

CRILLY LAWYERS

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ESTATE PLANNING INSTRUCTION SHEET

1. Personal Details

FULL NAME _____
(Please Print Full Name)

Residential Address _____

Occupation _____

Date of Birth ____/____/____ Place of Birth _____

2. Who is to manage your estate? ("Executors")

First choice _____
(Please Print Full Name)

Address _____

Relationship to you: _____

Second choice _____
(Please Print Full Name)

Address _____

Relationship to you: _____

How do you want your executors to act?

- All together (i.e. jointly)
- Any one of them (i.e. severally)
- One after the Other in the order named (successively)
- Other, please specify: _____

3. Funeral arrangements – optional for inclusion

Burial Cremation None

Specify any prepaid funeral arrangements _____

4. Organ donation – optional inclusion

Do you wish to be an organ donor?

No. - **PLEASE GO TO QUESTION 5**

Yes - **PLEASE COMPLETE DETAILS BELOW:**

If Yes, please tick one option below:

For medical research

For donor use only, not for medical research

If yes, you should ensure that your driver's license is also appropriately noted.

5. Guardians' names and addresses for children under 18 years old: (Please advise of any Family Court Orders currently in place, if applicable)

First choice _____
(Please Print Full Name)

Relationship to you: _____

Second choice _____
(Please Print Full Name)

Relationship to you: _____

How do you want your guardians to act?

All together (i.e. jointly)

Separately (i.e. severally)

One after the Other in the order named (successively)

Other, please specify: _____

Please specify children's names and dates of birth:

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

6. Do you wish to leave specific gifts? (ie. Jewellery, motor car, family heirloom etc)

No. **GO TO QUESTION 7**

Yes. **PLEASE COMPLETE QUESTION BELOW:**

Spouse: Name: _____
(Please Print Full Name)

Address: _____

Details of Gift: _____

Child: Name: _____
(Please Print Full Name)

Address: _____

Details of Gift: _____

Child: Name: _____
(Please Print Full Name)

Address: _____

Details of Gift: _____

Brother/Sister: Name: _____
(Please Print Full Name)

Address: _____

Details of Gift: _____

Other (please specify details):

Name: _____
(Please Print Full Name)

Address: _____

Details of Gift: _____

Relationship to you: (e.g. friend) _____

7. Who do you wish to leave the rest (residue) of your estate? (after payment or distribution of the gifts specified at number 6 above)

In the alternative (if that person predeceases you, or you wish to split the residue)

First _____ percentage of estate _____
(Please Print Full Name)

Second _____ percentage of estate _____
(Please Print Full Name)

Third _____ percentage of estate _____
(Please Print Full Name)

Fourth _____ percentage of estate _____
(Please Print Full Name)

Other _____

8. Dependants and potential beneficiaries

Is anyone currently dependant on you?(i.e. children, grandparents etc) Yes No

If yes, please provide details _____

Do you have a former spouse/partner and/or children by that person? Yes No

If yes, please provide details _____

Have you made the above persons(if any) a beneficiary of your will? Yes No

If no, please provide details as to why no provision has been made _____

9. Citizenship

Are you an Australian Citizen? Yes No

Do you have assets interstate or overseas? Yes No

If yes, please provide details _____

10. Assets

Do you own/have an interest (however small) or potential interest any of the following? *If yes please provide a copy of the relevant document.*

(a) Family company

No - please complete 10(b)

Yes - please complete details below:

Name of Company _____ ACN _____

Directors Full Names: _____
(Please Print Full Name)

Shareholders: _____
(Please Print Full Name)

(b) Family trust

No - please complete 10(c)

Yes - please complete details below:

Name of Trust _____

Full Names of Beneficiaries: _____

Name of Appointor: _____

Name of Trustee: _____

(Please Provide trust deed and balance sheet for current year)

(c) Private superannuation fund (self managed superannuation fund)

No - please complete 10(d)

Yes - please complete details below:

Name of Fund: _____

Full Names of Members: _____

Name of Trustee/s: _____

(Please Provide latest member statement)

(d) Public Superannuation policy

No - please complete 10(e)

Yes - please complete details below:

Name of Superannuation Fund: _____

Full Names of Nominated Beneficiary/ies: _____

(Please Provide trust deed, balance sheet for current year and latest member statement)

(e) Life insurance

No - please complete 10(f)

Yes - please complete details below:

Owner of Life Insurance Policy: _____
(Please Print Full Name)

Full Names of Nominated Beneficiary/ies: _____
(Please Print Full Name)

(Please provide us with a copy of your latest Policy Statement)

(f) Business

No - please complete 10(g)

Yes - please complete details below:

Trading Name of Business: _____

Owner of Business _____

(g) Partnership

No - please complete 10(h)

Yes - please complete details below:

Name of Partnership: _____

Full Names of Other Partners: _____

(h) Interest in Deceased Estate

No - please complete question 10(i)

Yes - please complete details below:

Name of Deceased: _____

Asset/Gift: _____

(i) Real Estate / Properties

No - please complete question 11

Yes - please complete details below:

1. Address of Property: _____

Full Names of Owner(s): _____

How is it held: Jointly
 As Tenants in Common

If Tenants in Common, please state your share (i.e. 1/2, 1/3 etc) _____

2. Address of Property: _____

Full Names of Owner(s): _____

How is it held: Jointly
 As Tenants in Common

If Tenants in Common, please state your share (i.e. 1/2, 1/3 etc) _____

3. Address of Property: _____

Full Names of Owner(s): _____

How is it held: Jointly
 As Tenants in Common

If Tenants in Common, please state your share (i.e. 1/2, 1/3 etc) _____

Please note that if property is held jointly, the property will automatically go to the other joint owner and will not form part of your estate.

(j)

FINANCIAL INVESTMENTS	FINANCIAL INSTITUTIONS / COMPANY	Value \$	Ownership
BANK A/C'S	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
SHARES	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
MANAGED FUNDS	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____

(k)

OTHER ASSETS	PARTICULARS	Value \$	Ownership
ANTIQUES/ART	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
JEWELLERY	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
HAS ANY DIED LEAVING YOU ASSETS NOT YET RECEIVED?	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
LOANS TO OTHERS	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
OTHER <i>Please specify</i>	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____

(I)

LIABILITIES	PARTICULARS	Value \$	Ownership
MORTGAGE/ OVERDRAFTS	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
PERSONAL GUARANTEE/S	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
LOANS	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
TRADE GUARANTEES	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
LEASE COMMITMENTS	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____
OTHER <i>Please specify</i>	_____	_____	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly with _____ <input type="checkbox"/> Tenants in Common with _____

11. Anything else?

Is there anything else regarding your personal/business affairs that are particular to your circumstances?

Please note that anything that may be considered "out of the ordinary" may affect how your Will should be prepared to ensure that your wishes are effected. We cannot assist you in this regard unless you make a full disclosure of all facts to us.

Yes No

If yes, please provide **FULL** details _____

I/We _____ hereby instruct Crilly Lawyers to prepare wills on my/our behalf, in accordance with the above instructions, and hereby undertake to pay their fees of so doing.

Name -

Name -

Date -

Date -