

# **EXECUTOR'S DOSSIER FOR**

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PREC 2783v1

## ***Estate Planning***

### **Executor's Dossier**

By completing the particulars outlined below you will minimise the difficulties, delays, and costs which may occur if the information must be ascertained after your death. It is recommended that you keep this information up to date. Your birthday or the preparation of your income tax return is an appropriate time to give consideration to the need for an update. The date on which you review this information should be inserted as indicated in Item 1.

For the purposes of capital gains tax, you must maintain records of the purchase price and date of purchase of most assets purchased on or after 20 September 1985. Please record this information as indicated and keep records of the transactions (such as contracts, invoices, receipts and the like) with this dossier.

At the same time as you review this information you should consider the terms of your Will. You should take the time to read your Will at least once every three years. **Changes in your circumstances may require immediate alteration of your Will.** Births, deaths, marriages and the acquisition and disposal of property are relevant in this regard.

Once completed, this information should be kept with the copy of your Will which you keep at home with your private papers. If you prefer, a copy of the information may be held with your original Will.



1. **Date this information was last reviewed** \_\_\_\_\_

2. **Personal details:** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Given Names** \_\_\_\_\_

Maiden Name (if appropriate) \_\_\_\_\_

**Other names** or other spellings of names \_\_\_\_\_

**Address** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Place of birth** \_\_\_\_\_

**If born overseas, what year did you first arrive in Australia** \_\_\_\_\_

**Location of birth certificate** \_\_\_\_\_

**Doctor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

3. **Details of marriage and children**

**Marriage**

(a) **Spouse's Full Name** \_\_\_\_\_

(b) **Date of Marriage** \_\_\_\_\_

(c) **Place of Marriage** \_\_\_\_\_

**Location of marriage certificate** \_\_\_\_\_

**Other Marriages**

(d) <b>Children</b> (living and deceased)	<b>Date of Birth/Date of Death</b>
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(i) _____	_____
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(ii) _____	_____
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(iii) _____	_____
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(iv) _____	_____
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(v) _____	_____
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(vi) _____	_____
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(e) Grandchildren	Parents	Date of Birth
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____
(iv) _____	_____	_____
(v) _____	_____	_____
(vi) _____	_____	_____

**4. Family details:**

Parents	Father	Mother
(a) Given Names	_____	_____
(b) Maiden name		_____
(c) Place of Birth	_____	_____
(d) Date of birth	_____	_____
(e) Date of marriage	_____	
(f) Place of marriage	_____	

**Brothers and sisters**

Given names	Married name	Date of Birth
(1) _____	_____	_____

Address \_\_\_\_\_

Given names	Married name	Date of Birth
(2) _____	_____	_____

Address \_\_\_\_\_

Given names	Married name	Date of Birth
(3) _____	_____	_____

Address \_\_\_\_\_

Given names	Married name	Date of Birth
(4) _____	_____	_____

Address \_\_\_\_\_

<b>Given names</b>	<b>Married name</b>	<b>Date of Birth</b>
(5) _____	_____	_____

**Address** \_\_\_\_\_

<b>Given names</b>	<b>Married name</b>	<b>Date of Birth</b>
(6) _____	_____	_____

**Address** \_\_\_\_\_

**5. On death please notify immediately**

<b>Name</b>	<b>Address</b>	<b>Telephone No</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. Funeral Arrangements**

**(a) I desire burial/cremation at** \_\_\_\_\_

**(i) Service to be conducted by** \_\_\_\_\_

according to the rites of \_\_\_\_\_ religious denomination.

**(ii) Leave home/church/parlour** \_\_\_\_\_

**(iii) Special service, RSL/Lodge/Other** \_\_\_\_\_

**(iv) The following special arrangements regarding my funeral:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(b) I have made arrangements regarding payment of the cost of my funeral with**

\_\_\_\_\_  
**Funeral Directors. Documents regarding same are located**

**(c) Directions regarding use of Human Tissue**

Such directions should be detailed in your will and next-of-kin, personal medical attendant and donee institution notified. Special arrangements (including completion of an eye donor form and/or the carrying of a kidney card) are usually necessary.

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**7. Hospital Benefits or Friendly Society**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Membership No.** \_\_\_\_\_

**Location of membership book or card** \_\_\_\_\_

**8. My Will**

**Location** \_\_\_\_\_

**Date of last Will/Codicil to existing Will** \_\_\_\_\_

**Executor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Executor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**9. My Solicitor is** \_\_\_\_\_

**Name of Firm** \_\_\_\_\_

**Address of Firm** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**10. My Accountant is** \_\_\_\_\_

**Name of Firm** \_\_\_\_\_

**Address of Firm** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_



Who attends to income tax affairs if not above?

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**11. Assets**

**(a) Home**

**(i) Owned singly/jointly with** \_\_\_\_\_

\_\_\_\_\_

**of (address)** \_\_\_\_\_

**Location of Title Deed and Insurance Policies for house and contents**

\_\_\_\_\_

\_\_\_\_\_

**(ii) Mortgaged Yes/No**

**To whom (if relevant)** \_\_\_\_\_

\_\_\_\_\_

**(b) Bank, Building Society or Credit Union Accounts**

<b>Bank, Building Society, Credit Union</b>	<b>Branch</b>	<b>Account No.</b>	<b>Account Name</b>	<b>Location of Passbook</b>
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**(c) Superannuation Fund**

**Name of fund** \_\_\_\_\_

**Communicate with**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Binding Nomination** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Details \_\_\_\_\_

**(d) Other entitlement from Employer**

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Entitlement \_\_\_\_\_

**(e) Life Insurance**

Policy No.	Company	Type of Policy	Location of Policy Documents
(1)			

Special details \_\_\_\_\_

Policy No.	Company	Type of Policy	Location of Policy Documents
(2)			

Special details \_\_\_\_\_

Policy No.	Company	Type of Policy	Location of Policy Documents
(3)			

Special details \_\_\_\_\_

**(f) Shares in Companies**

Name of Company	No.	Type of Shares	Purchase Price / Date of Purchase	Location of Share Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**(g) Debentures**

Name of	Amount	Type of Debenture	Location of Debenture Certificates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(h) Bonds**

Type	Face Value	Interest Payable	Location of Certificate of Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(i) Motor Vehicle**

Type \_\_\_\_\_

Location of Certificate of Registration \_\_\_\_\_

Insurance Details \_\_\_\_\_

Location of Insurance Policy \_\_\_\_\_

Hire purchase/Leasing details \_\_\_\_\_

**Documents**

**(j) Other assets**

Here consider the following:

- interest in a deceased person's estate;
- interest in a partnership;
- interest in a trust;
- property over which you have a power to appoint;
- live stock and crops;
- farming implements;
- harness and saddlery;
- furniture, plate, books and pictures;

- watches, trinkets and jewellery;
- rents;
- money in hand or house;
- mortgages;
- plant, tools and equipment;
- debts due to you;
- stock in shop or business;
- goodwill; and
- other real estate or leaseholds.

Type	Location	Details	Purchase Price / Date Purchased	Location of Documents, relevant Insurance Policies and any other relevant details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**12. Safe Deposit**

**Location** \_\_\_\_\_

**13. Repatriation (if applicable)**

**Repatriation No.** \_\_\_\_\_

**Service No.** \_\_\_\_\_

**Unit** \_\_\_\_\_

**War Disability** \_\_\_\_\_

**Pension payable** \_\_\_\_\_

**14. Estate liquidity work sheet**

Please consider the details below to ensure that you have adequately provided for the needs you wish met on your death. Funds could be provided for from life insurance or disposable assets, including cash.

**Immediate** **\$** \_\_\_\_\_

**Funeral expenses** \_\_\_\_\_

**Pharmaceutical** \_\_\_\_\_

**Medical** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Household** \_\_\_\_\_

**Family continuance** \_\_\_\_\_



**Administration**

**Legal** \_\_\_\_\_

**Executor** \_\_\_\_\_

**Payout mortgages** \_\_\_\_\_

**Payout loans** \_\_\_\_\_

**overdrafts** \_\_\_\_\_

**income tax due or potential** \_\_\_\_\_

**hire purchase** \_\_\_\_\_

**leases** \_\_\_\_\_

**Future**

**Education** \_\_\_\_\_

**Retirement** \_\_\_\_\_

**Family income**

**\$** \_\_\_\_\_ **for** \_\_\_\_\_ **years** \_\_\_\_\_

**and/or**

**Bequests/lump sum** \_\_\_\_\_

**15. Have you given a Power of Attorney to any person. If so, advise details.**

\_\_\_\_\_  
\_\_\_\_\_

**16. Particular wishes regarding upbringing of children.**

Record some directions for the guardians of your children (including, education, religion, health case, holidays, pocket money, financial help, who they are to have contact with, where they live etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Additional Details**

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Signature