HAYNES LEEUWIN
WILLS & ESTATE LAWYERS

Instructions for a SINGLE WILL

Client and Beneficiary Details sheet

CLIENT DETAILS

Surname _____ Given names _____ Title_____

Otherwise known as _____

Occupation _____ Born / / Place of Birth:

Marital status:

Residential Address: _____ Pcode:

Postal address: _____ Pcode:

Phone (H)_____(Mob) _____ e-mail:_____

DETAILS OF CHILDREN

Full Name	Age	Full Name	Age
Full Name	Age	Full Name	Age
Full Name	Age	Full Name	Age

DECEASED CHILDREN

Full Name	Leave any children Y/N

OTHER BENEFICIARIES (To be named in Will)

Full Names	Relationship to Client	Age

Asset Details sheet

Real Estate

	Address	Mortgaged Y/N	Ownership Testator/Joint/Other	Value (approx) $
1				
2				
3				
4				

Household Furniture and Effects

	Location address	Ownership Testator/Joint
1		
2		
3		

Motor vehicles, Caravans, etc.

	Description	Ownership Testator/Joint
1		
2		
3		

Bank Accounts

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

Superannuation

	Name of Super Fund	Private/ Employer Sponsored	Nominated Beneficiary	Value (approx) $
1				
2				
3				

Life Assurance

	Name of Company	Whole of Life/ Term/Other	Ownership Testator/Other	Value (approx) $
1				
2				
3				

Investments

	Name of Company	Number/ Face Value	Ownership Testator /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 Testator /Joint	Value (approx) $
1			
2			
3			

LIABILITIES

	Description	Liability Testator /Joint	Amount due $
1	Secured loans (i.e. 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 Testator	Age

Substitute Executor(s)

Full Name	Address	Relationship to Testator	Age

SPECIFIC GIFTS OR CASH GIFTS

Describe Gift or Amount of Cash	Primary Beneficiary name(s)	Substitute beneficiary name(s)

DISTRIBUTION OF ESTATE (Residue)

1	On Death of Client, is whole estate to pass to children equally? If not use Alternative Distribution below Y/N	
2	If minor children may be involved, is preferred age 18 years? or years	
3	Are children to be named? (if no more children expected) Y/N	
4	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 Client	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

APPOINTMENT OF GUARDIANS

Name	Address	Relationship to Testator

Client Sign

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?	

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:

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COMMENTS AND ANY OTHER DETAILS
