

**WILL AND/OR ENDURING POWER OF ATTORNEY -  
INSTRUCTIONS**

*This instruction sheet is designed to assist you in preparing for your Will with us. It is not necessary for you to have finally decided on your instructions prior to meeting with your solicitor. If you have any questions about this instruction sheet, please contact our office.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referrer: \_\_\_\_\_

Dates and locations of previous Wills: \_\_\_\_\_

Relationship status: \_\_\_\_\_

Details of family members (please indicate if your current spouse is not the parent of any of your children)

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

If you have an existing Will that requires updating, please forward to us that with this document and only complete the following sections where you would like changes made.

**Your assets:**

Please list your significant assets. These might include real estate, shares, your interest in any business or company, any beneficial interest in a family trust, motor vehicles, or monies in bank accounts. If you own assets together with other people, please list details of how those assets are owned (if known)- for example, are you a joint tenant or tenant in common of real estate, a director of a company you own, or a 50% shareholder in a family business?

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

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**Your liabilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Superannuation:** Approx. balance: \_\_\_\_\_ Fund: \_\_\_\_\_

Have you made binding nominations? \_\_\_\_\_ If so, when? \_\_\_\_\_

**Your executor(s):**

Please provide the full names and addresses of any persons you have chosen or are considering to act as your executor(s):

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

Please provide the full names and addresses of any persons you have chosen or are considering to act as alternative executor(s) in the event that your primary executor(s) predecease you or cannot act:

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

**Distribution of your estate:**

Please list any specific assets you wish to give (for example, jewellery, family heirlooms, items of property or items of sentimental value), and to whom you wish to give them:

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



Can you think of anyone who might wish to contest your estate (for example, former spouses or partners, or children you do not intend to include in your Will)? If so, who might contest?

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**Guardianship of minor children:**

If you have minor children, do you wish to express non-binding wishes in relation to their guardianship? If so, please provide the full name(s) and address(es) of the guardian or guardians you wish to appoint:

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Would the guardian(s) act only if your child(ren)'s other parent was deceased? Yes/No

**Disposal of body:**

Do you have any specific requests (for example, to be buried or cremated, to have a particular type of funeral ceremony, or to have your body disposed of at a particular location)? If yes, please detail below. Or do you wish this to be at the discretion of the executors.

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**Organ donation:**

Are you an organ donor. If no, do you wish to be a donor? If yes, please provide your registration number, if known.

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**Storage of your original Will:**

Your original Will, once signed, is an important document. We can store it for you at no additional cost. Would you prefer that we stored your Will for you?

Yes/No/Unsure

**Advice in relation to your estate:**

So that we can properly advise you, please circle any of the following that might apply to you:

*I belong to a family trust*

*I own a family business*

*I have a beneficiary with a major disability*

*I am a guarantor*

*I have signed a Binding Financial Agreement*

*I have a shared/mutual Will*

*I have signed a Contract for Wills*

*I have adopted, step or foster children*

*I have a self-managed superannuation fund*

*I have overseas assets*

*I am leaving a relative or dependent out of my Will*

**ENDURING POWER OF ATTORNEY/GUARDIANSHIP**

Please provide the full names and addresses of the persons you have chosen or are considering to act as your attorney(s):

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Please provide the full names and addresses of the persons you have chosen or are considering to act as alternative attorney(s) in the event that your primary attorneys predecease you or cannot act:

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Have you made a Power of Attorney (POA) or Enduring Power of Attorney (EPOA) before?:  
Yes/No

In respect of which functions would you like your attorney to make decisions for you?

All decisions

OR (please specify any directions or limitations on authority):

In respect of my property and finances: \_\_\_\_\_

In respect of my health care matters: \_\_\_\_\_

In respect of my personal care matters: \_\_\_\_\_

In respect of medical research: \_\_\_\_\_

Do you wish to authorise your attorney to withdraw medical treatment, such as life support treatment, on your behalf, or authorise a Do Not Resuscitate directive?

Yes/No/Unsure

When would you like your attorney's authority to commence?

Immediately

During a specific period (dates: \_\_\_\_\_)

Only if and when I have lost my capacity

**Do you wish to be provided with information regarding an Advanced Care Directive.**

**Yes/No**

**Do you wish to have the following clause added to your power of attorney?**

If in the written opinion of my doctors there is no reasonable prospect of my recovery from any physical illness or impairment which is expected to cause me severe distress or to render me incapable of rational existence, I do not give my consent to be kept alive by artificial means, nor do I give my consent to any form of tube-feeding when I am dying; and I request that I receive whatever quantity of drugs and intravenous fluids as may be required to keep me free from pain or distress even if the moment of death is hastened.

I do not give my consent to any person's attempt at resuscitation, should my heart and breathing stop and in the written opinion of my doctors my prognosis is hopeless.