

# WILL - CHECKLIST

Client Name: .....

## Willmaker

Full Names .....

Alias Names .....

Occupation .....

Address .....

Telephone..... Email:.....

Date of Birth..... Place of Birth .....

Married / Never Married / Divorced / De facto .....

Previous Marriages .....

Maintenance to previous spouse now being paid .....

Referred to Matthew Shaw & Associates by .....

## Spouse/Partner

Full Names .....

Alias Names .....

Occupation .....

Date of Birth .....

Place of Birth .....

Address (if different) .....

Previous Marriages .....

Previous Spouse / Partner ..... Divorce? Granted  Property Settlement Concluded

Pending  Pending

## Children of Current Marriage

### Full Names, Addresses and Ages

1. ....
2. ....
3. ....
4. ....

## Children of Previous Marriages and/or relationship

### Full Names of Former Spouse / Full Names, Addresses and Ages of Children

1. ....
2. ....

## Children who are not now alive/details of their children .....

## Any other person who needs to be considered under Part IV Administration & Probate Act\*

(Who may expect to receive a benefit upon your death e.g. spouse/former spouse, excluded/estranged/ex nuptial children, other dependants)

1. ....
2. ....

\* This part of the legislation enables persons who consider that a Willmaker had an obligation (moral or legal) to make provision, or further provision, for them, to apply to the Court for an adjustment or distribution in their favour.

**Assets**

Home is in own name / joint names / tenants in common .....

Mortgage on above - details .....

Other real estate in own name / joint names / tenants in common .....

Mortgage on above – details.....

General description of -

- Bank and Account Types
  1. ....
  2. ....
  3. ....
- Company Shares.....
- Company Debentures/Deposits.....
- Inscribed Stock .....
- Insurance Bonds .....
- Life Insurance.....
- Superannuation
  - has a beneficiary been nominated.....
  - if so, is the nomination binding or non-binding?.....
  - if not, is the Will to cover?.....
- Motor vehicle.....
- Valuable Jewellery .....
- Valuable Furniture etc .....

**Special Assets**

Business or Partnership.....

Discretionary Trust (or other Trust)

- Details .....
- Deed & Balance Sheet Requested .....
- Loan Account/Debt details.....

Outside Victoria or Overseas Debts .....

**NOTE: Any assets owned by a Trust or Company cannot be disposed of by a Will. The Will can only deal with control of the Trust or Company (by the transmission of shares or units or the nomination of a succeeding Appointor of the Trust)**

**Funeral/Cremation Requirements**

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**Organ Donations.....**

**Other Requirements e.g. Forgiving a debt .....**

**Executors Commission.....**

**THE WILL**

**- Executor**

Full Names, Addresses, relationship to Willmaker of proposed Executors (**If to be joint, please advise**)

- 1. ....
- 2. ....
- 3. ....

Alternative Executor(s) (Full names, Addresses, relationship to Willmaker) (in the event first preference above predeceases or is unwilling or unable to accept appointment).....

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**- Distribution**

Specific Gifts (e.g. lump sum cash amounts or specific chattels or assets free of all duties and charges)

**NOTE: If it is intended to make any specific gift of money, real estate, jewellery etc. please set out below a full description of the intended gifts) as well as the full name, relationship to you and address(es) of the person(s) to receive it. Where specific gifts vary between your spouse and you, please highlight:**

- (a) whether such gift(s) are to take effect upon your death; or
- (b) whether they are to take effect only if your spouse / partner predeceases you.

**Detail Specific Gifts here:**

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**- Remainder of Estate**

**NOTE: State to whom (after the specific bequests referred to above) the remainder of your estate is to be paid. It is preferable to have at least 3 levels of distribution based on survivorship e.g. spouse, children, grandchildren, parents, siblings, nephews/nieces, charity etc.**

**Tier 1:**

Full name and address (Date of Birth if a minor)	Relationship	Proportion (%)

**Tier 2: If above predeceases then my estate is to be distributed to:**

Full name and address (Date of Birth if a minor)	Relationship	Proportion (%)

**Tier 3: If above predeceases then my estate is to be distributed to:**

Full name and address (Date of Birth if a minor)	Relationship	Proportion (%)

**NOTE:** Any distribution to a minor as at the date of the Willmaker’s death will be given at age 18 unless an older age is stipulated.

Yes / No - I wish to specify an older age

Required Age:     21                                       25                                       Other (please specify)

**GUARDIANSHIP**

Only complete this section if you wish to nominate guardians for minor children

**First Preferred Guardian**

Full Name	Relationship to Willmaker	Relationship to Willmaker’s Partner

**Second Preferred Guardian**

Full Name	Relationship to Willmaker	Relationship to Willmaker’s Partner

**OTHER DETAILS**

Do you have any specific directions with regard to any other matters such as any beneficial or controlling interest in Family Trusts, Companies or Partnerships etc?                      Yes  (please provide details below)                      No

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Are there any other factors which may influence the distribution of your estate such as; binding financial agreement with a partner or spouse or a child maintenance order. If so, please provide details

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**NOTE:** If Matthew Shaw & Associates prepares a Will based on the instructions in this Checklist it will also contain general powers allowing your Executor(s) to carry out the following duties:

- to pay all debts, expenses, taxes and duties;
- to invest as required;
- to distribute the remainder of your estate in cash or kind;
- to apply any minor child’s share for his/her welfare;
- to manage any business or property.

**CLIENT DECLARATIONS**

- I / We confirm that these are our complete Will instructions upon which I / We require Matthew Shaw & Associates to prepare a comprehensive Will.
- I / We acknowledge that this document is not a Will and that we will be required to pay Matthew Shaw & Associates a fee for preparing Will(s) based on these instructions.
- I / We acknowledge that Matthew Shaw & Associates may not be in a position to prepare a comprehensive Will in accordance with this Checklist if sufficient personal information is not provided in it.

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Client 1 – Signature

.....  
Client 2 – Signature

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Date:

.....  
Date: