*“We listen, advise and support you in making the right decisions for your family’s happiness and your future financial security.”*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Your Full Name: | | | | | | | | | | | |  | | | | | | |
|  | Title (Mr/Mrs/Miss/Ms/Dr): | | | | | | | | | | | |  | | | | | | |
|  | Date of Birth: | | | | | | | | | | | |  | | | | | | |
|  | Confirm Identity  (by production of Licence or Passport or other photographic ID) | | | | | | | | | | | | Yes  No | | | | | | |
|  | Residential Address: | | | | | | | | | | | |  | | | | | | |
|  | Postal Address: | | | | | | | | | | | |  | | | | | | |
|  | Contact Details:  **[for emails – please add our email address to your safe senders list to prevent our emails from going to your junk/spam folder ie. mail@middletonlawyers.com.au]** | | | | | | | | | Mobile: | | |  | | | | | | |
| Work: | | |  | | | | | | |
| Home: | | |  | | | | | | |
| Email: | | |  | | | | | | |
| **Do not give us an email address if you do not wish us to communicate by email.** | | | | | | | | | | | | | | | | | | | |
|  | Occupation: | | | | | | | | | | | |  | | | | | | |
|  | Who referred you to this firm? | | | | | | | | | | | |  | | | | | | |
|  | Address of person who referred you to this firm: | | | | | | | | | | | |  | | | | | | |
| **You will need to bring the following information and/or documents to the initial appointment, if you have them** | | | | | | | | | | | | | | | | | | | |
| **EXECUTOR/S** | | | | | | | | | | | | | | | | | | | |
| Are the current names of the Executor/s the same as the Executors named in the Will (e.g. the spelling of all names the same as on Birth Certificate and/or have any Executors changed name by marriage etc?) | | | | | | | | | | | | | | | | | Yes  No | | |
| **Name of First Executor** (if not you) | | | | | | | | | | | | | | | | | | | |
|  | Full Name: | | | | | | | | | | | |  | | | | | | |
|  | Date of birth: | | | | | | | | | | | |  | | | | | | |
|  | Address: | | | | | | | | | | | |  | | | | | | |
|  | Contact Numbers: | | | | | | | | | Mobile: | | |  | | | | | | |
| Work: | | |  | | | | | | |
| Home: | | |  | | | | | | |
| Email: | | |  | | | | | | |
| **Name of Second Executor** (if applicable) | | | | | | | | | | | | | | | | | | | |
|  | Full Name: | | | | | | | | | | | |  | | | | | | |
|  | Date of birth: | | | | | | | | | | | |  | | | | | | |
|  | Address: | | | | | | | | | | | |  | | | | | | |
|  | Contact Numbers: | | | | | | | | | Mobile: | | |  | | | | | | |
| Work: | | |  | | | | | | |
| Home: | | |  | | | | | | |
| Email: | | |  | | | | | | |
| **Name of Third Executor** (if applicable) | | | | | | | | | | | | | | | | | | | |
|  | Full Name: | | | | | | | | | | | |  | | | | | | |
|  | Date of birth: | | | | | | | | | | | |  | | | | | | |
|  | Address: | | | | | | | | | | | |  | | | | | | |
|  | Contact Numbers: | | | | | | | | | Mobile: | | |  | | | | | | |
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| Home: | | |  | | | | | | |
| Email: | | |  | | | | | | |
| **Deceased Executors** | | | | | | | | | | | | | | | | | | | |
|  | Are there any **deceased Executors**? If yes: | | | | | | | | | | | | Yes  No | | | | | | |
|  | Full name: | | | | | | | | | | | |  | | | | | | |
|  | Date of Death: | | | | | | | | | | | |  | | | | | | |
|  | Do you have his/her Death Certificate to exhibit to an affidavit if necessary? | | | | | | | | | | | | Yes  No | | | | | | |
|  | If the Deceased and the Executor were married at the time of making the Will, did they divorce or separate after the making of the Will? | | | | | | | | | | | | Yes  No | | | | | | |
| **THE DECEASED** | | | | | | | | | | | | | | | | | | | |
|  | Full Name of Deceased: | | | | | | | | | | | |  | | | | | | |
|  | Date of Death: | | | | | | | | | | | |  | | | | | | |
|  | Circumstances of Death: | | | | | | | | | | | |  | | | | | | |
|  | Date of Birth of Deceased: | | | | | | | | | | | |  | | | | | | |
|  | Occupation of Deceased: | | | | | | | | | | | |  | | | | | | |
|  | Did the Deceased ever (in Queensland or another State or country with mutual recognition): | | | | | | | | | | | | | | | | | | |
| Get married? | | | | | | | | | | | | Yes  No | | | | | | |
| Get divorced? | | | | | | | | | | | | Yes  No | | | | | | |
| Enter a relationship with a de facto partner? | | | | | | | | | | | | Yes  No | | | | | | |
| Separate from a de facto partner? | | | | | | | | | | | | Yes  No | | | | | | |
| Enter a registered relationship? | | | | | | | | | | | | Yes  No | | | | | | |
| Terminate / receive notice of termination of a registered relationship? | | | | | | | | | | | | Yes  No | | | | | | |
|  | Do you have the original Will? *If yes, please bring to appointment.* | | | | | | | | | | | | Yes  No | | | | | | |
|  | Is the Will a Mutual Will? | | | | | | | | | | | | Yes  No | | | | | | |
|  | Do you have the original Death Certificate? *If yes, please bring to appointment.* | | | | | | | | | | | | Yes  No | | | | | | |
|  | Is the Deceased’s address in the Will the same as his/her address at date of death? If not, please provide Deceased’s address at time of death. | | | | | | | | | | | | Yes  No  Address (if different from Will): | | | | | | |
| **RESIDUE** | | | | | | | | | | | | | | | | | | | |
| **Names of Beneficiaries** (and ages if they are not adult or if there is a provision in the Will that they do not receive their bequest until a certain age) | | | | | | | | | | | | | | | | | | | |
|  | | | **Name** | | | | | | | | | | **Address** | | | | | | **Date of Birth** |
|  | Beneficiary 1 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 2 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 3 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 4 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 5 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 6 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 7 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 8 | |  | | | | | | | | | |  | | | | | |  |
|  | Beneficiary 9 | |  | | | | | | | | | |  | | | | | |  |
| **Does the Deceased have any children/step-children not named above?** If yes: | | | | | | | | | | | | | Yes  No | | | | | | |
| **Name** | | | | | | | | | | | **Age** | | **Address** | | | | | | |
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| **GUARDIANS** | | | | | | | | | | | | | | | | | | | |
|  | | Has a Guardian been appointed for any infant children? | | | | | | | | | | | Yes  No | | | | | | |
| If yes, are child/children now living with the Guardian? | | | | | | | | | | | Yes  No | | | | | | |
| **PROPERTY OWNERSHIP NAME** | | | | | | | | | | | | | | | | | | | |
|  | | Did the Deceased hold property in any other names or is he/she known by an alias? If yes, provide other name/s | | | | | | | | | | | Yes  No | | | | | | |
| Name/s: | | | | | | |
| **SPECIFIC GIFTS** | | | | | | | | | | | | | | | | | | | |
| Are there bequests for specific items? If so, have those items been given to the Beneficiary? | | | | | | | | | | | | | Yes  No | | | | | | |
| **SPECIFIC MONETARY BEQUESTS** | | | | | | | | | | | | | | | | | | | |
| **Amount** | | | | **Beneficiary** | | | | | | | | | **Address** | | | | | | **Date of Birth** |
|  | $ | | |  | | | | | | | | |  | | | | | |  |
|  | $ | | |  | | | | | | | | |  | | | | | |  |
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| **TRUSTS** | | | | | | | | | | | | | | | | | | | |
| Are there any Trusts in which the Deceased is an office holder (ie, Trustee, Appointor, Principal, etc). *We may need to obtain copies of the Trust Deed, Financial Statements for each Trust, and Company Constitutions (or Memoranda and Articles of Association) where the Trustee is a company.* | | | | | | | | | | | | | | | | | | | |
| **Name of Trust** | | | | | | **Trustee(s)** | | | | **Beneficiary(s)** | | | | | **Assets Owned** | | | | **Do you have a copy of the Trust Deed? Y / N** |
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| **COMPANIES / PARTNERSHIPS** | | | | | | | | | | | | | | | | | | | |
| *If the Deceased was involved in a company, we may require a copy of the Constitution*  *If the Deceased was involved in a partnership, we may require a copy of the Partnership Agreement* | | | | | | | | | | | | | | | | | | | |
| **Name of Company / Partnership** | | | | | | | **Shareholders / Partners** | | | | | | | | | **Assets Owned** | | | |
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| **ASSETS & LIABILITIES** | | | | | | | | | | | | | | | | | | | |
| ***Assets*** | | | | | | | | | | | | | | | | | | | |
| **Real Property** | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | **Owner**  **(If co-owner, joint tenancy or tenancy in common)** | | | | | | | | | **Value ($)** |
|  |  | | | | | | | | |  | | | | | | | | | $ |
|  |  | | | | | | | | |  | | | | | | | | | $ |
|  |  | | | | | | | | |  | | | | | | | | | $ |
| **Bank Accounts** | | | | | | | | | | | | | | | | | | | |
| **Bank** | | | | | | | | | | **Account Type** | | | | | | | | | **Value ($)** |
|  |  | | | | | | | | |  | | | | | | | | | $ |
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| **Shares**  If *Public Company*: list companies and broker.  If *Private Company*: request financial statements and ASIC records confirming shareholding and any offices held | | | | | | | | | | | | | | | | | | | |
| **Company** | | | | | | | | | | **Shareholding/Broker** | | | | | | | | | **Value ($)** |
|  |  | | | | | | | | |  | | | | | | | | | $ |
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| **Motor Vehicle** | | | | | | | | | | | | | | | | | | | |
| **Year** | | | | | **Make** | | | | | | | | **Model** | | | | | | **Value ($)** |
|  |  | | | |  | | | | | | | |  | | | | | | $ |
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| **Household Contents** (eg. collectibles, jewellery, art, etc.) | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | | | | | | | | | | | | | **Value ($)** |
|  |  | | | | | | | | | | | | | | | | | | $ |
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| **Other Assets** | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | | | | | | | | | | | | | **Value ($)** |
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| **Life insurance** | | | | | | | | | | | | | | | | | | | |
| **Policy Details** | | | | | | | | | | | | | | | | | | | **Value ($)** |
|  |  | | | | | | | | | | | | | | | | | | $ |
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|  |  | | | | | | | | | | | | | | | | | | $ |
| **Loans to Others** | | | | | | | | | | | | | | | | | | | |
| **Name of Borrower/s** | | | | | | | | | | | | | | | | | | | **Value ($)** |
|  |  | | | | | | | | | | | | | | | | | | $ |
|  |  | | | | | | | | | | | | | | | | | | $ |
|  |  | | | | | | | | | | | | | | | | | | $ |
| **Superannuation** | | | | | | | | | | | | | | | | | | | |
| **Name of Fund** | | | | | | | | | | **Trustee** | | | | **Members** | | | | | **Value of Membership Account ($)** |
|  |  | | | | | | | | |  | | | |  | | | | | $ |
|  |  | | | | | | | | |  | | | |  | | | | | $ |
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| ***Liabilities*** | | | | | | | | | | | | | | | | | | | |
| **Debt** | | | | | | | | | | **Creditor** | | | | | | | | | **Amount Owing** |
| **Mortgage** | | | | | | | | | | | | | | | | | | | |
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| **Margin loan** | | | | | | | | | | | | | | | | | | | |
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| **Loans from Others** | | | | | | | | | | | | | | | | | | | |
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| **TAXATION** | | | | | | | | | | | | | | | | | | | |
|  | Did the Deceased have a tax file number? | | | | | | | | Yes  No  If yes, please provide details: | | | | | | | | | | |
|  | Is the Estate likely to need to lodge a taxation return? | | | | | | | | Yes  No  *If yes, client is to sign application for tax file number form for a tax file number for the Estate* | | | | | | | | | | |
|  | Has the Deceased been lodging income tax returns? | | | | | | | | Yes  No  *If yes, please provide a copy of the most recent return and Notice of Assessment* | | | | | | | | | | |
|  | Does the Deceased have an accountant? | | | | | | | | Yes  No  If yes, please provide details: | | | | | | | | | | |
| **DEPENDANTS** | | | | | | | | | | | | | | | | | | | |
|  | Are there any dependants other than the deceased’s children? | | | | | | | Yes  No | | | | | | | | | | | |
| **Name** | | | | | | | | **Age** | | | | **Address** | | | | | | **Relationship** | |
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| **DECEASED’S OTHER RELATIVES** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | **Age** | | | | **Address** | | | | | | **Australian Resident for Tax Purposes? Y / N** | |
|  |  | | | | | | |  | | | |  | | | | | |  | |
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