

WILLMAKER'S RECORD

The purpose of this Willmaker's Record is to create a record of your personal information to guide your Executor when you die.

This record captures information about your documents, assets, Advance Care Directive and appointment of representatives. We recommend that you review this information every two years.

DATE COMPLETED:

We recommend you keep your important documents (such as Certificates of Title, Will, Enduring Powers of Attorney, Appointment of Medical Decision Maker, Advance Care Directive, Birth, Death and Marriage Certificates) in a safe place.

We also recommend you give a copy of your Appointment of Medical Decision Maker and Advance Care Directive to your Doctor, and if applicable, Hospital or Aged Care Accommodation. If you authorise us, we can send them a scanned copy. You can also upload copies of your Appointment of Medical Decision Maker and Advance Care Directive to your 'MyGov' or eHealth record if you have one. Then, these important documents can be accessed from anywhere in the World.

LOCATION OF EXISTING DOCUMENTS *(We offer a free Deed storage service to keep all our clients' documents securely. You can access these documents during business hours and we can send you scanned copies. If required, we also provide certified copies.)*

My documents are located at:

IDENTIFICATION DETAILS:

Full Name:

Other names I may have used (alias):

Residential address:

Occupation:

Date of Birth:

Place of Birth (Nation and Locality)

If born outside Australia, date I arrived in Australia

My mother's full name (maiden name):

Mother's occupation:

My father's full name:

Father's occupation:

ROLES HELD: Do you hold other positions such as a Company Director, Guardian of children, Attorney under any Power of Attorney, Executor, or Appointer of a Trust? Please list those positions here as these parties will need to be notified of your death.

Other roles I hold

DO YOU HAVE, OR HAVE YOU HAD, A PARTNER OR SPOUSE?

Partner's name:

Partner's date and place of birth:

If you are married, date of marriage:

place of marriage:

How old were you when you married?

If you are no longer living with your partner:

- (if dead) date and place of partner's death:

- (if separated) date of separation:

- (if divorced) date of Decree Nisi:

Details of previous marriage(s): Name of spouse, Place and date of marriage:

NAMES OF ANY CHILDREN in order of birth including children who have died

Full Name

Date of Birth

ESTATE ADMINISTRATION DETAILS:

Name and Address of the lawyer who worked with you to write your Will and/or administers your affairs:

Name and Address of Executors:

Location of Will:

Special instructions to Executors in administering your Will:

Medicare Number:

Tax File Number:

Pension Number:

Type of Pension:

FINANCIAL DETAILS:

Name and Address of **Accountant**:

Details of **Accounts with financial institutions**:

Location of Books and records:

Name of Institution & Branch Address

Account No.

Name account in

Details of Land/Property/Real Estate:

1. Address:

Details of Certificate of Title (Volume and Folio):

Name on Title (specify if held as Joint Tenant or Tenant In Common):

Mortgage details:

2. Address:

Details of Certificate of Title (Volume and Folio):

Name on Title (specify if held as Joint Tenant or Tenant In Common):

Mortgage details:

Details of other Assets (Shares and Investments):

Superannuation and Life Insurance Policies:

Superannuation company name and address:

Member Number:

Have you completed a 'binding nomination'?

If so, whom have you named as a beneficiary?

Details of debts and liabilities (credit card, loans, and hire purchase):

FUNERAL DETAILS:

Do you wish to be buried or cremated?

Details of Pre Arrangements:

Name and Address of Funeral Director:

Summary of provisions:

Cemetery Plot details:

Personal preferences:

Organ donation?

Party afterwards?

Religious observance?

Special music?

Advance Care Directive:

Completed Directive Yes/No Date:

Appointment of Medical Treatment Decision Maker:

Name Phone contact:

General Practitioner/Health Service: