

GRANT OF PROBATE

INFORMATION SCHEDULE

The following is a list of the information required to attend to the application for a grant of probate on your behalf.

1. Deceased Personal Details

Last Name:	
Given Names:	
Maiden Name (if applicable):	
Other names or other spellings of names:	
Address (at the time of death):	
Date of Birth:	
Date of Death:	
Occupation (at the time of death):	

2. Details of Marriage and Children

Did the deceased have a spouse (married/ de facto)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the full name of the spouse:	
Was the deceased survived by their spouse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the deceased have children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the name and date of birth of each child:	(a) Name: Date of Birth: (b) Name: Date of Birth: (c) Name: Date of Birth: (d) Name: Date of Birth:

3. Details of Executor(s)

(a) First Executor

Last Name:	
Given Names:	
Maiden Name (if applicable):	
Other names or other spellings of names:	
Occupation:	
Address:	
Mobile Number:	
Email Address:	

(b) Second Executor (if applicable)

Last Name:	
Given Names:	
Maiden Name (if applicable):	
Other names or other spellings of names:	
Occupation:	
Address:	
Mobile Number:	
Email Address:	

(c) Third Executor (if applicable)

Last Name:	
Given Names:	
Maiden Name (if applicable):	
Other names or other spellings of names:	
Occupation:	
Address:	
Mobile Number:	
Email Address:	

4. Assets of the Deceased

(a) Home

Address:	
Was the home owned jointly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise: i. whether the home was held as joint tenants or tenants in common: ii. details of the surviving tenant:	
Was the home mortgaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise the mortgagee's details: If no, please advise the location of the certificate of title:	
What was the estimated market value of the home as at the date of death?	

(b) Other real property

Address:	
Was the property owned jointly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise: i. whether the property was held as joint tenants or tenants in common: ii. details of the surviving tenant:	
Was the property mortgaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise the mortgagee's details: If no, please advise the location of the certificate of title:	
What was the estimated market value of the property as at the date of death?	

(c) Bank accounts

Bank Name:	Account Name:	Joint Account? Yes/No	BSB Number:	Account Number:	Estimated Amount at date of death:

(d) Monetary Investments

Bank Name:	Account Number:	Joint Account? Yes/No	Type of Investment (e.g. term deposit):	Estimated amount at date of death:

(e) Superannuation

Name of Fund:	
Is the superannuation fund a self managed superannuation fund or a retail/ industry superannuation fund?	SMSF <input type="checkbox"/> Other <input type="checkbox"/>
Did the Deceased make a binding death benefit nomination (BDBN)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please: i. advise the details of the person(s) the deceased nominated: ii. provide a copy of the signed BDBN.	

(f) Shares

Company Name:	Type of Company (e.g. Private or Public):	Jointly held? Yes/No	Number of Shares:	Type of Shares (e.g. ordinary):	Estimated market value at date of death:

(g) Units in unit trusts

Name of Trust:	Number of Units:	Jointly held? Yes/No	Type of Units (e.g. ordinary):	Estimated market value at date of death:

(h) Vehicles

Type (e.g. car or motor cycle):	Registration:	Jointly held? Yes/No	Estimated value at date of death:

(i) Other assets

Examples include: an interest in a deceased person's estate, an interest in a partnership, and debts that are owed to the deceased.

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5. Liabilities of the Deceased

Provide details of the liabilities of the deceased.

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6. Directorships

Was the deceased a director of a private company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise: i. details of the company: ii. whether the deceased was the sole director/secretary of the company: iii. whether the company acts as trustee of any trusts:	

7. Trusts

Was the deceased a trustee of any trusts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise: i. the name of the trusts: ii. the type of trusts (e.g. discretionary or unit trusts): iii. whether the deceased was the sole trustee of the trust:	
Was the deceased an appointor of any trusts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise: i. the name of the trusts: ii. whether the deceased was the sole appointor of the trust:	

7. Deceased's Accountant and Financial Planner

Did the deceased have an accountant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the name of the accountant, as well the name, address and contact details of the accounting firm:	Name of Accountant: Name of firm: Address of firm: Telephone number: Email Address:
Did the deceased have a financial planner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the name of the financial planner, as well the name, address and contact details of the financial planning firm:	Name of Financial Planner: Name of firm: Address of firm: Telephone number: Email Address:

9. Other important information you would like us to know

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10. Documents

Please bring the following documents to your meeting:

- Original Will of the Deceased
- Any original Codicils to the Will of the Deceased
- Original Death Certificate of the Deceased