

## Fact finder and instructions for Mirror WILLS

## Client and Beneficiary Details sheet

SPOUSE (A) PERSONAL DETAILS			SPOUSE (B) PERSO	NAL DETAILS			
SurnameTitle			Surname Title				
Given names			Given names				
Occupation							
Born / / Place of Birth:			Born / /				
Marital status: (M)arried / De (F)acto							
Phone (H) (B)				Residential Address:Postcode:			
(Mob)							
e-mail:			DENT DELATIONISME				
Full Name		r CUR	RENT RELATIONSHIP Full Name		A 000		
& Address	Age		& Address		Age		
Full Name & Address	Age		Full Name & Address		Age		
Full Name	Age		Full Name		Age		
& Address			& Address				
CHILDI	REN OF AN	IY PRI	EVIOUS RELATIONSHI	IP/S			
Spouse A			Spouse B				
Full Name & Address	Age		Full Name & Address		Age		
Full Name	Age		Full Name		Age		
& Address Full Name	Age		& Address Full Name		Age		
& Address		& Address		rige			
	DEC	EASEI	O CHILDREN				
Spouse A		Spous	e B	Both			
Full Name Children?	Full Nam	e	Children?	Full Name	Children?		
OTHE	ER BENEI	FICIA	RIES (To be named in	 Will)			
				,			
			Relation	ship			
Full Names			To Spouse A	To Spouse B	Age		

## Asset Details sheet

Rea	1 Estate							
	Address		Mortg			ership A/B / Joint	Value (approx) \$	
1								
2								
3								
	usehold Furniture and Effects							
	Location addi	ress			Own	ership		
						A/B/Joint		
1								
2								
3 <b>M</b> o:	tor vehicles, Caravans, etc.							
WIO	Description	n l			Own	ership		
	F			Spouse A/B/Joint				
1						-		
2								
3	nk Accounts							
Dan	Name of Bank, Credit or I	Building Soc	ietv	Ow	nership	,	Account	Value
	or other Financial I		acty,	Spouse			Туре	\$
1					·		, i	
2								
3								
4 Sun	perannuation							
Sup	Name of Super Fund		Private/ En	nolover	Ow	nership	Nominated	Value (approx)
			Sponsor			se A or B	Beneficiary	\$
1			_					
2								
3	e Assurance							
Life	Name of Company			l W	hole of l	Life/	Ownership	Value (approx)
	rvame of Company			Term/Other			Spouse A or	
1	ı							
2								
3								
11110	Investments  Name of Company				Nu	mber/	Ownership	Value (approx)
	reame or Company					e Value	A/B/Joint	\ I I /
1							· ·	
2								
3								
5								
	ner Assets							
	Eg. Loans to family members (prov						Ownership	Value (approx)
	Interest in Partnership, Family Cor	npany/Trus	st, Farming / c	other busin	ness asse	ets.	A/B/Joint	\$
1								
3								
	ABILITIES						1	
	Description						Liability	Amount due
							Testator /Jo	int \$
1	Secured loans (e.g. Mortgages)							
2								
	Credit cards (name of institution)  Leans awing to family members (aroyida datails if to be included in Will)							
	■ Loans owing to family members/others (provide details if to be included in Will)							

	articulars sheet ors and trustees							
Drimory Ex	raguta#(s)							
Primary Executor(s)  Full Name Address					Relationship to Spouse A	Age		
	1 un i vanic		Hudress			Relationship to Spouse 11	rige	
Substitute E	xecutor(s)						•	
	Full Name		Address			Relationship to Spouse A		
SPECIFIC	GIFTS OR CASH GIFTS							
Spouse	Describe Gift or Amount of	Cash	Beneficiary na	me	Does gift take effect			
A or B			·		(1) On your death or (2) On death of your spouse			
	UTION OF ESTATE (Residue)							
1 Do sp	ouses wish whole estate to be left to	o each other	in the first instance?			Y/N		
	eath of both, is whole estate to pass			native Distrib	ution below	Y/N		
	or children may be involved, is pres							
4 Are cl 5 If any	nildren to be named? (if no more che child dies before parent, are their c	hildren to to	olted)	a by cubetitu	tion?			
	at age? 18 years? or years		ike deceased parent s snai	ic by substitu	uon;			
						<u> </u>		
	TIVE / OTHER DISTRIBUTI		1	D 1	tionship	Failure to Vest to nominated b	<u> </u>	
Share %	Denem	ciary name			pouse A Substitution?		enenciary.	
1								
3								
4								
5								
6								
8								
OTHER D	OTHER DISTRIBUTIONS OR TRUSTS – Insert details of requirements							
FUNERA	L WISHES							
Spouse A								
Spouse B								
APPOINT	TMENT OF GUARDIANS							
	Name		Addre	SS		Relationship to Spo	ouse A	
	1 141110	Address Relationship to Spouse A			/ 400 / 1			

Name	Address	Relationship to Spouse A

## Other Details

Signed

Other Details	
OTHER SERVICES	
POWERS OF ATTORNEY	
Do you wish us to arrange for the preparation of:	
■ Enduring Power of Attorney	
Enduring Fower of Fittoriley	
<ul> <li>Enduring Power of Guardianship</li> </ul>	
At the same time as your Will?	
COLICITOD INTERVIEW DETAILS	
SOLICITOR INTERVIEW DETAILS	
Solicitor Name:	Date of interview:
ovactor r taller	Date of Interview
Present at interview:	Place of interview:
Do you have any doubts as to the Client's Testamentary capacity? Yes	/No If Yes, state your reasons:
Does the Client have any pre-existing Condition or Illness Yes	/No
Does the Cheft have any pre-existing Condition of finiess	7100
COMMENTS AND ANY OTHER DETAILS	

Signed