WOLLERMAN SHACKLOCK LAWYERS

Your voice through our values of equality, respect and integrity.

Estate Instruction sheet

Instructions:

OUESTION

- Please circle yes or no as applicable.
- Please provide the additional information as indicated.
- If you do not know the answer or are unable to provide the additional information please insert the words 'not known'.
- Please sign where indicated at the foot of the final page and forward this completed list and all necessary information to the sender.

ANSWER

	ABOUT YOU	
1	Tell us a bit about yourself.	Name
		Address

		Email
		Phone
	ABOUT THEM	
2	What is the full name of the deceased?	Name
3	What was the date of death?	Date
4	Do you have the original death certificate?	Yes No If yes please bring the original certificate to our conference.
5	Is there any error on their death certificate?	Yes No Please provide details
6	What is the date of birth of the deceased?	DOB.

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7		
1	What was the deceased's occupation?	Occupation
8	Who holds their original will?	Please provide details
	Is this their last will?	Yes 🗆 No 🔲
9	What is the executor's occupation?	Occupation
10	What is the deceased marital status?	Marital status.
11	How many children did the deceased have? Please provide the following details.	The deceased has no children
		Name
		Address
		Age
		Name
		Address
		Age
		Address
		Address
		Age
	WHAT ARE THE DECEASED ASSETS?	The state of the s
12	Real property at	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	Accommodation bond?	74. 2
	Bank accounts with?	· · · · · · · · · · · · · · · · · · ·

	Account number?	
	Motor vehicle/vehicles? Registration number/numbers?	
	Shares with?	
	Superannuation?	
	Mortgage Investments?	
13	Does the deceased have an interest in any Trusts?	Yes No Service No Service If so please provide a copy of the Trust deed and balance sheet for the Trust.
14	Does the deceased have any interest in any companies?	Yes No IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	INSURANCE/PAYMENTS/FEES	
15	Did the deceased have a Life Insurance Policy?	Yes No Who with?
	Was the deceased earning any Centrelink payments?	Yes No If so have they been cancelled? Yes No I
	Was the deceased in receipt of a Veteran's affairs pension?	Yes□ No □
16	At the date of death what liabilities did the deceased have? E.g. Unpaid nursing home fees? Telephone account?	Please explain if any

	WILL			
17	Do you think anyone is capable of challenging the deceased will?	Yes No 🗆		
18	FINANCIAL			
10	Did the deceased have an accountant/financial advisor?	Yes No If so please fill out the following		
		Name		
		Address		
		Contact details		
	Are all the deceased's Tax returns up to date?	Yes No		
1	ANY QUESTIONS			
19	Please ask any questions.			
		6. ALDER SAN (1880) 1. (1991) 111 111 111 111 111 111 111 111 11		
Signed by				
Signed by				