



CONTESTED WILLS QUESTIONNAIRE

Date: / /

1. Your details (executor/administrator)

- 1.1 Full name:
- 1.2 Address:
- 1.3 Home / mobile:
- 1.4 Email:
- 1.5 Date of Birth:
- 1.6 Occupation:

2. Details of deceased

- 2.1 Full name:
- 2.2 Date of Birth:
- 2.3 Date of Death:
- 2.4 Late of address:
- 2.5 Previous address:
- 2.6 Do you have the original will? Yes / No

3. Details of person(s) contesting will of deceased

- 3.1 Full name:
- 3.2 Current address:
- 3.3 Mobile:
- 3.4 Email:
- 3.5 Date of Birth:
- 3.6 Country of Birth:
- 3.7 If born outside Australia, date he/she started living in Australia:
- 3.8 Are they an an Australian citizen? Yes / No
- 3.9 Their occupation:

4. **Assets & liabilities of deceased**

Real Estate:

Address of property:

Certificate of Title: Volume Folio

Mortgage No: (if applicable)

Personal estate:

Amount of accommodation bond:

Name and address of nursing home:

Furniture and personal effects contained in dwelling house/nursing home:

Estimated value:

Motor vehicles

Make / year of manufacture / sedan or ute / registration no:

Estimated value:

Cash in hand:

Money in bank

Name and branch of bank:

Name of account & account number:

Current balance:

Name and branch of bank:

Name of account & account number:

Current balance:

Life assurance policy

Name of company:

Policy No:

Amount due:

Shares in companies

Name of share company:

Number of shares held:

Market value as at the date of death:

Taxation credits

Provisional tax in respect of financial year ending 30 June:

Medical benefits

Medibank Private – refund of contributions:

Refunds due

Name of company / amount refunded:

Name of company / amount refunded:

Other property not included above:

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Assets outside of South Australia

Please provide details:

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Liabilities

Secured:

Memorandum of Mortgage No:

Amount of principal & interest owing as at date of death:

Unsecured:

Funeral account:

Amount of credit card debt:

Any other debts owing as at the date of death:

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5. **Additional notes**

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