



My Personal Information

Date / /

Full name

Address

Date of birth / /

Place of birth

Email

Phone

Mobile

IN THE EVENT OF DEATH, PLEASE NOTIFY THE FOLLOWING PERSON(S) IMMEDIATELY

Name

Relationship

Address

Phone

Name

Relationship

Address

Phone

MEMBERSHIP OF CLUBS AND ORGANISATIONS AND SIGNIFICANT PUBLIC OFFICES HELD

FUNERAL WISHES

Burial

Cremation

Prepaid

Location of burial

Name and address of Funeral Company with whom basic details have been lodged

Phone

Flowers

No Flowers

Donations in lieu of flowers to

Service at:

Church

Parlour

Home

Other

Funeral service to be given by

Type of service required:

ORGAN DONATION

(Arrangements must be made with appropriate institution prior to death)

Yes

No

Details

Bequeathed to

WILL

Date of last Will ___/___/___

Name and
address(es) of
executor(s)

Where is the original copy of my current Will lodged?

ENDURING POWER OF ATTORNEY

Yes No

Name of Attorney

Address

Relationship

Phone

RELIGION

Religion

Place of worship

NATIONALITY

By birth

By naturalisation

Date of naturalisation ___/___/___

Resident in Australia since

EMPLOYMENT DETAILS

Occupation

Employer

Address

PARENTS' DETAILS

Father's name and occupation

Mother's first name and maiden name

SPOUSE DETAILS

De facto Yes No

Date of marriage ____/____/____

Place of marriage

Full name

Maiden name

Date of birth ____/____/____

Place of birth

Date of death ____/____/____

Date of divorce ____/____/____

DETAILS OF PREVIOUS MARRIAGE(S)

Full name

Maiden name

Date of birth ____/____/____

Place of birth

Date of death ____/____/____

Date of divorce ____/____/____

CHILDREN

1. Full name

Date of birth ____/____/____

Place of birth

Date of death ____/____/____

2. Full name

Date of birth ____/____/____

Place of birth

Date of death ____/____/____

3. Full name

Date of birth ____/____/____

Place of birth

Date of death ____/____/____

4. Full name

Date of birth ___/___/___

Place of birth

Date of death ___/___/___

5. Full name

Date of birth ___/___/___

Place of birth

Date of death ___/___/___

NAME OF FAMILY DOCTOR

Phone

ACCOUNTANT

Phone

FINANCIAL ADVISER

Phone

STOCKBROKER

Phone

SOLICITOR

Phone

DIGITAL WISHES

For each digital account you have you may want to specify how you'd like your executor to handle that account. While your wishes may conflict with some companies' terms of service it's still valuable for your executor to know what your wishes are e.g. social media accounts (Facebook LinkedIn Twitter etc.) email accounts etc.

If you have a Facebook profile do you wish to have your user profile memorialised deleted

Other Information

HOME

Owned solely/jointly/tenants in common with

Mortgaged to

Building & contents insured with

BANK/CREDIT UNION/BUILDING SOCIETY ACCOUNTS

1. Name and branch of institution

Account name

Account No.

2. Name and branch of institution

Account name

Account No.

3. Name and branch of institution

Account name

Account No.

SUPERANNUATION

Name and address of fund

Member number

LIFE INSURANCE

Name and address of company

Policy No.

Life insured

HEALTH INSURANCE

Name of health insurance
company

Private health insurance No

Medicare card No

PENSION

Centrelink number

Veterans Affairs pension No

Overseas pension No

Military Service No

WHERE IS IT?

Birth certificate

Marriage certificate

Cheque book

Bank statements

Securities, share certificates,
bonds etc

Personal Insurance Policies

Superannuation papers

Cemetery or cremation deed

THE DEED FOR:

Your home

Other pieces of real estate

INSURANCE POLICIES ON:

Real estate

Other assets

Military service record and
discharge certificate

Pensioner Card (Centrelink/DVA)

Any other documents (specify)

Safe custody packet

DIGITAL ASSET INVENTORY

If you have made a list of digital assets you own (laptop iPad etc) please provide the location of that document. Make sure that this is secure as you may include passwords and other digital asset access information.

Name of any online storage company you may have used



Notes:



With the Public Trustee as executor, you will have peace of mind knowing that we will administer an estate fairly.

PublicTrustee

Every moment counts

STATEWIDE

www.publictrustee.tas.gov.au

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Email: tpt@publictrustee.tas.gov.au

Fax: (03) 6235 5255

GPO Box 1565, Hobart, TAS 7001

Hobart

116 Murray Street

Hobart, TAS 7000

Phone: (03) 6235 5200

Launceston

Ground Floor,

33 George Street

Launceston, TAS 7250

Phone: (03) 6335 3400

Devonport

1st Floor,

21 Best Street, Bass House

Cnr Edward and Best Streets

Devonport, TAS 7310

Phone: (03) 6430 3600

Burnie

22 Wilmot Street,

Columnar Court Complex

Burnie, TAS 7320

Phone: (03) 6430 3600

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