

Prepared by Aaron Legal Solicitors

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*If further information is required please contact our office on 1300 887 236*

## ***RECORD OF PERSONAL DETAILS TO BE KEPT WITH MY WILL AND OTHER IMPORTANT DOCUMENTS***

*Your personal details*

Surname:	First Name:	
Middle Name:	Occupation:	
Address:		
Suburb	State	P/Code:
Tel: (H)	Email:	
Tel: (W)	Mobile:	
Preferred Method of contact:	D.O.B.	
Place of Birth	Country of Birth (if Not Australia)	
Passport No:	Medicare No:	

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**IMPORTANT CONTACT INFORMATION**

Doctor's name	Tel No:
Accountant's name	Tel No;
Solicitor's Name	Tel No:
Priest/Minister of Religion	
Funeral Arrangements are made with	

Next of Kin/Emergency contact	
Relationship	Tel:
Address	
State	P/Code

Next of Kin/Emergency contact	
Relationship	Tel:
Address	
State	P/Code

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**CLUBS/ORGANISATIONS TO BE NOTIFIED OF MY DEATH**

Club Name	
Member No:	Tel:
Club Name:	
Member No:	Tel:
Club Name:	
Member No:	Tel:

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**WILLS, POWER OF ATTORNEY & ENDURING GUARDIAN INSTRUCTION SHEET**

So your Wills, Powers of Attorney and Enduring Guardians can be prepared with minimal fuss please complete the Instruction Sheet set out below. It is important that this information is accurate. If you have any questions about this Instruction Sheet please telephone our office.

Husband & Wife – are you appointing each other as Executors/Attorneys & Guardians?

*(please tick)*

- Yes
- No
- Not applicable

***Husband/Wife/DeFacto-Partner's details***

Surname:		First Name:	
Middle Name:		Occupation	
Address			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:			

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***Details of Children (if any)***

*Child 1*

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:		D.O.B.	

*Child 2*

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:		D.O.B.	

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*Child 3*

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:		D.O.B.	

*Child 4*

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:		D.O.B.	

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***Details of Executor/Attorney/Guardian - 1 (please complete)***

*Is this the alternate Executor/Attorney/Guardian*       Yes     No

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:		D.O.B.	

***Details of Executor/Attorney/Guardian - 2 (please complete)***

*Is this the alternate Executor/Attorney/Guardian*       Yes     No

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:			

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***Details of Executor/Attorney/Guardian - 3 (please complete)***

*Is this the alternate Executor/Attorney/Guardian*       Yes     No

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:			

***Details of Guardians of minor children (if applicable)***

Surname:		First Name:	
Middle Name		Occupation	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:			



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***Details of Guardians of minor children (if applicable)***

Surname:		First Name:	
Middle Name:		Occupation:	
Address:			
Suburb		State	P/Code:
Tel: (H)		Email:	
Tel: (W)		Mobile:	
Preferred Method of contact:			

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**Assets – i.e. Property owned, Superannuation, Term Deposits, etc**

*Please set out details of any assets that may be owned separately i.e. bank accounts, investment properties and whose name they are in.*

**Bank account details:**

**Bank:** ..... **A/C Name:**.....

**Account No.:** ..... **BSB No:**.....

**Account Type:**       Savings       Term Deposit       Investment       Other .....

**Bank:** ..... **A/C Name:**.....

**Account No.:** ..... **BSB No:**..... **Account Type:**.....

**Account Type:**       Savings       Term Deposit       Investment       Other .....

**Bank:** ..... **A/C Name:**.....

**Account No.:** ..... **BSB No:**..... **Account Type:**.....

**Account Type:**       Savings       Term Deposit       Investment       Other .....

**Bank:** ..... **A/C Name:**.....

**Account No.:** ..... **BSB No:**..... **Account Type:**.....

**Account Type:**       Savings       Term Deposit       Investment       Other .....

**Bank:** ..... **A/C Name:**.....

**Account No.:** ..... **BSB No:**..... **Account Type:**.....

**Account Type:**       Savings       Term Deposit       Investment       Other .....

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**Real Estate owned:**

Address:.....

Owned  Solely  Jointly with .....

Title Deed held by:.....

Address:.....

Owned  Solely  Jointly with .....

Title Deed held by:.....

Address:.....

Owned  Solely  Jointly with .....

Title Deed held by:.....

Address:.....

Owned  Solely  Jointly with .....

Title Deed held by:.....

**Superannuation/Insurance Policy/s**

Company: .....Policy No:.....

Owned  Solely  Jointly with .....

Beneficiary/ies: .....

Policy Type:  Life  Superannuation  Other .....

Do you have a Binding Death Nomination  Yes  No

Company: .....Policy No:.....

Owned  Solely  Jointly with .....

Beneficiary/ies: .....

Policy Type:  Life  Superannuation  Other .....

Do you have a Binding Death Nomination  Yes  No

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Company: .....		Policy No: .....	
Owned	<input type="checkbox"/> Solely	<input type="checkbox"/> Jointly with .....	.....
Beneficiary/ies: .....			
.....			
Policy Type:	<input type="checkbox"/> Life	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Other .....
Do you have a Binding Death Nomination		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company: .....		Policy No: .....	
Owned	<input type="checkbox"/> Solely	<input type="checkbox"/> Jointly with .....	.....
Beneficiary/ies: .....			
.....			
Policy Type:	<input type="checkbox"/> Life	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Other .....
Do you have a Binding Death Nomination		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**Specific Bequest/Gifts**

*Please set out details of any specific bequests, gifts, etc that are to be incorporated in your Will (e.g. jewellery, paintings, gifts of money to young grandchildren, etc)*

**Burial/Funeral Arrangements**

Upon my death it is my wish/desire to:

- be cremated       be buried       be donated to science       donate my organs

In relation to my funeral services

- I have made my funeral arrangements with .....
- I have made no funeral arrangements for my death/funeral. I leave that decision to my Executor/to..... *(please specify who is to decide)*
- I would like a ..... *(please specify faith)* religious service

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***Other Important Information***

*Please list any other information that you think is important and would like to be incorporated in your Will*