

CLIENT INFORMATION FOR WILLS

FU	LL NAME		
ΑD	DRESS		
РΗ	ONE NUMBERS		
EM	IAIL ADDRESS		
ОС	CUPATION		
DA	TE OF BIRTH		
	ABOUT YOU AN	D YOUR FAMILY	
1.	PERSONAL DETAILS		
	What is your present marital status?		
	What is the <u>FULL</u> name of your husband/wife/partner/civil union?		
	Do you have any children? If so please detail <u>FULL</u> names and dates of birth.		
	(i) Name:	(ii) Name:	
	Date of birth:	Date of birth:	
	(iii)Name:	(iv) <i>Name</i> :	
	Date of birth:	Date of birth:	
	Have you been in a previous De facto relations <u>FULL</u> names	hip or marriage in the past 3 years? If so please give	
	Yes/No <i>Name:</i>		

Will Instructions

WHAT DO YOU OWN?

2. Please list your assets below: **Real Estate** Address: Sole/Joint **Bank Accounts:** Sole/Joint **Account Number: Life Insurance/Shares: Company Name:** Sole/Joint **Other Assets: Description:** Sole/Joint

WHAT YOU WOULD LIKE IN YOUR WILL

3. APPOINTMENT OF TRUSTEE/S

State the <u>FULL</u> names, addresses and occupations of person/s who you would like to be your trustee/s (also known as executors). Please choose two trustees. Spouses usually appoint each other in the first instance, and then choose two alternatives:

(i) Name:	(ii) Name:
Address:	Address:
Phone:	Phone:
Occupation:	Occupation:
Relationship to You:	Relationship to You:
ALTERNATIVE EXECUTOR(S) AND TRUSTEE	
(iii) Name:	(iv) Name:
Address:	Address:
Phone:	Phone:
Occupation:	Occupation:
Relationship to You:	Relationship to You:
GIFTS / LEGACIES	
Do you wish to make any specific gifts (legacies) of	money or chattels? Yes / No
If you wish to make any specific gifts of money or and occupations of the recipients and full details o	•
GIFT:	Name:
	Address:
GIFT:	Name:
	Address:

4.

GIFT:	Name:
	Address:
GIFT:	Name:
	Address:
Digital Footprint – You can give your trustees instrube dealt with.	uctions on how you wish your online presence to
Do you wish to make provision for your digital foot	nrint? Yes / No
Do you wish to make provision for your digital look	Print. 1657 No
RESIDUAL ESTATE	
First Beneficiaries	
Who is to receive the residue (the balance) of yo	our estate? Usually spouses leave everything to
each other in the first instance, then children, then	· · ·
	· · ·
each other in the first instance, then children, then	grandchildren. (Full names please)
each other in the first instance, then children, then (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, then (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, then (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, then (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, then (i) Name: Address: Occupation:	grandchildren. (Full names please) (ii) Name: Address: Occupation:
each other in the first instance, then children, then (i) Name:	grandchildren. (Full names please) (ii) Name: Address: Occupation: Share:
each other in the first instance, then children, then (i) Name:	grandchildren. (Full names please) (ii) Name: Address: Occupation: Share:
each other in the first instance, then children, ther (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, ther (i) Name:	grandchildren. (Full names please) (ii) Name: Address: Occupation: Share: Relationship to You:
each other in the first instance, then children, ther (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, ther (i) Name:	grandchildren. (Full names please) (ii) Name:
each other in the first instance, then children, ther (i) Name:	grandchildren. (Full names please) (ii) Name:

5.

5.1

5.2 Second / Substitute Beneficiaries

If any beneficiary dies before you, what would you like to happen to his or her share? (Usually this goes to the deceased's beneficiary's children.)

	Name:	Name:	
	Address:	Address:	
	Occupation:	Occupation:	
5.	Appointment of testamentary guardian(s)		
	Do you wish to appointment testamentary guardian(s) for your children under the age of 18 years?		
	Name:	Name:	
	Address:	Address:	
	Occupation:	Occupation:	
6.	Omissions		
	If you are omitting any of your family from provision, please indicate the reasons, as family omitted may apply to the Court for provision from the estate:		
7.	FUNERAL DIRECTIONS		
	Do you wish to be buried or cremated?		
	Do you have any special funeral directions?		
	Are you a Donor? If so, do you have provision o	n your Drivers Licence?	

8. Other

	Have you made any promise, whether enforceable or not, to leave property by Will? If so please give details.
	Do you have any power of appointment under any trust or estate or power to appoint directors, which can be exercised under your will?
).	SPECIAL PROVISIONS
	Are there any other special provisions you wish to make, for example, a life interest which allows a person to benefit from your estate for their life? Yes / No

WHAT DO I DO NOW?

10. It is imperative that you keep your personal information safe. All forms received will be held confidentially pursuant to our client/lawyer confidentiality.

Please post or drop in your form to:

Katherine Wilmott Legal Limited, 2nd Floor, 29 High Street, PO Box 156, Rangiora 7440, or

Fax to 03 260 4778, or

Email to admin@kwlegal.nz

When we have received the form, we will contact you.

We will then draft your Will for you. A copy will be sent to you in the mail for your approval.

When you are happy with your Will, you will need to contact our office to arrange an appointment

to see your lawyer, to sign the original.

In the meantime, if you have any queries at all, please do not hesitate to telephone or email.

Please note, you will need an appointment if you wish to see your lawyer.