



FACT FIND AND INSTRUCTIONS

Kindly ensure that all details are provided. Wills are important legal documents that can be invalid if incorrect information is provided. If details are missing, we will not be able to draft your documents appropriately and this may result in additional time and cost to you in finalising your Estate Plan.

- Please provide our receptionist with photographic ID to confirm your identity when attending our office to execute your documents.

SECTION 1: Your details		
Details:	Person 1	Person 2
Do you have an existing Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will (DD/MM/YYYY):		
Location of Will:		
Personal Details: Please ensure ALL details are provided		
Details:	Person 1	Person 2
Surname:		
Given Names:		
Former or other names:		
Residential Address:		
Postal Address (if different to residential address):		
Contact Details:	H: M:	H: M:



	E:	E:
Date of Birth (DD/MM/YYYY):		
Marital Status:		
Are you Contemplating Marriage?		
Number of Marriages:		
Occupation:		

SECTION 2: Children & Grandchildren			
*Note: relationship could be natural child, stepchild, adopted child, grandchild			
Full Name (including middle name)	DOB	Address	Relationship

Dependants:				
Dependants aside from spouse and minor children: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name (including middle name)	DOB	Address	Relationship	Reason for dependency

SECTION 3: Executor(s) (the person/s who will be responsible for administering your will when you die. For example, your Spouse and a backup in case your Spouse cannot act):	
Full name and Address of Executor(s)	
Person 1	Person 2
If you appoint more than one executor above, how are they to perform their duties? (i.e. jointly or for the second executor to only act if the first executor is unable or unwilling to act)? <input type="checkbox"/> Jointly <input type="checkbox"/> Alternatively	
Back-up Executor(s) Details: If the people mentioned above are unable to act or predecease you, who would you appoint as your back-up executors? If you appoint more than one, how are they to perform their duties? <input type="checkbox"/> Jointly <input type="checkbox"/> Alternatively	
Back up: Full name(s) and address (including middle name):	

Person 1		Person 2	
Testamentary Guardian (guardians of your minor children):			
Full Names and Address of Guardians (including middle name):			
Full Names and Address of Back-up Guardians (including middle name):			

SECTION 4: Distribution of Estate:	
For example:	
<ol style="list-style-type: none"> 1. My estate is to be left to my Spouse in the first instance. 2. If my Spouse pre-deceases me, to my children in equal shares. 3. If my children and Spouse pre-decease me, to my brothers and sisters. 	
Would you like a testamentary trust established in your Will?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Person 1	Person 2
<input type="checkbox"/> Spouse / Partner	<input type="checkbox"/> Spouse / Partner
<input type="checkbox"/> Children in equal shares	<input type="checkbox"/> Children in equal shares
<input type="checkbox"/> Children in unequal shares as follows:	<input type="checkbox"/> Children in unequal shares as follows:
<input type="checkbox"/> Other as follows (for example parents, siblings, nieces and nephews):	<input type="checkbox"/> Other as follows (for example parents, siblings, nieces and nephews):

<p>Person 1</p> <p>Do you wish to leave any specific gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details of the gifts and who you would like to provide them to below:</p>	<p>Person 2</p> <p>Do you wish to leave any specific gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details of the gifts and who you would like to provide them to below:</p>

Whole Family Tragedy:

In the event that all of the beneficiaries listed above predecease you, who would you leave your Estate to?

Please list the person(s) full name and address (including middle name)

Person 1	Person 2

SECTION 5: Assets

Property

Address	Type i.e. investment or main residence	Estimate Value	Year of Purchase	Ownership i.e. joint tenants with spouse or tenants in common in [specify shares]

BANK ACCOUNTS AND INVESTMENTS

Name	Type i.e. shares, bank accounts	Estimated Value	Ownership i.e. joint tenants with spouse or tenants in common in [specify shares]

SUPERANNUATION

Name	Name of fund	Death Nomination in place?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Other:

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Self-Managed Super Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Trustee	Location of Trustee's Constitution and Trust Deed
Family Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Trust	Trustee	Appointor
Companies or Family Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Shareholders	Directors

SECTION 6: Other Information (please select)

1. Do you have any property overseas?

Yes No

2. Are you divorced or in the process of getting divorced?

Yes No



3. Are you aware of any family disputes or uneasiness in your family that may result in a challenge to the distribution of your estate?

Yes No

4. Do you have any specific wishes regarding the donation of body parts, burial or cremation?

Yes No

Details:

5. What age do you wish young beneficiaries to inherit?

18 21 25 Other: _____

6. Are any beneficiaries:

- Bankrupt or at risk of going bankrupt?
 Yes No
- Mentally incapable or drug and alcohol dependent?
 Yes No
- In an unstable marriage/relationship?
 Yes No

7. Where did you hear about Griffin Legal? _____

8. Would you like to be sent the Griffin Legal electronic newsletter every month?

Yes No

PRIVACY

Griffin Legal collects, uses, discloses and stores personal information in accordance with the *Privacy Act 1988* (Cth) to the extent required by law. A copy of our current Privacy Policy and Collection Notice as updated from time to time can be located at <https://griffinlegal.com.au/privacy/>.

Section 7: Client Declaration (please ensure you read prior to signing)

Person 1

1. Do you have poor eyesight and require someone to read the will to you?
 Yes No
2. Do you have difficulty reading English or prefer another language and require someone to read/interpret the will for you?
 Yes No
3. Do you suffer from dementia, Alzheimer’s disease and/or suffer from any other condition that affects your memory and understanding (even for short or infrequent periods)?
 Yes No
4. When do you require your estate planning to be finalised? (please state date)

5. To the best of our knowledge the personal information provided in this document is correct and up to date.
6. I am aware that Griffin Legal take no responsibility for estate planning advice based on any inaccurate information provided by me.
7. I authorise Griffin Legal to use this information in order to prepare legal documentation regarding our estate plan.
8. I do not intend this document to be my interim Will.

Person 2

1. Do you have poor eyesight and require someone to read the will to you?
 Yes No
2. Do you have difficulty reading English or prefer another language and require someone to read/interpret the will for you?
 Yes No
3. Do you suffer from dementia, Alzheimer’s disease and/or suffer from any other condition that affects your memory and understanding (even for short or infrequent periods)?
 Yes No
4. When do you require your estate planning to be finalised? (please state date)

- 5. To the best of our knowledge the personal information provided in this document is correct and up to date.**
- 6. I am aware that Griffin Legal take no responsibility for estate planning advice based on any inaccurate information provided by me.**
- 7. I authorise Griffin Legal to use this information in order to prepare legal documentation regarding our estate plan.**
- 8. I do not intend this document to be my interim Will.**

Signature of Person 1

Date

Full Name of Person 1

Signature of Person 2

Date

Full Name of Person 2

SECTION 8: Power of Attorney (“POA”)		
Do you have an existing POA?	Person 1	Person 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of existing POA		
Would you like a new POA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Appointment of Attorneys – Who do you appoint as your attorney? For example: 1. I appoint my Spouse. 2. If my Spouse can’t act I appoint my brother/sister/friend		
Person 1		
Full name of Attorney 1 (including middle name):		
Residential Address:		
Full name of Attorney 2 (including middle name):		
Residential Address:		
Person 2		
Full name of Attorney 1 (including middle name):		
Residential Address:		
Full name of Attorney 2 (including middle name):		
Residential Address:		

Specific Directions	
Person 1	
<p>1. Do you want your Attorney(s) to act jointly, separately or alternatively (i.e. for the second Attorney to only act if the first Attorney is unable or unwilling to act)?</p> <p><input type="checkbox"/> Jointly <input type="checkbox"/> Separately <input type="checkbox"/> Alternatively <input type="checkbox"/> Other (to be discussed)</p> <p>Details: _____</p> <p>2. Is there anything in particular that you wish to be addressed in your power of attorney?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: _____</p> <p>3. Do you wish to place any limits on the power of your attorney?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: _____</p> <p>4. Would you like your attorney to be able to consent to the withdrawal of medical treatment generally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: _____</p> <p>5. Would you like your Power of Attorney to commence immediately or only after incapacity?</p> <p><input type="checkbox"/> Immediately <input type="checkbox"/> Incapacity</p> <p>6. Would you like your Power of Attorney only to be effective for a limited time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: _____</p>	

Person 2

1. Do you want your Attorney(s) to act jointly, separately or alternatively (i.e. for the second Attorney to only act if the first Attorney is unable or unwilling to act)?

Jointly Separately Alternatively Other (to be discussed)

Details: _____

2. Is there anything in particular that you wish to be addressed in your power of attorney?

Yes No

Details: _____

3. Do you wish to place any limits on the power of your attorney?

Yes No

Details: _____

4. Would you like your attorney to be able to consent to the withdrawal of medical treatment generally?

Yes No

Details: _____

5. Would you like your Power of Attorney to commence immediately or only after incapacity?

Immediately Incapacity

6. Would you like your Power of Attorney only to be effective for a limited time?

Yes No

Details: _____