

dbsn group
WILL MAKING CHECKLIST

YOUR DETAILS

Full name:			
Address:			
Occupation:			
Maiden name (if applicable):			
Alias or other names in which assets are held:			
Date of birth:			
Place of birth:			
Location of birth certificate:			
Marital status:	*Single / Married / Divorced / Widowed / Partnered (*delete inapplicable)		
Preferred address for correspondence:			
Telephone numbers:	Business:		Home: <input type="text"/>
	Mobile:		
Facsimile numbers:	Business:		Home: <input type="text"/>
Tax File Number:			
Location of any existing Will (if applicable):			
Name and contact numbers of Accountant:			
Financial Adviser:			
Personal Guarantee. Have you given a guarantee for any person or company? If so, please advise particulars:			
Family or other Trust Deed. Please advise particulars:			
Do you have a Power of Attorney:	Yes / No		
Personal medical attendant and address:			
Veterans Affairs Number (if applicable):			
Service Number:			
Unit:			
War disability:			
Pension payable:			

DETAILS OF MARRIAGE AND CHILDREN

Date of marriage:				
Place of marriage:				
Location of marriage certificate:				
Full name of spouse/ wife's maiden name:				
Children living:	Name:		Date of birth:	
	Name:		Date of birth:	
	Name:		Date of birth:	
	Name:		Date of birth:	
	Name:		Date of birth:	
Any other dependants and their relationship to you (e.g. step-children, nieces, nephews):				
Children deceased:	Name:		Date of birth:	
	Name:		Date of birth:	
	Name:		Date of birth:	
	Name:		Date of birth:	
	Name:		Date of birth:	

FAMILY DETAILS

	Father	Mother
Given names:		
Surname:		
Maiden name:	Not applicable	
Date of birth:		
Place of birth:		
Date of death:		
Place of death:		
	Brothers	Sisters
Given names:		
Married name:		
Date of birth:		
Place of birth:		
Date of death:		
Place of death:		

DETAILS OF YOUR SPOUSE, PARTNER OR DEFACTO

Spouse or spouse equivalent person’s details to whom you wish to leave the whole of your estate and who will also be your executor:

PLEASE NOTE: If you do not intend to leave your entire estate to or nominate any one person as an executor then leave this section blank, but please complete the remainder of the checklist.

Name	
Address	
Relationship	

DETAILS OF ALTERNATE EXECUTORS WHO WILL BE TRUSTEE OF YOUR ESTATE

In the event that the partner specified above predeceases you or if you have left that section blank then you should nominate alternate beneficiaries and executors:

PLEASE NOTE: You may nominate more than one executor, but we recommend that there be no more than four.

First Executor’s Details:

Name	
Address	
Relationship	
Occupation	

Second Executor’s Details:

Name	
Address	
Relationship	
Occupation	

ASSETS

For example: real estate, motor vehicles, business, cash deposits and others. (Please attach a further sheet if there is insufficient room)

Type	Owner/s	Mortgage / Location of documents	Date of purchase	Current value

SAFETY DEPOSIT BOX

Location:	
Contents:	
Locations of keys:	

CAPITAL GAINS TAX

Where are the records kept for the calculations of the above?

Location:	
-----------	--

LIABILITIES

Financier's Name	Amount	Purpose of Loan

SUPERANNUATION

Company	Policy number	Insurance	Account value	Nominated Beneficiary
		\$		
		\$		
		\$		

Are all the nominated beneficiaries to remain the same? **Yes/No**

If no, name and address of beneficiary who you wish to receive the benefit of this fund:

Name:	
Address:	

LIFE INSURANCE

Company and Location of documents	Policy number	Sum insured	Owner
		\$	
		\$	
		\$	

LIFE ESTATES

A life estate is where part of your estate e.g. a house or piece of furniture, jewellery etc, is granted to a person for their use during their life and then after their death to another person:

Part of estate	Name of beneficiary for life	Name of beneficiary after life estate complete

BORROWED ASSETS

Items owned by you and currently borrowed by others:

Item	Borrower	Beneficiary

Items currently lent to you, to be returned to the owner:

Item	Owner

ANY OTHER SPECIAL PROVISIONS

--

RESIDUARY BENEFICIARIES

Residuary beneficiaries receive the residue or balance of your estate after any of the above gifts have been distributed: (This may include children, details of whom should be provided in the specific section below.)

Name:	
Address:	
Relationship:	

Name:	
Address:	
Relationship:	

Name:	
Address:	
Relationship:	

Name:	
Address:	
Relationship:	

Children

Name:	
Address:	
Relationship:	

Age of children to take your estate: 18 years / 21 years

GUARDIANS OF CHILDREN (You May nominate more than one)

First Guardian's Name:	
Address:	
Relationship:	

Alternative Guardian's Name:	
Address:	
Relationship:	

PARTICULAR WISHED REGARDING UPBRINGING OF CHILDREN

--

TESTAMENTARY TRUST

Do you wish to create a testamentary trust in favour of your children? A testamentary trust is a trust created upon your death under the will. The trustee of that trust would hold the property you wish to be held on trust for the benefit of one or more beneficiaries on certain terms (i.e. to be used for their education or advancement or to be released as a lump sum on their reaching a certain age). To be able to include a testamentary trust we would need to know the following information:

Full names of the beneficiaries of the testamentary trust:

Full name:	
Full name:	
Full name:	
Full name:	
Full name:	
Full name:	
Full name:	

Does each beneficiary have a fixed entitlement or is it up to the trustee's discretion on how much and who shall receive distributions?

Is there any restriction imposed on use or investment of the property or the timing of distributions to beneficiaries (i.e. held until a certain age):

If a beneficiary dies before they are entitled to receive a distribution what will happen to their share? Will it go to their estate or be given equally to the other beneficiaries under the trust:

What property or assets are to be held by the trustee?

DISPOSAL OF BODY

Burial:	
Cremation:	
Location:	

Use of body for scientific purposes:

Organ donation:	Yes	No
Medical research:	Yes	No
Restriction on body parts to be used:	Yes	No

Lift body parts as above:

CHARITABLE DISTRIBUTION

Details:

SAFE CUSTODY OF WILL

Will to be held by Kimballs Lawyers: **Yes / No**

If your will is not to be held by Kimballs Lawyers, name of person/institution who shall hold the will:

Please advise us regarding the retrieval and destruction of any former wills:

Further Notes: