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<u>PRO</u>	BATE /	/ LETTERS OF ADMINISTRATION QUESTIONNAIR	E Date: /	
1.	Your 1.1	r details (executor/administrator) 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.	Assets & liabilities of deceased			
	Real Estate:			
	Address of property:			
	Certi	ificate of Title: Volume Folio		
	Mort	tgage 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:
Assets outside of South Australia
Please provide details:
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:
4.	Additional notes