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## **WILL & ESTATE PLAN - INSTRUCTION SHEET**

#### **Your Personal Details**

Full n	ame:				
Stree	t address:				
Posta	l address (if different):				
Phon	e number:				
Email	:				
Occu	pation:				
Austr	alian citizen:	Yes	No		
Marit	al status:	Single	Married	De-facto	Divorced
	pouse's Details (if any)				
Full n					
	t address:				
	pation:				
Austr	Australian citizen:		No		
Your C	hildren's Details (if any)				
1	Full name:				
	Street address:				
	Age:				
	Marital status: (if any)	Single	Married	De-facto	Divorced
	Do they have children?	Yes	No		
	Occupation: (if any)				
2	Full name:				
	Street address:				
	Age:				
	Marital status: (if any)	Single	Married	De-facto	Divorced
	Do they have children?	Yes	No		
	Occupation: (if any)				

3	Full name:				
	Street address:				
	Age:				
	Marital status: (if any)	Single	Married	De-facto	Divorced
	Do they have children?	Yes	No		
	Occupation: (if any)				

#### Your Assets & Entities That You Control (if any)

# Family Trust (if any)

Name of Trust:		
Trustee:	You	You & spouse
	Other (name)	
Appointor:	You	You & spouse
	Other (name)	
Guardian:	You	You & spouse
	Other (name)	
Who do you wish to	Spouse	
control the trust	Children and if	so All of them or 1 2 3
	Other (name)	

## Company (if any)

Name of Company	
Directors	You You & spouse
	Other (name)
Shareholders	You You & spouse
	Other (name)
Who do you wish to	Spouse
control the company	Children and if so All of them or 1 2 3
	Other (name)

## SMSF (if any)

Name of Fund	
Trustees	You You & spouse
	Other (name)
Intended recipient	Spouse
of your death benefits	Children and if so All of them or 1 2 3
	Your estate

## **Real Property**

1	Address			
	Solely or Jointly	Solely	Jointly	
2	Additional Properties			

#### **Life Insurance**

Insurer:	
Insured:	
Owner/Recipient:	

#### Other

Asset Details	

#### **Your Intended Will**

Who will be your Executor(s)?  Children  Other(s)		Spouse						
		Children	and if	so	All of them or	1	2	3
		Other(s)	Full n	ame				
		Addre	ess					
Who will be yo Substitute	ur	Children	and if	SO	All of them or	1	2	3
Executor(s)?		Other(s)						
			Addre	ess				
۱۸/۱۰ میزال ایم ۵۰		<b>f</b>	Full n					
Who will be Gu minor children			Addre					
			Addit	233				
Specific Gifts	1	Asset details						
		Intended Recipient						
	2	Asset details						
		Intended Recip	ient					
	3	Asset details						
		Intended Recip	ient					
		T .						
Superannuatio (if paid to estat		Spouse						
( para to cota	,	Children			All of them or	1	2	3
		Other	Full n					
		Addre	ess ———					
Life Insurance		Spouse						
(if paid to estat	te)	Children	and if	SO	All of them or	1	2	3
( pa.a to oota	- <b>-</b> ,	Other	Full n		7.11. 61. 61.6111 61			
			Addre					

Residue of	1st	Spouse and if so absolutely testamentary trust
Your Estate	Instance	Children equally and if so absolutely testamentary trust
		Other (details)
	2nd	
		Spouse and if so absolutely testamentary trust
	2nd Instance	Spouse and if so absolutely testamentary trust  Children equally and if so absolutely testamentary trust

Do you have any additional	
testamentary wishes?	
	1

Do you have any honoficiaries	
Do you have any beneficiaries	
that require special attention? (i.e.	
disabilities of any nature; drug or	
alcohol dependent; facing potential	
bankruptcy; family law problems,	
high-risk occupation; spendthrift). If	
yes, please provide details.	
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Do you have an <b>Enduring Power of Attorney</b> in place?	Yes	No
Do you have an <b>Enduring Power of Guardianship</b> in place?	Yes	No
Do you have an <b>Advance Health Directive</b> in place?	Yes	No

This instruction sheet provides Perth Probate with some preliminary information necessary to prepare your Will and other documents that may be necessary as part of the estate planning process for you. Do not be concerned that this form does not cover every matter you wish to be included in your Will. Please contact us to discuss any other matters you may want to address.