



McKays

Executor's Dossier

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By completing the particulars outlined below you will minimise the difficulties, delays and costs which may occur if the information must be located after your death. This information will hopefully assist your executor to administer your estate promptly and cost effectively.

Reviewing this information

You should take the time to read your Will, Enduring Power of Attorney, Advance Health Directive (if applicable) and this information at least once every three years and update as required. Changes in your circumstances may require an immediate alteration of your Will. Births, deaths, marriages and the acquisition and disposal of property are relevant in this regard.

Storing this information

When 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 in our safe custody facility.

Review date

Date this information was last reviewed:

Personal details

Full name:

Maiden name (if relevant):

Alias or other names by which known (if any):

Address:

Date of birth:

Place of birth:

Location of birth certificate:

Location of adoption certificate (if relevant):

Regular medical practitioner:

Address:

Tax File Number:

Driver's licence number:

Passport number:

Will, Enduring Power of Attorney and Advance Health Directive

Location of Will:

Date of last Will or Codicil:

Name, address and telephone numbers of 1st executor/s:

Name, address and telephone numbers of 2nd executor/s:

Location of Enduring Power of Attorney:

Date of last Enduring Power of Attorney document:

Name, address and telephone numbers of attorneys:

Name, address and telephone numbers of attorneys:

Location of Advance Health Directive (if any):

Spouse's details - married or de facto

Full name of partner (spouse or de facto spouse):

Married or de facto:

Maiden name of spouse (if relevant):

Date of marriage or date of commencement of de facto relationship:
 Place of marriage:
 Location of marriage certificate:
 If separated or divorced - full name of former partner:
 Was former relationship a marriage or de facto:
 Date of former marriage or date of commencement of former de facto relationship:
 Date of separation:
 Date of divorce:
 Location of certificate of decree nisi/absolute:

> Your executor may be required to produce a copy of your marriage certificate and/or divorce certificate, during the estate administration. It is therefore helpful if your executor is able to locate these.

Children's details

Full names and addresses of all living children:

Name:	Date of birth:
Address:	
Name:	Date of birth:
Address:	
Name:	Date of birth:
Address:	
Name:	Date of birth:
Address:	
Name:	Date of birth:
Address:	
Name:	Date of birth:
Address:	

Full name/s of any deceased children:

Name:	Date of death:
Name:	Date of death:
Name:	Date of death:

Full name/s of any children of your deceased child:

Name:
 Name:
 Name:

Particular wishes regarding children

Please record some details for the guardians of your children (if any), such as your wishes regarding preferred education, religion, health and holidays etc.



Lined area for handwritten notes.

Family details

Sometimes asset holders (in particular superannuation funds) can request details about your parents and their dates of birth.

Name of Mother:

Date of birth of Mother: Date of death of Mother (if applicable):

Address of Mother:

Maiden name of Mother:

Name of Father:

Date of birth of Father: Date of death of Father (if applicable):

Address of Father:

Details of brothers and sisters (if any):

Name:

Date of birth: Date of death (if applicable):

Address:

Name:

Date of birth: Date of death (if applicable):

Address:

Name:

Date of birth: Date of death (if applicable):

Address:

Name:

Date of birth: Date of death (if applicable):

Address:

On death please notify immediately

Name: P

Address:

Is there anyone not to be advised of your death?

Preferred funeral arrangements

Preference for burial or cremation:

To be cremated or buried at:

According to the rites of which religious denomination:

Special arrangements regarding the funeral:

Service to be conducted at:

Do you have any wishes regarding your headstone? (i.e. what type, what is to be printed and who will pay?):

Arrangements regarding payment of the cost of the funeral:

Location of relevant funeral documents:

Directions regarding use of human tissue should be detailed in your Will and next-of-kin, personal medical attendant and donee institution notified, otherwise your wishes in this regard might not be complied with.

Private health fund details and Medicare details

Name:	Membership number:
Location of membership card:	
Medicare number:	Name on card:
Location of membership book or card:	

Name of professional advisors

Name of solicitor:	P
Address:	
Name of accountant:	P
Address:	
Name of financial advisor:	P
Address:	
Name of insurance broker:	P
Address:	
Name of stock broker:	P
Address:	
Name of medical practitioner (1):	P
Address:	
Name of medical practitioner (2):	P
Address:	
Name of medical specialist (1):	P
Specialist area:	
Address:	
Name of medical specialist (2):	P
Specialist area:	
Address:	
Name of medical specialist (3):	P
Specialist area:	
Address:	
Name of other advisor:	P
Address:	
Name of other advisor:	P
Address:	

Taxation affairs of an estate

Please note that an executor is required to attend to the taxation affairs of an estate. This includes ensuring that all tax returns have been lodged and that assessments have been paid. In order to make your executor's role easier, you should ensure that either you or your accountant keep accurate records of details ordinarily needed to complete tax returns such as the acquisition dates of all assets.

Membership to clubs etc (RACQ, local library, wine society, Gold Lotto etc)

Type:	Membership number:

Home

Address:

Owned solely or jointly:

Location of title deed (if any):

Details of insurance including contents:

Location of insurance policies:

Name and address of mortgagee/s:

Motor vehicles

Make/model of Vehicle (1):

Insurance company:

Policy number:

Lease/hire purchase from:

Payment details (how much and how are they made):

Lease/hire purchase number:

Make/model of Vehicle (2):

Insurance company:

Policy number:

Lease/hire purchase from:

Payment details (how much and how are they made):

Lease/hire purchase number:

Investment property

Address:

Owned solely or jointly:

Location of title deeds (if any):

Details of insurance including contents if relevant:

Location of insurance policies:

Name and address of mortgagee/s:

Bank, building society or credit union accounts

Name of institution:

Branch:

Account number:

Account name:

Type of account:

Location of cheque book:

Name of institution:

Branch:

Account number:

Account name:

Type of account:

Location of cheque book:

Name of institution:

Branch:

Account number:

Account name:

Type of account:

Location of cheque book:

Credit cards, ATM cards and member cards (Mastercard, Bankcard, Visa, Loyalty Cards etc)

Card type:

Number:

Owned solely or jointly with another:

Card type:

Number:

Owned solely or jointly with another:

Card type:

Number:

Owned solely or jointly with another:

Card type:

Number:

Owned solely or jointly with another:

Superannuation fund

Name of fund (1):

Member Number:

If self managed fund - the Tax File Number and location of trust deed:

If self managed fund - who are the trustees?

Have you nominated a beneficiary? And if so, is the nomination a binding nomination, preferential nomination or non-lapsing binding nomination?

Name of fund (2):

Member Number:

If self managed fund - the Tax File Number and location of trust deed:

If self managed fund - who are the trustees?

Have you nominated a beneficiary? And if so, is the nomination a binding nomination, preferential nomination or non-lapsing binding nomination?

Name of fund (3):

Location of documentation:

If self managed fund - the Tax File Number and location of trust deed:

If self managed fund - who are the trustees?

Have you nominated a beneficiary? And if so, is the nomination a binding nomination, preferential nomination or non-lapsing binding nomination?

Employer details

Name of employer:

Address:

Are you employed casually, permanently, or part-time etc?

Entitlements from employer (if any):

Life insurances

Policy number: _____ Company: _____

Type of policy and level of cover: _____

Location of policy document: _____

Owner of policy/nominated beneficiary: _____

Policy arranged through broker: _____

Policy number: _____ Company: _____

Type of policy and level of cover: _____

Location of policy document: _____

Owner of policy/nominated beneficiary: _____

Policy arranged through broker: _____

Shares in private companies

Name of company: _____

Number of shares: _____ Type of shares: _____

Accountant for the company: _____

Are you director or secretary? _____

Name of company: _____

Number of shares: _____ Type of shares: _____

Accountant for the company: _____

Are you director or secretary? _____

Name of company: _____

Number of shares: _____ Type of shares: _____

Accountant for the company: _____

Are you director or secretary? _____

Shares in ASX companies

Where are the records of ownership kept? _____

Reference number (HIN*, Security Reference number): _____

Is there an online trading account? _____

 **We suggest you attach a copy of a printout showing current holdings.**

* Holder Identification Number

Trusts

Name of trust: _____ Name of trustee: _____

Location of trust deed: _____

Describe your interest in the trust and any other relevant details: _____

Safe deposit

Location of safe deposit:

Location of key/duplicate key or location of combination:

Social Media Accounts (if applicable)

Do you have any social media accounts? (Facebook, Twitter, Linked In etc):

Username for each social media account held:

Centrelink payments (if applicable)

Relevant identification number:

Nature of benefit:

Guarantees provided

Name of person/company to whom guarantee given:

Name of person/company guaranteed:

Amount guaranteed:

Name of person/company to whom guarantee given:

Name of person/company guaranteed:

Amount guaranteed:

Estate liquidity work sheet (consider the details below to ensure you have adequately provided for the needs you wish met upon your death).

Family living expenses (moving forward) including education expense of children. Consider what capital is needed to be invested to generate that income each year.*

*Any joint funds and assets may be frozen following your death until a formal death certificate is issued and possibly until Probate is issued. The surviving account holder (e.g. your spouse) may not be able to access funds for the duration of this process, which could take several months. You may therefore wish to consider alternative financial arrangements such as separate accounts, to ensure living expenses can be met.

Immediate needs (funds could/should be provided for from insurance or disposable assets, including cash):

Funeral expenses:

Estate administration expenses:

Executor:

Payout mortgagee:

Payout other loans:

Payout leases:

Income tax:

Pharmaceutical:

Medical:

Hospital:

Business needs:

Capital required to generate income to cover living expenses:

Total:

Funds available from estate:

Shortfall (if any):

> You should consider whether you need insurance to cover shortfall. If you would like a referral to an insurance broker or other appropriate professional, please call us.

General directions/advice to the executors in the administration of the estate

Note: The information contained within this document is, to the best of our knowledge, correct at the time of printing (May 2014). There may have been changes to the law since then. Also, this kit is intended for use only as a guide, and is not a complete explanation of all legal issues to consider. We recommend in all cases that you seek specific legal advice for your situation.

