

These Instructions are to prepare my:

- Will *Sections A and B*
 Financial Power of Attorney *Sections A and C*
 Medical Power of Attorney *Sections A and D*

Section A: Personal Information

Your Details:

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Phone Number:			
eMail:			
Date of Birth:	/ /		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

DOMESTIC PARTNER / SPOUSE: None

First Name:		Middle Names:	
Surname:			
Alias:			
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Phone Number:	<input type="checkbox"/> As above or _____		
eMail:			
Date of Birth:	/ /		

CHILDREN: None

1	Full Name:		
	Address:	<input type="checkbox"/> per Testator	
	Occupation:		Birth Date:
2	Full Name:		
	Address:	<input type="checkbox"/> per Testator	
	Occupation:		Birth Date:
3	Full Name:		
	Address:	<input type="checkbox"/> per Testator	
	Occupation:		Birth Date:

Section B: Will

Mirror Will for Partner / Spouse No Yes:

EXECUTOR/S:

An Executor is the person(s) in charge of your estate and responsible for the accurate distribution of your estate. There can be multiple executors to a will. If partnered/married, in usual circumstances, the executor will be partner then alternatively children. Children must be over 18 years but we can specify that children are executors upon attaining the age of 18.

Primary Executor(s)

- The Partner/Spouse named in Section A
 The Children named in Section A

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Date of Birth:	/	/	
Relationship:			

Alternate Executor(s)

- The Children named in Section A

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Date of Birth:	/	/	
Relationship:			

Alternate Executor(s)

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Date of Birth:	/	/	
Relationship:			

BENEFICIARIES:

Specific Bequests (e.g. Jewellery, Property, etc.) Do not want to be specific about anything.

Item:			
First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Relationship:	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____		

Beneficiary of Residual Estate (ie Everything else in your name)

- The Partner/Spouse named in Section A
 The Children named in Section A

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Relationship:			

Alternate Beneficiary of Residual Estate

- The Children named in Section A

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Relationship:			

NOTES

GUARDIAN(S)

Not Applicable

If you have under 18 children, this is the person you would like to look after your children. It is a good idea to discuss the proposition with this person in case they are not prepared to look after your child/children. Note that separated parents usually have first right to look after children

Primary Guardian(s)

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Relationship:			

Alternate Guardian(s)

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other: _____		
Relationship:			

TRUSTS/COMPANIES(S)

Family/Other Trust

Not Applicable

Trust Name:	
Trustee company:	<input type="checkbox"/> None or Name _____
Name of person to pass control:	

Private Companies

Not Applicable

Company Name:	
Share Structure:	
Name of person to pass control:	

SPECIFIC BURIAL REQUIREMENTS

Burial:	<input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Let my executor deal with it
Organ Donation:	<input type="checkbox"/> Not Registered <input type="checkbox"/> Registered

Section C: Financial Power of Attorney

Everyone has the right to make their own decisions. However, anyone can experience an injury or illness that means they are unable to make decisions, either temporarily or permanently. By making an enduring power of attorney, you can choose who will make important financial and personal decisions for you, such as where you will live or what happens to your house, if you are unable to do so in the future. An enduring power of attorney is a legal document that lets you appoint someone (an attorney) to make certain decisions for you. You should only make an enduring power of attorney if there is someone you trust, who understands what is important to you, and is willing and able to act on your wishes as far as it is possible to do so. Otherwise you shouldn't make an enduring power of attorney.

If you have previous Powers of attorney, are they to be revoked?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Is the Power to endure past you loosing mental capacity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
When can the attorney start making decisions?	<input type="checkbox"/> Immediately <input type="checkbox"/> Loss of Mental Capacity

Personal matters are matters that relate to your personal or lifestyle affairs but do not include matters that relate to medical treatment. Common examples include access to support services and where and with whom you live.

Does this apply to personal matters?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide further explanation
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Primary Attorney

- The Partner/Spouse named in Section A
- The Children named in Section A
- The Executor named in Section B
- Otherwise, the following;

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Relationship:			
Date of Birth:	/	/	

Secondary Attorney

- The Partner/Spouse named in Section A
- The Children named in Section A
- The Executor named in Section B
- Otherwise, the following;

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Relationship:			
Date of Birth:	/	/	

How can this attorney to act?	<input type="checkbox"/> Jointly with Primary attorney <input type="checkbox"/> On their own
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Section D: Medical Power of Attorney

Medical decision makers have legal authority to make medical treatment decisions for you. A Medical decision maker only has authority to do this if you do not have decision-making capacity. Medical institutions may request a Medical Power of attorney even when undergoing routine procedures.

Limitations?

None Yes _____

Primary Decision Maker

- The Partner/Spouse named in Section A
- The Children named in Section A
- The Executor named in Section B
- Otherwise, the following;

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Relationship:			
Date of Birth:	/	/	

Secondary Decision Maker

- The Partner/Spouse named in Section A
- The Children named in Section A
- The Executor named in Section B
- Otherwise, the following;

First Name:		Middle Names:	
Surname:			
Alias:			
Address:			
Suburb:		P/Code:	State:
Relationship:			
Date of Birth:	/	/	