

**WILL INSTRUCTIONS CHECKLIST**

DATE:     /     /

TIME:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (m) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLEASE PROVIDE PROOF OF ID TO RECEPTION: \_\_\_\_\_

**REMINDER:** The cost of a standard will presumes < 50 minutes taking instructions because there are no complications such as children or unfinalised property settlements from previous relationships, review of companies, trusts or business agreements or discussing granny flat options.

**WHERE DID YOU HEAR ABOUT US?** Please Tick (and note mutual referral arrangement with other specialist law firms)

- SIGN (Road / Roof / Door)? \_\_\_\_\_  REFERRAL (Name): \_\_\_\_\_
- INTERNET      Internet / Google search      Online Yellow Pages      Realestate.com.au
- Other Online Directory (please specify which one): \_\_\_\_\_
- YELLOW PAGES     Sunshine Coast Yellow      Locality Guide      General Listing
- Brisbane Redcliffe/Moreton Yellow      Locality Guide      General Listing      Speciality Guide
- Brisbane Inner North Yellow      Locality Guide      General Listing
- Conveyancing Services Section      Speciality Guide
- BEEN HERE BEFORE                            1234 CALL CONNECT                            POCKET BOOK
- OTHER (Please Specify): \_\_\_\_\_

<b>EXECUTOR:-</b>	<b>No. 1</b>	<b>No. 2</b>
Name		
Relationship, age		
& address / phone no.		

<b>BACK UP EXECUTOR:-</b>	<b>No. 1</b>	<b>No. 2</b>
Name		
Relationship, age		
& address / phone no.		

<b>BENEFICIARIES:-</b>	<b>No. 1</b>	<b>No. 2</b>
Name		
Relationship & age (& address if friend)		
% share or special gift/ debt/charity (if suf. residue)		

No. 3

No. 4

Name		
Relationship & age (& address if friend)		
% share or special gift/ debt/charity (if suf. residue)		

**BACK-UP BENEFICIARIES:-**

No. 1

No. 2

Name		
Relationship, age (& address if friend)		
% share or special gift/ debt/charity (if suf. residue)		

No. 3

No. 4

Name		
Relationship, age (& address if friend)		
% share or special gift/ debt/charity (if suf. residue)		

No.5

No. 6

Name		
Relationship, age (& address if friend)		
% share or special gift/ debt/charity (if suf. residue)		

BENEFICIARY'S SHARE TO THEIR CHILDREN / OTHER BENEFICIARIES? (IF THEY DIE FIRST).

IF SPECIFIC GIFT: Does Beneficiary receive income / encumbrance / CGT (if overseas beneficiary)? \_\_\_\_\_  
Do you accept risk of gift failing if you or your attorney sell / encumber / transfer all or part of gift? \_\_\_\_\_

IF YOUNG CHILDREN - Vesting age?

Full name of any guardian: \_\_\_\_\_

Address:/Relationship: \_\_\_\_\_

ORGAN DONATION?

BURIED / CREMATED?

ORIGINAL WILL TO BE KEPT IN YOUR SAFE OR MINE (WITH ANY OLDER WILLS): \_\_\_\_\_

1-2 WEEKS FOR EXECUTION DUE TO TRAVEL OR OPERATION? \_\_\_\_\_

DO YOU REQUIRE AN ENDURING POWER OF ATTORNEY FOR YOURSELF & COMPANY / TRUST @ \$225 + GST OR FURTHER EXPLANATION? \_\_\_\_\_