HAYNES LEEUWIN
WILLS & ESTATE LAWYERS

Fact finder and instructions for

Mirror WILLS

Client and Beneficiary Details sheet

SPOUSE (A) PERSONAL DETAILS	SPOUSE (B) PERSONAL DETAILS
Surname _____Title _____	Surname _____ Title_____
Given names _____	Given names _____
Occupation _____	Occupation _____
Born / / Place of Birth:	Born / / Place of Birth:

Marital status: (M)arried / De (F)acto ☐ Residential Address: _____

Phone (H)_____ (B) _____ _____Postcode: _____

(Mob)_____ Postal address_____

e-mail: _____ Other _____

CHILDREN OF CURRENT RELATIONSHIP

Full Name & Address Age	Full Name & Address Age
Full Name & Address Age	Full Name & Address Age
Full Name & Address Age	Full Name & Address Age

CHILDREN OF ANY PREVIOUS RELATIONSHIP/S

Spouse A	Spouse B
Full Name & Address Age	Full Name & Address Age
Full Name & Address Age	Full Name & Address Age
Full Name & Address Age	Full Name & Address Age

DECEASED CHILDREN

Spouse A		Spouse B		Both	
Full Name	Children?	Full Name	Children?	Full Name	Children?

OTHER BENEFICIARIES (To be named in Will)

Full Names	Relationship To Spouse A	Relationship To Spouse B	Age

Asset Details sheet

Real Estate

	Address	Mortgaged Y/N	Ownership Spouse A/B / Joint	Value (approx) $
1				
2				
3				
4				

Household Furniture and Effects

	Location address	Ownership Spouse A/B/Joint
1		
2		
3		

Motor vehicles, Caravans, etc.

	Description	Ownership Spouse A/B/Joint
1		
2		
3		

Bank Accounts

	Name of Bank, Credit or Building Society, or other Financial Institution	Ownership Spouse A/B/Joint	Account Type	Value $
1				
2				
3				
4				

Superannuation

	Name of Super Fund	Private/ Employer Sponsored	Ownership Spouse A or B	Nominated Beneficiary	Value (approx) $
1					
2					
3					

Life Assurance

	Name of Company	Whole of Life/ Term/Other	Ownership Spouse A or B	Value (approx) $
1				
2				
3				

Investments

	Name of Company	Number/ Face Value	Ownership A/B/Joint	Value (approx) $
1				
2				
3				
4				
5				

Other Assets

	Eg. Loans to family members (provide written evidence of terms and who lent to), Interest in Partnership, Family Company/Trust, Farming / other business assets.	Ownership A/B/Joint	Value (approx) $
1			
2			
3			

LIABILITIES

	Description	Liability Testator /Joint	Amount due $
1	Secured loans (e.g. Mortgages)		
2	Unsecured loans ▪ Credit cards (name of institution) ▪ Loans owing to family members/others (provide details if to be included in Will)		

Will Particulars sheet

EXECUTORS AND TRUSTEES

Primary Executor(s)

Full Name	Address	Relationship to Spouse A	Age

Substitute Executor(s)

Full Name	Address	Relationship to Spouse A	Age

SPECIFIC GIFTS OR CASH GIFTS

Spouse A or B	Describe Gift or Amount of Cash	Beneficiary name	Does gift take effect (1) On your death or (2) On death of your spouse

DISTRIBUTION OF ESTATE (Residue)

1	Do spouses wish whole estate to be left to each other in the first instance? Y/N	
2	On Death of both, is whole estate to pass to children equally? If not use Alternative Distribution below Y/N	
3	If minor children may be involved, is preferred age 18 years? or years	
4	Are children to be named? (if no more children expected)	
5	If any child dies before parent, are their children to take deceased parent's share by substitution? At what age? 18 years? or years	

ALTERNATIVE / OTHER DISTRIBUTION

	Share %	Beneficiary name		Relationship To Spouse A	Failure to Vest to nominated beneficiary. Substitution?
1					
2					
3					
4					
5					
6					
7					
8					

OTHER DISTRIBUTIONS OR TRUSTS – Insert details of requirements

FUNERAL WISHES

Spouse A	
Spouse B	

APPOINTMENT OF GUARDIANS

Name	Address	Relationship to Spouse A

Other Details

OTHER SERVICES

POWERS OF ATTORNEY Do you wish us to arrange for the preparation of: ▪ Enduring Power of Attorney ▪ Enduring Power of Guardianship At the same time as your Will?	

NEXT OF KIN

SOLICITOR INTERVIEW DETAILS

Solicitor Name: Present at interview:	Date of interview: Place of interview:
Do you have any doubts as to the Client's Testamentary capacity? Yes/No Does the Client have any pre-existing Condition or Illness Yes/No	If Yes, state your reasons:

COMMENTS AND ANY OTHER DETAILS

_____ _____

Signed Signed