WILLS WA

WILL INFORMATION SHEET - SINGLE WILL

PERSONAL DETAILS

| Title: | Full name: | | | |
|-----------------|------------|-----|-----|--|
| Date of birth: | | | | |
| Marital status: | | | | |
| Occupation: | | | | |
| Residential add | Iress: | | | |
| | | | | |
| Telephone: | (H) | (W) | (M) | |
| Email: | | | | |
| EXECUTOR/S | 6 | | | |
| 1ST EXECUTOR | | | | |
| Title: | Full name: | | | |
| Residential add | Iress: | | | |
| | | | | |
| Telephone: | (H) | (W) | (M) | |
| Email: | | | | |
| Relationship to | you: | | | |
| | | | | |
| 2ND OR JOINT | EXECUTOR | | | |
| Title: | Full name: | | | |
| Residential add | Iress: | | | |
| Telephone: | (H) | (W) | (M) | |
| Email: | | | | |
| Relationship to | you: | | | |
| Superannuation | n | | | |

If you have superannuation have you nominated beneficiaries to whom you wish the funds to be paid? Yes/No

BENEFICIARIES

| Persons to benefit unde | er the proposed Will are: |
|-------------------------|---------------------------|
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Date of birth: | |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Date of birth: | |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Date of birth: | |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Date of birth: | |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Date of birth: | |

Do you wish to nominate guardians for your children (if any under 18 years)? If so, advise the name, address and relationship (to you) of your preferred guardians:

Manner in which assets are to be distributed:

Do you have any special bequests (items such as cars, jewellery and other valuables):

Do you want an Enduring Power of Attorney and/or an Enduring Power of Guardianship (at the same time as your Will)?

| If you wish to nominate | someone to be your (Enduring) Attorney: |
|-------------------------|---|
| Nominee's full name: | |
| Residential address: | |
| Relationship to you: | |
| If you wish to nominate | a joint Attorney, or a substitute Attorney: |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| If you wish to nominate | an (enduring) Guardian/s: |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| If you wish to nominate | a substitute Guardian/s: |
| Full name: | |
| Residential address: | |
| Relationship to you: | |
| Full name: | |
| Residential address: | |
| Relationship to you: | |