

# Will Fact finder

## Information we need from you

Level 2, 455 Bourke Street  
 MELBOURNE VIC 3000  
 T 0417 342 972  
 E info@clohesylegal.com.au

**Note:** If this document is signed by me it is my intention that it operate as my Last Will and Testament.

Your personal details		Date:	November 2016
<b>Type of relationship:</b> <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Single			
<b>Willmaker 1</b>		<b>Willmaker 2</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Full (legal) name:		Full (legal) name:	
Any alias:		Any alias:	
Date of birth:		Date of birth:	
Occupation:		Occupation:	
Person 1 previously married to another person: Yes <input type="checkbox"/> No <input type="checkbox"/>		Person 2 previously married to another person: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Home address:</b>			
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Email:</b>		<b>Email:</b>	

Special circumstances	
Do you or your spouse/partner own substantial assets, especially real estate, outside Australia? Details: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are divorced or separated from a previous relationship, was there a formal property settlement? Details: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently bankrupt or at risk of becoming bankrupt in the future? Details: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have step-children or foster children who will be treated differently in your Will than your biological children? Details: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 (Willmaker 1)

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 (Witness)

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 (Witness)

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 (Willmaker 2)

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 (Witness)

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 (Witness)

<b>Your children</b>					
<b>Children from this relationship</b>					
Full Name	M/F	Age	Address		
<b>Children from other relationships (person 1)</b>			<b>Children from other relationships (person 2)</b>		
Full Name	M/F	Age	Full Name	M/F	Age
<b>Family Tree Diagram</b>					

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

<b>Willmaker 1 - Your executor(s)</b>				
	Full Name of executor(s)	Relation	Address of executor(s)	Occupation
	<b>My Spouse</b>	<b>My Spouse</b>	<b>As above</b>	<b>As above</b>
<b>1</b>				
<b>2</b>				
<b>Your back-up executor(s)</b>				
	Full Name of executor(s)	Relation	Address of executor(s)	Occupation
<b>1</b>				
<b>2</b>				
<p><b>Can we email a copy of your Will to your Executors?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>				

<b>Willmaker 2 - Your executor(s)</b>				
	Full Name of executor(s)	Relation	Address of executor(s)	Occupation
	<b>My Spouse</b>	<b>My Spouse</b>	<b>As above</b>	<b>As above</b>
<b>1</b>				
<b>2</b>				
<b>Your back-up executor(s)</b>				
	Full Name of executor(s)	Relation	Address of executor(s)	Occupation
<b>1</b>				
<b>2</b>				
<p><b>Can we email a copy of your Will to your Executors?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>				

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

<b>Guardian(s) of minor children (if their other parent does not survive you)</b>			
<b>First preference</b>			
	Name of guardian(s)	If related to you, how related	Address of guardian (s)
1			
2			
<b>Second preference</b>			
	Name of guardian(s)	If related to you, how related	Address of guardian (s)
1			
2			

<b>Your major assets</b>			
<b>Real estate</b>			
Property address	Owner(s) <i>(if jointly owned, indicate whether owned as joint tenants or tenants in common)</i>	Amount of any loan secured against property	Approximate value
<b>Bank accounts</b>			
Bank/Financial institution		Account holder(s)	Approximate balance
<b>Shares/managed investments</b>			
Description	Owner(s)	Amount of any loan secured against assets	Approximate value

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

<b>Life insurance</b>			
Insurance company	Life insured	Nominated beneficiary	Approximate value
<b>Superannuation</b>			
Name of fund	Have you made a binding death benefit nomination (Yes/No)	Nominated beneficiary	Approximate value
<b>Interests in private companies, family trusts, private unit trusts or partnerships</b>			
Please bring a copy of the relevant company constitution, trust deed or partnership agreement			
<b>Details of any foreign assets</b>			
<b>Other major assets (eg art, antiques, bullion, coins, jewellery, stamps)</b>			
Description	Owner(s)	Approximate value	

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

**Your major liabilities**

Description	Name of debtor(s)	Approximate amount owing

**Notes**

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)

**Standard distribution of estate**

**Will-maker 1**

If **Willmaker 2** survives me, I appoint **her** as my Executor and give **her** my entire estate:  
 Yes     No     Not applicable

If **Willmaker 2** does not survive me, I give my entire estate to all of my children in equal shares:  
 Yes     No     Not applicable

If a child does not survive but leaves children, the share left for my child shall be divided between his/her children:  
 Yes     No     Not applicable

Any beneficiary who is a minor when I die shall receive their share at age:  18     21     25     Other:.....

**Will-maker 2**

If **Willmaker 1** survives me, I appoint **him** as my Executor and give **him** my entire estate:  
 Yes     No     Not applicable

If **Willmaker 1** does not survive me, I give my entire estate to all of my children in equal shares:  
 Yes     No     Not applicable

If a child does not survive me but leaves children, the share left for my child shall be divided between his/her children:  
 Yes     No     Not applicable

Any beneficiary who is a minor when I die shall receive their share at age:  18     21     25

Notes: .....

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**Specific gifts of cash or property**

I wish to make these gifts only if my spouse does not survive me:  Yes     No     Not applicable

Description/amount	Name of beneficiary/ies	Relation

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 (Willmaker 1)

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 (Witness)

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 (Witness)

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 (Willmaker 2)

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 (Witness)

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 (Witness)

Gift-over (or non-standard distribution)		
<b>Willmaker 1 - Share of estate</b>	<b>Full Name of beneficiary/ies</b>	If related to you, how related If not related, address of beneficiary/ies
<b>Willmaker 2 - Share of estate</b>	<b>Full Name of beneficiary/ies</b>	If related to you, how related If not related, address of beneficiary/ies

Any funeral or medical wishes to be included in your Wills	
<b>Willmaker 1</b>	<b>Willmaker 2</b>
I want my body: buried <input type="checkbox"/> cremated <input type="checkbox"/>	I want my body: buried <input type="checkbox"/> cremated <input type="checkbox"/>
I have a pre-paid funeral plan with:	I have a prepaid funeral plan with:
I have registered instructions regarding my organs on the Australian Donor Register: <input type="checkbox"/> Yes <input type="checkbox"/> No	I have registered instructions regarding my organs on the Australian Donor Register: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other wishes:	Other wishes:

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(Willmaker 1)

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(Witness)

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(Witness)

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(Willmaker 2)

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(Witness)

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(Witness)



### EFFECT OF TESTAMENTARY INSTRUCTIONS

These instructions are intended to take effect as a temporary Will until a formal Will is prepared and signed by me.

#### Willmaker 1

Your signature: .....

Your name: .....

Dated: .....

#### Willmaker 2

Your signature: .....

Your name: .....

Dated: .....

#### Witnesses' attestation:

We were present and witnessed the above person(s) signing this document and we attest to the same in the presence of each other and the above person(s).

##### 1ST WITNESS

##### 2ND WITNESS

Signature: .....

Signature: .....

Print Name: .....

Print Name: .....

Address: .....

Address: .....

.....

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Occupation: .....

Occupation: .....

*\*Please ensure that 2 non-beneficiaries witness your signatures.*

## Enduring Powers of Attorney – Principal 1

Enduring powers are useful legal documents which allow you to appoint a person or persons you trust to make certain decisions on your behalf. An “enduring” power remains valid even if you lose capacity.

<b>Details of Principal 1</b>	<b>Is this Willmaker 1:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	
Address:	
Occupation:	

<b>Enduring Power of Attorney</b> Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint: Yes <input type="checkbox"/> Joint & Several: Yes <input type="checkbox"/>	
<b>Attorney 1: Principal 2</b> <input type="checkbox"/> Other <input type="checkbox"/>	<b>Attorney 2</b>
Name:	Name:
Address:	Address:
Email:	Email:
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>
<b>Alternative Attorney 1</b>	<b>Alternative Attorney 2</b>
Name:	Name:
Address:	Address:
Email:	Email:
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>



## Enduring Powers of Attorney – Principal 2

Enduring powers are useful legal documents which allow you to appoint a person or persons you trust to make certain decisions on your behalf. An “enduring” power remains valid even if you lose capacity.

<b>Details of Principal 2</b>	<b>Is this person Willmaker 2:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:			
Address:			
Occupation:			

<b>Enduring Power of Attorney</b> Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint: Yes <input type="checkbox"/> Joint & Several: Yes <input type="checkbox"/>	
<b>Attorney 1:</b> <span style="color: blue;">Principal 1</span> <input type="checkbox"/> Other <input type="checkbox"/>	<b>Attorney 2</b>
Name:	Name:
Address:	Address:
Email:	Email:
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>
<b>Alternative Attorney 1</b>	<b>Alternative Attorney 2</b>
Name:	Name:
Address:	Address:
Email:	Email:
Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Attorney been convicted of a dishonesty offence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Attorney insolvent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is attorney a health care worker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>	Attorney can act in relation to: <b>Personal</b> matters? <input type="checkbox"/> <b>OR Financial</b> matters? <input type="checkbox"/> <b>OR Both</b> personal and financial matters? <input type="checkbox"/>

