

WILL Checklist



ST VINCENT'S
FOUNDATION

We have designed this checklist to assist solicitors or trustee companies when preparing your Will. Not all questions will be relevant for you. It is intended as a guide only.

PART A - PERSONAL DETAILS

Person 1

Title	First name	Surname
Address		
Phone	Email	
Occupation	Date of Birth	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Date of Marriage	Previous Will: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where is your Will kept?		

Person 2

Title	First name	Surname
Address		
Phone	Email	
Occupation	Date of Birth	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Date of Marriage	Previous Will: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where is your Will kept?		

Immediate Family

List all dependants, children and partners etc, even if you have no contact with them

1.	2.
3.	4.
5.	6.
7.	8.

PART B - ASSETS AND LIABILITIES

House and real estate (address) Owned solely or jointly. Estimated \$ value

Bank accounts (bank/branch) Owned solely or jointly. Estimated \$ value

Shares/debentures Owned solely or jointly. Estimated \$ value

Jewellery Owned solely or jointly. Estimated \$ value

Cars (make & model) Owned solely or jointly. Estimated \$ value

Other assets Owned solely or jointly. Estimated \$ value

Insurance policies

Company:

Policy number:

Beneficiary nominated:

Superannuation (if self-managed, please provide a copy of the Trust Deed):

Company:

Policy number:

Beneficiaries nominated:

Own business/partnership business name:

Date of partnership agreement (where relevant):

Estimated \$ value:

Private company

Company:

Estimated \$ value:

Shareholder names:

Directors:

Family Trust (please provide a copy of the Trust Deed)

Name of trust:

Name of trustee:

Overseas assets: ☐ Yes ☐ No (if yes, provide details)

Loans to family/others? (to be brought into account for distribution purposes) ☐ Yes ☐ No

To whom: \$

To whom: \$

Liabilities: Estimated total loans/other debts that you owe to others: \$

Have you signed any personal guarantees? ☐ Yes ☐ No

Name of Accountant

Accountant address

Name of Financial Planner

Financial planner address

PART C - APPOINTMENT OF EXECUTORS/TRUSTEES & GUARDIANS

Do you want your spouse to be the executor and trustee of your estate? ☐ Yes ☐ No

If not, then who? (Please provide full name, address, phone number, occupation and relationship to you, for example, son or daughter)

If both you and your spouse die before all your children reach 18 years of age, do you wish to appoint a guardian? ☐ Yes ☐ No

If yes, who?

PART D - POWER OF ATTORNEY

Do you want to grant Power of Attorney to someone on your behalf? ☐ Yes ☐ No

Name:

Power of Attorney acts on your behalf while you are alive but circumstances don't permit you to act for your self

- **Financial:** your financial power of attorney deals with any of your financial and legal issues.
- **Personal:** your personal power of attorney deals with lifestyle decisions, such as where you will live, ensuring that you are fed and clothed.

Medical Treatment Decision Maker

<https://www.publicadvocate.vic.gov.au/medical-consent/medical-treatment-decision-maker>

The medical treatment decision maker is the first person in the list below who is reasonably available, and willing and able to make the decision.

1. A medical treatment decision maker appointed by the patient
2. A guardian appointed by VCAT to make decisions about medical treatment
3. The first person in the list below who is in a close and continuing relationship with the patient.
 - a. the patient's spouse or domestic partner
 - b. the patient's primary carer (not a paid service provider)
 - c. an adult child of the patient
 - d. a parent of the patient
 - e. an adult sibling.

If there are two or more relatives who are first on this list, it is the eldest person.

Note: Before the Medical Treatment Planning and Decisions Act commenced in 2018, the patient may have appointed someone to make medical treatment decisions in a medical enduring power of attorney, or enduring power of guardianship. These appointments are still valid. Valid appointments made in other Australian states and territories are also recognised.

Would you like to appoint a Medical Treatment Decision Maker, ☐ Yes ☐ No

Name: _____

PART E - SPECIFIC GIFTS

Do you wish to make any specific gifts of property or money? ☐ Yes ☐ No

Is the gift to be made even if your spouse is still alive? ☐ Yes ☐ No

Is the item of property subject to a mortgage or charge? ☐ Yes ☐ No

Please prepare a list with the full name, address and particulars of gifts for each beneficiary:

Do you wish to make a gift to **St Vincent's Foundation** or any other charitable organisation? ☐ Yes ☐ No

If Yes and you would like to discuss any aspects of including a gift to St Vincent's Foundation, please contact

Sue Worland **P: 03 9231 3363** or **E: sue.worland@svha.org.au**

Or, further information can be found here: **<https://www.stvfoundation.org.au/giveagift>**

PART F - RESIDUARY ESTATE

This is the balance of your estate after distribution of any specific gifts (see above), payment of all testamentary expenses, for example, funeral expenses, executor's commission, duties.

How do you wish to distribute your Estate?

To your spouse? ☐ Yes ☐ No %

To your children equally if your spouse dies before you? ☐ Yes ☐ No %

Other (please specify)

Should a beneficiary die before you, how would you like their portion distributed?

Notes: