of the relevant company constitution, trust deed or partnership

Details of any foreign assets

Other major assets (eg art, antiques, bullion, coins, jewellery, stamps)

Description	Owner(s)	Approximate value

Your major liabilities

Description	Name of debtor(s)	Approximate amount owing

The gifts to be made in your Wills**Any specific gifts of cash or property**

Description/amount	Name of beneficiary/ies	If related to you, how related If not related, address of beneficiary/ies

If spouse/partner survives Will maker, balance of estate to go to spouse/partner: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If spouse/partner does not survive Will maker, how is estate to be given If estate is to go to children equally, write "To children equally"		
Share of estate	Name of beneficiary/ies	If related to you, how related If not related, address of beneficiary/ies
Back up gift of estate if spouse/partner does not survive Will maker and there are no surviving children		
Share of estate	Name of beneficiary/ies	If related to you, how related If not related, address of beneficiary/ies

Your proposed executor(s)			
	Name of executor(s)	If related to you, how related	Address of executor(s)
1 st choice			
2 nd choice			
3 rd choice			

Your back-up executor(s)			
	Name of executor(s)	If related to you, how related	Address of executor(s)
1 st choice			
2 nd choice			
3 rd choice			

Your proposed guardian(s) (complete if you have children under 18)			
	Name of guardian(s)	If related to you, how related	Address of guardian (s)
1 st choice			
2 nd choice			

Enduring Powers of Attorney

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.

Financial Required?: Yes No Name and address of Attorney/s:

Attorney 1:

Address of Attorney 1:

Occupation of Attorney 1:

Attorney 2:

Address of Attorney 2:

Occupation of Attorney 2:

Their appointment is to be: JOINTLY OR JOINTLY and SEVERALLY

Reserve Attorney:

Address of Reserve Attorney:

Occupation of Reserve Attorney:

Medical Treatment Required?: Yes No Name and address of Attorney/s:

Medical Attorney:

Address of Medical Attorney:

Occupation of Medical Attorney:

Reserve Attorney:

Address of Reserve Attorney:

Occupation of Reserve Attorney:

Guardianship Required?: Yes No Name and address of Attorney/s:

Guardian Attorney:

Address of Guardian Attorney:

Occupation of Guardian Attorney:

Reserve Attorney:

Address of Reserve Attorney:

Occupation of Reserve Attorney: