



Cooroy Legal Centre

ABN 69 619 205 391

## WILL & EPOA INSTRUCTIONS

### YOUR DETAILS

Your name: \_\_\_\_\_ Previous name: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: Single / Married / Divorced / De Facto / Widowed / Separated

Spouse Name: \_\_\_\_\_

If not yet married, do you make the Will in contemplation of the marriage? Y  N

Do you have a Binding Financial Agreement with any present or previous spouse? Y  N

Do you have an existing will? Y  N

If yes, where: \_\_\_\_\_

If yes, why are you changing that will? \_\_\_\_\_

### CHILDREN'S DETAILS

#### *Child 1*

Name: \_\_\_\_\_ Previous name: \_\_\_\_\_

DOB: \_\_\_\_\_ Under 18?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Parent: \_\_\_\_\_

Marital Status: Single / Married / Divorced / De Facto / Widowed / Separated

Spouse Name: \_\_\_\_\_

Does this child have their own children? Y  N

Is this child still dependant on you? Y  N



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*Child 2*

Name: \_\_\_\_\_ Previous name: \_\_\_\_\_

DOB: \_\_\_\_\_ Under 18?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Parent: \_\_\_\_\_

Marital Status: Single / Married / Divorced / De Facto / Widowed / Separated

Spouse Name: \_\_\_\_\_

Does this child have their own children? Y  N

Is this child still dependant on you? Y  N

*Child 3*

Name: \_\_\_\_\_ Previous name: \_\_\_\_\_

DOB: \_\_\_\_\_ Under 18?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Parent: \_\_\_\_\_

Marital Status: Single / Married / Divorced / De Facto / Widowed / Separated

Spouse Name: \_\_\_\_\_

Does this child have their own children? Y  N

Is this child still dependant on you? Y  N



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**EXECUTOR'S DETAILS**

Do you wish to appoint **JOINT**  or **ALTERNATIVE**  Executors:

**Primary Executor**

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Secondary Executor**

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**EPOA**

Are the Executors to be your attorney as well? Y  N

If no: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is your EPOA for Health and Financial? Y  N

Are your Attorneys to act: Severally  Jointly

Majority  Other \_\_\_\_\_



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**ESTATE DETAILS**

<u>Asset</u>	<u>Details and Location</u>
<input type="checkbox"/> <b><u>Shares</u></b>	_____
<input type="checkbox"/> <b><u>Businesses</u></b>	_____
<input type="checkbox"/> <b><u>Trust</u></b>	_____
<input type="checkbox"/> <b><u>Superannuation</u></b>	_____
	<i>Binding Death Nomination?</i> <input type="checkbox"/>
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

**BENEFICIARY DETAILS**

Specific Gifts

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Gift: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Gift: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Gift: \_\_\_\_\_



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**ESTATE GIFTS**

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Portion of Estate: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Portion of Estate: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Portion of Estate: \_\_\_\_\_

**Children of Beneficiary**

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age of Attainment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age of Attainment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Age of Attainment: \_\_\_\_\_



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**GUARDIANSHIP CLAUSE**

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

**QUESTIONS**

Is there any potential for a claim against your estate? Y  N

If yes, names and why: \_\_\_\_\_  
\_\_\_\_\_

Do you wish for us to keep your documents in safe custody? Y  N

Are you an organ donor? Y  N

Do you have specific wishes for your body? \_\_\_\_\_

Burial Wishes? Y  N

If yes, what: \_\_\_\_\_

