



Solicitors & Notary

Cnr Esplanade & Second Ave
PO Box 630
Maroochydore Qld 4558

E advice@gwlaw.com.au

P 07 5443 4866

F 07 5443 1342

Executors dossier

By completing the particulars in the attached dossier you will minimise the difficulties, delays and costs which may occur if the information must be ascertained after your death.

We strongly recommend that you keep this information up to date.

We suggest your birthday or the time of preparation of your income tax return may be an appropriate time to consider the need for a regular update. The date on which you last reviewed this information should be inserted as indicated at the end of the dossier, above your signature.

For the purposes of capital gains tax, you must maintain records of the purchase price and date of purchase of most assets purchased after 20/8/85. Please record this information as indicated and keep with this dossier records of the transactions (such as contracts, invoices, receipts and the like, or information as to where your executor could locate such information).

At the same time as you review this information we suggest you should consider the terms of your will.

You should take the time to read your will at least once every 3 years.

Changes in your circumstances may require immediate alteration of your will. Births, deaths, marriages, divorce, adoption or the acquisition or disposal of property may be relevant in this regard.

Once complete we suggest this information should be kept with any copy of your will which you keep at home with your private papers. If you wish, a copy of this information may be held by us with your original will.



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Executors dossier

Testator

Full forenames	Surname
Any former or other name	Email:
Address	Tel: Home Business Mobile
Date of Birth	Place of birth
Occupation	Marital status

Your spouse / partner

Full name	Date of Birth
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Children

Full name	Date of birth
Full name	Date of birth
Full name	Date of birth
Full name	Date of birth
Full name	Date of birth
Full name	Date of birth

Other dependants / beneficiaries

Full name	Date of birth
Full name	Date of birth
Full name	Date of birth

Details of other family members (if relevant)

Parent/s name/s	Tel
Sibling	Tel
Sibling	Tel
Sibling	Tel

Executors

Full name	Full name
Address	Address
Relationship	Relationship

Guardian (for children under 18)

Full name	Full name
Address	Address
Relationship	Relationship

Location of documents

Will dated / / held at
Enduring Power of Attorney dated / / held at
Advanced Health Directive dated / / held at
Binding Superannuation Death Benefit nomination dated / / held at
Trust Deeds held at
ASIC returns held at

Advisors

Solicitor / Firm	Tel
Accountant / Firm	Tel
Investment advisors	Tel
Stock Broker	Tel
Insurance Broker	Tel
Doctor	Tel
Dentist	Tel
Other	Tel
Other	Tel

Assets

Description	Sole, common, joint or other ownership	Estimated value
Home at		\$
Other real estate		
Leasehold property		
Furniture and effects		
Antiques, works of art, etc		
Amounts owing to you by family members/others		
Foreign property or assets (if any)		
Other property		
Shares in private companies		
Shares in public companies		
Any Trust/s effectively controlled by you or in which you hold interests		

Assets

Description	Sole, common, joint or other ownership	Estimated value
Other investments (bond, debentures etc)		
Life insurance policies (on your life or if you are the beneficiary of any policy over someone else's life)		
Bank accounts (bank, branch, account no)		
Motor Vehicles (make, model, registration)		
Safe deposit box		
Other interests		

Details of mortgages / liabilities

Property mortgaged	Mortgagee	Amount secured
		\$

Superannuation

Do you have a self managed superannuation fund? yes / no

Full name of fund and trustee

Are you the beneficiary of any other super funds?

yes / no

Full name of fund and contact details

Do you have any life insurance over your life through any super fund?

yes / no

Description

Sole, common or other ownership

Estimated value

Companies or trusts controlled by your superannuation fund

Allocated pension

Instructions regarding funeral, cremation, burial etc.

Do you wish your body to be Buried Cremated No preference

Have you made provision for organ donation? yes / no

Comments

Is there anyone you wish advised / not advised of your death or disability?

Comments

Date Dossier completed / /

.....
(Signed)

Date Reviewed / /

.....
(Signed)

Date Reviewed / /

.....
(Signed)