

# WILLS & POWERS OF ATTORNEY

EMAIL OR FAX THIS FORM TO OUR OFFICE TO GET YOUR MATTER STARTED

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# northcotelawyers

A N D A S S O C I A T E S

## 1. PERSONAL DETAILS

Surname  Given names (in full)

Name known by  Date of Birth (dd/mm/yyyy)  /  /  Place of Birth

### Residential Address

House or Unit number:  Street:   
Suburb:  State:  Postcode:

### Occupation

Home phone  Business phone  Mobile phone

E-mail

Current marital/relationship status

I have previously been married  Yes  No

I am contemplating marriage  Yes  No To:

I am separating from my spouse  Yes  No Spouse's name:

### Spouse/De Facto

*Note: if your spouse is also preparing their Will, they will need to complete a separate form*

Surname  Given names (in full)

Name known by  Date of Birth (dd/mm/yyyy)  /  /  Place of Birth

### Residential Address

House or Unit number:  Street:   
Suburb:  State:  Postcode:

### Occupation

Home phone  Business phone  Mobile phone

E-mail

Current marital/relationship status  Has your spouse/de facto previously been married?  Yes  No

## 2. CHILDREN

Surname  Given names (in full)

Date of Birth (dd/mm/yyyy)  
 /  /

### Parents

Myself  Current spouse/defacto  Other

Surname  Given names (in full)

Date of Birth (dd/mm/yyyy)  
 /  /

### Parents

Myself  Current spouse/defacto  Other

**CHILDREN (CONT.)**Surname  Given names (in full) Date of Birth (dd/mm/yyyy)  
 /  / **Parents**  
 Myself  Current spouse/defacto  Other Surname  Given names (in full) Date of Birth (dd/mm/yyyy)  
 /  / **Parents**  
 Myself  Current spouse/defacto  Other *Attach additional sheets if insufficient space*Does your spouse have any children from a previous relationship?  No  Yes - please provide details belowSurname  Given names (in full) Date of Birth (dd/mm/yyyy)  
 /  / **Other Parent**  
Surname  Given names (in full) Date of Birth (dd/mm/yyyy)  
 /  / **Other Parent**  
Surname  Given names (in full) Date of Birth (dd/mm/yyyy)  
 /  / **Other Parent**  
**3. EXECUTOR AND TRUSTEE****3.1 I would like to appoint as my executor (you may appoint up to three co-executors and/or substitute executors):***An executor is appointed to carry out the terms of your will, including locating your will, obtaining probate and carrying out your wishes.**\* Co-executors act jointly while substitute executors act when the firstnamed executor is unable or unwilling to act*Surname  Given names (in full) Relationship  Co-Executor or Substitute? \* House or Unit number:  Street: Suburb:  State:  Postcode: Home phone  Business phone  Mobile phone Occupation Surname  Given names (in full) Relationship  Co-Executor or Substitute? \* House or Unit number:  Street: Suburb:  State:  Postcode: Home phone  Business phone  Mobile phone Occupation Surname  Given names (in full) Relationship  Co-Executor or Substitute? \*

House or Unit number:  Street:

Suburb:  State:  Postcode:

Home phone  Business phone  Mobile phone

Occupation

**3.2 I would like my executor to engage Northcote Lawyers & Associates to obtain a Grant of Probate of my Will**  Yes  No

**3.3 The Trustee of my Estate will be the same as my executor**  Yes  No

*A trustee is appointed to adhere to the terms of the will, including securing, preserving and investing trust property.*

If no, please provide details of Trustee(s):

Surname  Given names (in full)

Relationship  Co-Trustee or Substitute?

House or Unit number:  Street:

Suburb:  State:  Postcode:

Home phone  Business phone  Mobile phone

Occupation

Surname  Given names (in full)

Relationship  Co-Trustee or Substitute?

House or Unit number:  Street:

Suburb:  State:  Postcode:

Home phone  Business phone  Mobile phone

Occupation

**3.4 If you would like to appoint a corporate trustee, please provide the name and business number of that entity:**

Business Name  ABN

**4. ESTATE DISTRIBUTION**

**4.1 I would like my estate distributed as follows:**

Specific Gifts (free from all duties and charges eg: vehicle, jewellery, artwork)

Beneficiary's full name and relationship to you	Gift upon my death

**Residuary Estate**

It is advisable to have at least three levels of distribution based on survivorship, e.g. spouse, children, grandchildren, parents, brothers/sisters, nephew/nieces or charity, etc.

Level One		
Full name (and date of birth if a minor)	Relationship	Proportion (%)
Level Two (If the above predeceases you, your estate will be distributed to the below)		
Full name (and date of birth if a minor)	Relationship	Proportion (%)
Level Three (If the above predeceases you, your estate will be distributed to the below)		
Full name (and date of birth if a minor)	Relationship	Proportion (%)

**4.2 My beneficiaries will inherit at 18 years**  Yes  No

If no, state the (older) age:

**4.3 I am excluding someone from my Will who may expect to receive a benefit upon my death.**  Yes  No

If yes, please provide details below and contact our office to make a time to meet in conference and discuss the possible ramifications

Full name	Relationship to you
<input type="text"/>	<input type="text"/>

Full name	Relationship to you
<input type="text"/>	<input type="text"/>

**4.4 The following legal and/or administrative matters are also relevant to my Will:**

Please note: your Will contains standard provisions to empower your executor/s to carry out a wide range of duties provided that your beneficiaries receive their share of the estate.

a) Are you, your partner or any of your beneficiaries currently entitled to any form of means-tested social security pension or allowance?  Yes  No

Do you have any specific directions regarding other matters, e.g. any beneficial or controlling interest in Family Trusts, Companies, partnerships etc.? If so, please provide details:


b) Are there any other factors which may influence the distribution of your estate, e.g. family law binding financial agreement/s with partner/s or child support orders? If so, please provide details:


## 5. GUARDIANSHIP

5.1 I would like the Guardianship of Minor Children documented in my Will  Yes  No → Skip to Point 6

### 5.2 First Appointed Guardians

Guardian's name  Relationship to me  Relationship to other parent

House or Unit number:  Street:

Suburb:  State:  Postcode:

Special directions:

  

### 5.3 Substitute Guardians

Guardian's name  Relationship to me  Relationship to other parent

House or Unit number:  Street:

Suburb:  State:  Postcode:

Special directions:

  

## 6. FUNERAL ARRANGEMENTS

6.1 I would like funeral details documented in my Will  Yes  No → Skip to Point 7

Organ donor  Yes  No

Research only  Transplant/therapeutic purposes  Both  
 Any part of body  Eyes for corneal grafting  Specified parts

Buried  Cremated  Statement barring cremation

Direction as to burial or scattering of ashes:

  
  

I would like a memorial plaque or headstone? (the cost of which will be covered by the estate)  Yes  No

Further directions:

  
  

## 7. ENDURING POWERS OF ATTORNEY

A **General Enduring Power of Attorney** is a legal document where an individual appoints another person (or people), called the 'attorney(s)', to make decisions for them about financial matters, personal matters, both financial and personal matters or specific financial and/or personal matters.

A **Medical Enduring Power of Attorney** is a legal document where an individual appoints another person (the 'medical agent') with the power to make decisions about medical treatment on their behalf.

Enduring powers of attorney 'endure' (continue) even when the person who made them is unable to make their own decisions about matters.

### 7.1 I require the following Enduring Powers of Attorney:

General  Medical

Note: You may only appoint one attorney and one alternate attorney for your Medical Attorney. However, for your General Attorney, you may appoint multiple attorneys.

#### Firstnamed General attorney

Full name  Relationship to you

House or Unit number:  Street:

Suburb:  State:  Postcode:

**Alternate General attorney/s**

a) Full name  Relationship to you

House or Unit number:  Street:

Suburb:  State:  Postcode:

b) Full name  Relationship to you

House or Unit number:  Street:

Suburb:  State:  Postcode:

**Specific Powers/Limitations on Powers**

If you have multiple General attorneys, would you like them to act:

Jointly (your attorneys must act unanimously)  Jointly and Severally (your attorneys can act together or independently of each other)

**Firstnamed Medical attorney**

Same as General attorney

OR

Full name  Relationship to you

House or Unit number:  Street:

Suburb:  State:  Postcode:

**Alternate Medical attorney**

Full name  Relationship to you

House or Unit number:  Street:

Suburb:  State:  Postcode:

**Specific Powers/Limitations on Powers**

**8. ACKNOWLEDGEMENT**

This document is not a Will or an Enduring Power of Attorney.

I accept the terms and conditions outline din this document.

I confirm the instructions I have recorded in this form reflect my present intention for the distribution of my estate and appointment of my Attorneys.

I understand, however, that I must correctly sign my Will in order for my executors to apply for a Grant of Probate and that I must correctly sign my Powers of Attorney for my Attorneys to have the power to act.

Accordingly, I intend these instructions to be superseded once I have signed my Will and Powers of Attorney.

(Signature)

On receipt of your completed form and payment (see page 7) we will contact you to clarify your instructions before preparing your documents and forwarding a draft for you to review.

As part of the service we will make an appointment with you to sign and correctly witness the documents.

It is our usual practice to store the original documents in safe custody, free of charge, but we will provide you with copies of all completed, signed documents.

For more information, please call us on 9486 1661 or visit our website [www.northcotelawyers.com.au](http://www.northcotelawyers.com.au).

**PLEASE PROVIDE CREDIT CARD DETAILS**

**Payment is deducted after documents have been drafted.**

Name on card:

Type of card:

Visa

Mastercard

Card number:

Expiry date:

Signature:

Date:

**Please select from the below:**

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Basic Will (Single)                               | \$295.00          |
| <input type="checkbox"/> Basic Will (Couple)                               | \$510.00          |
| <input type="checkbox"/> Enduring Power of Attorney (General)              | \$200.00          |
| <input type="checkbox"/> Enduring Power of Attorney (Medical)              | \$200.00          |
| <input type="checkbox"/> Will containing life interests                    | \$800.00          |
| <input type="checkbox"/> Protective and Special Disability Trusts          | \$1,400.00        |
| <input type="checkbox"/> Family Trusts (including corporate trustee setup) | \$1,750.00        |
| <input type="checkbox"/> Consultation (if required)                        | \$440.00 per hour |

*Note: Disbursements not included*

**A consultation is essential if you:**

- Want to leave long lists of gifts
- Want to leave anything to charity
- Require estate planning advice (e.g. in relation to capital gains tax and other duties)
- Have an interest in a family trust, company, business or partnership
- Have a self-managed superannuation fund (SMSF)
- Believe your Will may be challenged
- Excluding someone who may expect a benefit
- Intend to leave your estate to beneficiaries other than your spouse, de facto, children or dependents
- Do not understand English or cannot read or write
- Want to leave conditional gifts (e.g. rights to purchase, life interests in property)

Northcote Lawyers reserves the right to refuse to accept your instructions and refund any monies paid to you in full.

You acknowledge and agree that you have read and understood the contents of this brochure before giving us your instructions.

We will prepare your Will as soon as possible upon receipt of your instructions but we may take up to 28 days from receipt of your instructions to complete them. If you require an urgent Will you should arrange an initial consultation.