



Will and Enduring Power of Attorney Checklist

Do any of the following apply to you?

- ☐ Manage a discretionary trust
☐ Have a self-managed superannuation fund
☐ Any outstanding orders of the Family Court
☐ Blended Family

- ☐ Own a personal company
☐ Any pre or post nuptial agreements
☐ Do you have overseas assets

Part A – Personal Details

1. Full Name (Including any middle name/s)

(Person 1)

(Person 2)

2. Marital Status: Married ☐ Single ☐ De-facto ☐ Divorced ☐ Widowed ☐

3. Residential Address:

Suburb/Town: _____ State: _____ Postcode: _____

4. Postal Address:

Suburb/Town: _____ State: _____ Postcode: _____

5. Telephone: Home: _____ Mobile (Person 1) _____

Mobile (Person 2) _____

Alternative: _____

6. Occupation: (Person 1)

(Person 2)

7. Date of Birth (Person 1)

(Person 2)

8. Do you already have a Will? ☐ Yes (Please supply a copy) ☐ No

9. If yes, where is it kept?

10. Immediate Family List (list children including any which you have no contact with):

Full names:

Address:

Relationship:

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Assets

When assets are owned in joint names ownership automatically passes to the survivor/s upon the death of the other joint owner (the Survivorship Rule). As a result of this joint property held jointly does not form a part of a person’s estate and cannot be disposed of by a persons Will.

It will be helpful for us to understand the size of your estate in protecting your wishes, We ask if you would kindly complete the following:

House/Real Estate:

Address	<hr/>
Owned solely or jointly	<hr/>
Estimated \$ Value	<hr/>
Mortgage Value	<hr/>

Address	<hr/>
Owned solely or jointly	<hr/>
Estimated \$ Value	<hr/>
Mortgage Value	<hr/>

Address	<hr/>
Owned solely or jointly	<hr/>
Estimated \$ Value	<hr/>
Mortgage Value	<hr/>

Bank Accounts:

Bank/Branch	Joint or individual	Estimated value
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

Car

Make/Year/Model	Registered owner/s	Estimated value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Shares / Debentures
Value

Registered owner/s	Estimated
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Insurance Policies

(Person 1)

Company _____ Policy number _____
Nominated Beneficiary _____

(Person 2)

Company _____ Policy number _____
Nominated Beneficiary _____

Superannuation (if self managed, please provide a copy of the trust deed)

(Person 1)

Company _____ Policy number _____
Nominated Beneficiary _____

(Person 2)

Company _____ Policy number _____
Nominated Beneficiary _____

Are there any other assets or liabilities that will need to be considered in your Estate?

Overseas Assets ☐ Yes (please provide details) ☐ No

Loan to family/others (to be brought into account for distribution purpose)

☐ Yes (Please provide details)

☐ No

Name _____

Loan Amount \$ _____

Name _____

Loan Amount \$ _____

Name _____

Loan Amount \$ _____

Other Assets (e.g If you are a beneficiary in an Estate, Debt owed to you etc.)

Liabilities (estimated total) \$ _____

Have you signed any personal guarantees?

☐ Yes (Please provide details)

☐ No

Your Accountant

Company _____ Name _____

Address _____

Suburb _____ State _____ Postcode _____

Your Financial Planner

Company _____ Name _____

Address _____

Suburb _____ State _____ Postcode _____

Part B – Appointment of Executors/Trustees and Guardians

Do you want your spouse to be the Executor and Trustee of your Estate? ☐ Yes ☐ No

If not your spouse, please provide full details of who you nominate:

Full Name (include middle name/s) _____

Address _____

Suburb _____ State _____ Postcode _____

Telephone (Home) _____ Mobile _____

Relationship to you: _____

If your nominated Executor is unable to or unwilling to act when required, please nominate an alternative Executor.

Full Name (include middle name/s) _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Telephone (Home) _____ Mobile _____
 Relationship to you: _____

If both you and your spouse die before your children reach the age of 18 years do you wish to appoint a guardian ? If so who?

Full Name (include any middle name/s) _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Telephone (Home) _____ Mobile _____
 Relationship to you: _____

Part C – Specific Gifts

1. Do you wish to make any specific gifts or property or money? ☐ Yes ☐ No
2. Is the gift to be made even if your spouse is still alive? ☐ Yes ☐ No
3. If an item of property is it subject to a mortgage or charge? ☐ Yes ☐ No

Please give full details of each beneficiary and the particulars of the gift you wish to leave them:

Full Name (include middle name/s) _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Telephone (Home) _____ Mobile _____
 Relationship to you: _____
 SPECIFIC GIFT _____

Full Name (include middle name/s) _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Telephone (Home) _____ Mobile _____
 Relationship to you: _____
 SPECIFIC GIFT _____

Full Name (include middle name/s) _____
Address _____
Suburb _____ State _____ Postcode _____
Telephone (Home) _____ Mobile _____
Relationship to you: _____
SPECIFIC GIFT _____

Charitable Gift

Organisation's Full Name: _____
ABN: _____
Address _____
Suburb _____ State _____ Postcode _____
Details of Gift _____

Part D – Residuary Estate

(This is the balance of your estate after the payment of all testamentary expense e.g. funeral expenses and executors commission, duties, specific gifts etc.)

How do you wish to distribute your Estate?

- | | | |
|---|------------------------------|-----------------------------|
| 1. To spouse if survives by 30 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. To Children equally if spouse predeceases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. What if a beneficiary predeceased you? | | |

Possible Beneficiaries

Is there anyone other than your immediate family (spouse and children) who you currently support or help to support? If yes please provide full name/s address/s and relationship to you. **Please consider this question carefully. This person may be able to challenge your will.**

Full Name (include middle name/s) _____
Address _____
Suburb _____ State _____ Postcode _____
Relationship to you: _____

General Matters

Do you have any preference for your funeral arrangements such as cremation, burial or a particular cemetery where you would like to be interred? Do you have a specific plot reservation? (If you are unsure you do not need to complete this section)

Part E – Enduring Power of Attorney Instructions

It is recommended that you should also give some consideration to the preparation of an Enduring Power of Attorney (EPA). Under an EPA you may give your attorney/s the power to deal with any or part of your financial, personal or health affairs. An EPA appointed for such affairs may come into effect either immediately, on a specific date or after you have lost capacity to deal with these yourself. **This means that should you become mentally incapacitated; your attorney/s can still manage your affairs for you.**

Your appointed attorney:

Must Be:	Must Not Be:
Over 18 Years of age	Your paid carer or health care provider
Someone you trust to manage such affairs	Bankrupt
Able to understand fully what the appointment means and what their responsibilities as your attorney are	Your service provider for residential service where you are a resident e.g. Retirement Village
Capable of looking after your affairs	

Please give some careful consideration to who you wish to appoint as your attorney/s.

Attorney One:

Full Name (include middle name/s) _____
 Residential Address: _____
 Postal Address (If different) _____
 Relationship to you _____

Attorney Two:

Full Name (include middle name/s) _____
 Residential Address: _____
 Postal Address (If different) _____
 Relationship to you _____

Attorney Three:

Full Name (include middle name/s) _____
 Residential Address: _____
 Postal Address (If different) _____
 Relationship to you _____

Additional Notes: