

## Application for Letters of Administration - Checklist

The checklist provided is specifically crafted to gather all necessary details needed for the completion of your application for Letters of Administration. Remember, this application is made via an affidavit that requires your accurate and thorough information.

### Documents Required

You will need to bring the original documents to your signing appointment, however copies are sufficient at this stage.

- Original death certificate
- Copy of photo ID (driver's licence or passport) for each of the Applicant(s)

### Details of the Applicant(s)

If you're seeking Letters of Administration for an intestate estate, you must be a beneficiary to apply directly. Should you not be a beneficiary, get in touch for guidance as your application might entail added complexities that we can assist with.

#### Applicant(s)

<b>Full Name:</b>	_____	_____
<b>Address:</b>	_____	_____
	_____	_____
<b>Occupation:</b>	_____	_____
<b>Telephone:</b>	_____	_____
<b>Email:</b>	_____	_____

**Family of the Deceased**

**Deceased's spouse**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Married?**  Yes  No

**Survived Deceased?**  Yes  No

**Deceased's prior spouse**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Yes  No

**Deceased's Children** (and grandchildren, if their parent did not)

**Child #1**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Survived Deceased?**  Yes  No

**Child #2**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

**Child #3**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Survived Deceased?**  Yes  No

**Child #4**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

## Additional Family of the Deceased

**\*Only to be completed in the absence of surviving children or grandchildren.**

Kindly supply information on the deceased's parents and siblings.

### Deceased's Parents

#### Mother

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Survived Deceased?  Yes  No

#### Father

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

### Deceased's Siblings

In case any siblings of the deceased passed away before them, with surviving children, kindly submit the required details as detailed.

#### Sibling #1

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Survived Deceased?  Yes  No

#### Sibling #2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

#### Sibling #3

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Survived Deceased?  Yes  No

#### Sibling #4

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

## Assets & Liabilities

When submitting the application, please provide a comprehensive statement detailing the assets and liabilities of the deceased with their respective values as of the date of death. The Court mandates a thorough explanation of each asset and liability, which may include account numbers. Although bank account statements and additional evidence are not typically obligatory, it is advisable to carry such documents if you encounter challenges in describing the assets or liabilities. Unless specified otherwise, all assets listed are presumed to be located in Western Australia

### ASSETS

#### Property

Address .....  
.....

#### Bank Account(s)

Bank: .....  
Account type: .....  
BSB: .....  
Account: .....  
Balance: .....

#### Vehicle(s)

Make: .....  
Model: .....  
Year: .....  
Rego: .....

#### Shares

Company: .....  
ASX code: .....  
No. of shares: .....

**Aged care accommodation bond**

Details/Description: .....

Approx. Value: \$.....

**Personal effects/Other**

Details/Description: .....

Approx. Value: \$.....

Details/Description: .....

Approx. Value: \$.....

Details/Description: .....

Approx. Value: \$.....

**LIABILITIES**

**Mortgage(s)**

Details/Description: .....

Approx. Value: \$.....

**Personal loan(s)**

Details/Description: .....

Approx. Value: \$.....

**Credit Card(s)/Other(s)**

Details/Description: .....

Approx. Value: \$.....

Details/Description: .....

Approx. Value: \$.....

Details/Description: .....

Approx. Value: \$.....