



Pre-Conference Questionnaire

Thank you for choosing Artisan Law for your estate planning. To help you to make the most of your appointment, please complete this questionnaire to the best of your ability and return a copy of it prior to your appointment/bring it with you to your appointment. These details will help your solicitor to assist you efficiently, and to provide you with appropriate advice. If you are unsure about a question, you can discuss this at your appointment. Please also remember to bring a form of identification (eg. a driver licence).

Basic details

Full name:

Address:

Date of birth:

Please indicate by circling/underlining whether you are:

The trustee of a family trust: YES/NO

A member of a Self-Managed Superannuation Fund: YES/NO

The parent or carer of a child or other dependent with a serious disability: YES/NO

The owner of overseas real estate or other assets: YES/NO

Finalising a property settlement, eg. following divorce or separation: YES/NO

An undischarged bankrupt: YES/NO

Family circumstances

What is your marital status?

Please provide below the full name and address of each of your next of kin, including your spouse or partner and any children or others who may be financially or practically dependent on you. For each child or minor dependent, please also list that person's age.

Name:

Relationship/age:

Address:

Name:

Relationship/age:

Address:

Name:

Relationship/age:

Address:

Name:

Relationship/age:

Address:

Name:

Relationship/age:

Address:

Name:

Relationship/age:

Address:

Assets

Please describe below your major assets, including real estate (please include address), motor vehicles, stocks or shares and money in bank accounts, as well as any valuable items of property you believe will be relevant to your wishes for your Will. Approximate values are sufficient.

Description of asset:

Value: Amount of mortgage/loan (if relevant):

Owned/registered in whose name (if applicable)?

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Wishes for your Will

Please provide the full name(s) and address(es) of the person or persons you wish to appoint, or are considering appointing, to be your executor(s):

Name: Relationship:

Address:

Name: Relationship:

Address:

If you wish to nominate, or are considering nominating, a substitute executor or substitute executors in the event that your main executor(s) could not act, please also provide the full name(s) and address(es) of that person or those persons:

Name: Relationship:

Address:

Name: Relationship:

Address:

If you have minor children and wish to appoint a guardian to care for them in your place, please provide the details of that person or those people:

Name: Relationship:

Address:

Name: Relationship:

Address:

Will the guardian(s) act:

In your place?

Only if your child has no surviving parent?

Please provide below the details of any specific gifts of heirlooms or other property you wish to make. Assets should be described sufficiently to be identified (eg. 'my gold wedding ring').

Description of asset:

Name: Relationship:

Address:

Description of asset:

Name: Relationship:

Address:

Description of asset:

Name: Relationship:

Address:

After any specific gifts are given, would you give your estate:

To your spouse/partner?

To your children equally?

To your spouse/partner or otherwise to your children equally?

In another arrangement/to someone else (please provide details):

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Please describe any wishes you may have for your funeral, including in relation to preferences for burial or cremation, the location of your burial or the site for the scattering of your ashes, and your wishes for religious services or donation of your organs or body:

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Please include the details of donations you may wish to make to any charities in your Will:

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Wishes for your Enduring Power of Attorney

Please provide the details of the person(s) you would want to make decisions about your property, finances, living arrangements and medical treatment if you were incapacitated:

Name: Relationship:

Address:

Name: Relationship:

Address:

Name: Relationship:

Address:

Would these people act:

Together:

Separately:

In the following order:

Please provide below the details of any directions you would give to your Attorneys, or any limitations you would place on their powers. These could include directions in respect of life support, consent to procedures such as blood transfusions or particular items of property.

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In respect of your property and finances, do you want your Attorneys to have the ability to make decisions for you*:

Immediately:

From a certain date: Date:

Only if you lose your capacity:

**While you have capacity, you are also able to make these decisions. You cannot delegate authority to anyone else to make medical decisions for you while you have capacity.*

Are there other comments you wish to make about your Will or Enduring Power of Attorney?

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Do you currently retain any of the following professional advisors, and, if appropriate following consultation, would you like to be referred to any other professionals:

A financial advisor, financial planner or personal insurance specialist?

Yes: No: Please refer me:

A usual tax accountant?

Yes: No: Please refer me:

A mortgage broker/other financial strategist for review of existing loan interest rates?

Yes: No: Please refer me:

I confirm that the above information is accurate to the best of my knowledge, and understand that information I provide in this questionnaire may be relied upon in providing advice to me. I understand that if I am unsure of the answers to any of the above questions, I should discuss these questions with my solicitor during my appointment.

Your signature:

Date:

Thank you for completing this questionnaire. We look forward to seeing you!