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

|  |  |  |
| --- | --- | --- |
|  | 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: |       |
| Work: |       |
| 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** |
|  |       |     |       |
|  |       |     |       |
|  |       |     |       |
|  |       |     |       |
|  |       |     |       |
|  |       |     |       |
| **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** |
|  | $      |       |       |       |
|  | $      |       |       |       |
|  | $      |       |       |       |
|  | $      |       |       |       |
|  | $      |       |       |       |
|  | $      |       |       |       |
|  | $      |       |       |       |
| **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** |
|  |       |       |       |       |     |
|  |       |       |       |       |     |
|  |       |       |       |       |     |
| **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** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **ASSETS & LIABILITIES** |
| ***Assets*** |
| **Real Property** |
| **Address** | **Owner****(If co-owner, joint tenancy or tenancy in common)** | **Value ($)** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Bank Accounts**  |
| **Bank** | **Account Type** | **Value ($)** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **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 ($)** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Motor Vehicle** |
| **Year** | **Make** | **Model** | **Value ($)** |
|  |       |       |       | $      |
|  |       |       |       | $      |
|  |       |       |       | $      |
| **Household Contents** (eg. collectibles, jewellery, art, etc.) |
| **Item** | **Value ($)** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Other Assets** |
| **Item** | **Value ($)** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Life insurance** |
| **Policy Details** | **Value ($)** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Loans to Others** |
| **Name of Borrower/s** | **Value ($)** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Superannuation** |
| **Name of Fund** | **Trustee** | **Members** | **Value of Membership Account ($)** |
|  |       |       |       | $      |
|  |       |       |       | $      |
|  |       |       |       | $      |
| ***Liabilities*** |
| **Debt** | **Creditor** | **Amount Owing** |
| **Mortgage** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Margin loan** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Loans from Others** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **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** |
|  |       |     |       |       |
|  |       |     |       |       |
|  |       |     |       |       |
| **DECEASED’S OTHER RELATIVES** |
| **Name** | **Age** | **Address** | **Australian Resident for Tax Purposes? Y / N** |
|  |       |     |       |     |
|  |       |     |       |     |
|  |       |     |       |     |