

Wills Checklist

| PERSONAL INFORMATION | | | |
|---|--|---|---|
| Title: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms |
| | <input type="checkbox"/> Dr | <input type="checkbox"/> Other (please specify) | |
| Full Name: | | | |
| Do you own assets in any other name? | <input type="checkbox"/> Yes (if yes, what other name?) | <input type="checkbox"/> No | |
| Address: | | | |
| Telephone Numbers | Home: | Work: | Mobile: |
| Email Address | | | |
| Occupation: | | | |
| Date of Birth: | | | |
| Marital Status: | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | |
| | <input type="checkbox"/> In a de facto relationship | <input type="checkbox"/> In a civil union | |
| Previous Wills/Agreements | | | |
| Have you ever made a Will before? | <input type="checkbox"/> Yes (if yes, which firm did you use?) | | <input type="checkbox"/> No |
| Do you have a formal agreement to divide property with your partner/spouse? <small>(Contracting Out Agreement/ Relationship Property Agreement)</small> | <input type="checkbox"/> Yes (if yes, which firm holds this?) | | <input type="checkbox"/> No |
| Family (please list details where appropriate) | | | |
| Full name of partner/spouse: | | | |
| Are you engaged or considering marriage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Children of current relationship: | Name | Date of Birth | M/F |
| | | | |
| | | | |
| | | | |
| Children of previous relationship: | Name | Date of Birth | M/F |
| | | | |
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| Adopted children: | Name | Date of Birth | M/F |
| | | | |
| | | | |
| Have any of your children died? | <input type="checkbox"/> Yes (if yes, did they leave any children? Please list) <input type="checkbox"/> No | | |
| Are your parents financially dependent on you? | <input type="checkbox"/> Yes (please list their names) <input type="checkbox"/> No | | |
| Grandchildren: | Name | Date of Birth | M/F |
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| Do you have a Family Trust? | <input type="checkbox"/> Yes (if yes, what is its name?) <input type="checkbox"/> No | | |
| Are you the director or shareholder of any companies? | <input type="checkbox"/> Yes (if yes, please provide details) <input type="checkbox"/> No | | |
| Assets | Description | Sole or joint ownership | Approximate value \$ |
| Real Estate | | | |
| | | | |
| Bank account/s | | | |
| | | | |
| Investments | | | |
| Superannuation scheme | | | |
| Kiwisaver | | | |
| Life insurance | | | |
| Personal assets (e.g. heirlooms, jewellery, antiques, art) | | | |
| | | | |
| Other | | | |
| Other | | | |
| Does anyone owe you any money? | <input type="checkbox"/> Yes (if yes, please provide details) <input type="checkbox"/> No | | |

| | | | |
|-------------------------------|------------------------------|-----------------------------|-----------------------------|
| Do you own Maori land? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Liabilities | Description | Sole or joint | Approximate value \$ |
| Mortgage | | | |
| Personal loan/s | | | |
| Credit card/s | | | |
| Finance company | | | |
| Hire purchase/s | | | |
| Debt to Family Trust | | | |
| Other | | | |
| Other | | | |

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|--|--|
| WILL INSTRUCTIONS | |
| Executor/s | |
| Who do you wish to appoint as executor/s of your Will? | |
| Full Name: | |
| Relationship to you: | |
| Address: | |
| Occupation: | |
| Full Name: | |
| Relationship to you: | |
| Address: | |
| Occupation: | |
| If the above executor/s die before you or are not able to act, who do you wish to appoint as substitute executor/s? | |
| Full Name: | |
| Relationship to you: | |
| Address: | |
| Occupation: | |
| Full Name: | |
| Relationship to you: | |
| Address: | |
| Occupation: | |
| Do you wish to name a different person to act as your "digital executor" for digital assets such as Facebook, Trade Me etc? | |
| Full Name: | |
| Relationship to you: | |
| Address: | |
| Occupation: | |

Guardian/s

Who do you wish to appoint as guardian/s of your minor children?

Full Name:

Relationship to you:

Address:

Occupation:

Full Name:

Relationship to you:

Address:

Occupation:

Specific Gifts or Donations

Item or amount to be gifted

Who is to receive this gift?

Rest of your estate

Who would you like to receive the balance of your assets?

If the person or people mentioned above die before you, what would you like to happen?

If you are leaving assets to your children or grandchildren, what age would you like them to reach before they receive those assets (20 years is minimum)?

Funeral

Would you like to make a funeral direction?

Burial

Cremation

No funeral direction

Do you want to be recorded as an organ donor?

Yes

No

Any other funeral instructions?

Further Instructions

Do you have any other instructions or wishes to include in your will?

Family Trust

If you have a family trust, who do you want to appoint as your replacement trustee after your death?

Full Name:

Relationship to you:

Address:

Occupation:

Testamentary Promises

Have you promised to leave any of your assets to anyone in return for any services that they have provided to you?

(This is something we can discuss with you if you are unsure.)

Yes *(if yes, please provide details)*

No

Unsure

Signature: _____

Date: _____