



Checklist Application for Probate

This checklist is designed to capture the information required to prepare your application for Probate. Your application is made in the form of an affidavit which you must swear or affirm, so it is important that the information is accurate and complete.

Documents required

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Original Will |
| <input type="checkbox"/> | Original Codicil (if applicable) |
| <input type="checkbox"/> | Original death certificate |
| <input type="checkbox"/> | Any other document of a testamentary nature |

Details of the deceased

Full name: _____

Date of birth: _____

Address at date of death: _____

Marital status at date of the Will: _____

Marital status at date of death: _____

Date of marriage (if applicable) _____

Date of divorce (if applicable) _____

Explanation of any mistakes on the death certificate _____

Executor(s) of the Will

First appointed executor(s)

If the first appointed executor(s) are alive and unwilling to apply, they will need to renounce their right to obtain a grant of Probate. We will prepare the necessary forms. If the first appointed executor(s) are unable to apply due to death or incapacity, please provide a copy of their death certificate or evidence of their incapacity (e.g. SAT order or letter from Doctor).

Full name: _____	Full name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Email address: _____	Email address: _____
Occupation: _____	Occupation: _____
Willing to apply: _____	Willing to apply: _____

Substitute executor(s):

If the substitute executor/s are unable to apply due to death or incapacity, please provide either a copy of their death certificate or evidence of their incapacity (e.g. SAT order or letter from Doctor).

Full name:	_____	Full name:	_____
Address:	_____	Address:	_____
Telephone:	_____	Telephone:	_____
Email address:	_____	Email address:	_____
Occupation:	_____	Occupation:	_____
Willing to apply:		Willing to apply:	

Witnesses to the Will

Witness1:

Is witness deceased:

Full name: _____

Current residential address: _____

Searches made to obtain address: _____

If you can't find the witnesses' current residential address you must set out the attempts you made to find the address.

Witness 2:

Is witness deceased:

Full name: _____

Current residential address: _____

Searches made to obtain address: _____

If you can't find the witnesses' current residential address you must set out the attempts you made to find the address.

Condition/plight of the Will

Explanation of any noticeable tears, staple holes or attachments to the Will

Codicil to the Will (remove pages 3 and 4 if there is no Codicil)

Is there a codicil to the Will?

Yes – complete the section below

No – proceed to the assets and liabilities sections below (page 5)

Executor(s) of the Codicil

First appointed executor(s)

If the first appointed executor(s) are alive and unwilling to apply, they will need to renounce their right to obtain a grant of Probate. We will prepare the necessary forms at your consultation. If the first appointed executor(s) are unable to apply due to death or incapacity, please bring a copy of their death certificate or evidence of their incapacity (e.g. SAT order or letter from Doctor).

Full name:

Full name:

Address:

Address:

Telephone:

Telephone:

Email address:

Email address:

Occupation:

Occupation:

Willing to apply:

Willing to apply:

Substitute executor(s):

If the substitute executor/s are unable to apply due to death or incapacity, please bring either a copy of their death certificate or evidence of their incapacity (e.g. SAT order or letter from Doctor).

Full name:

Full name:

Address:

Address:

Telephone:

Telephone:

Email address:

Email address:

Occupation:

Occupation:

Willing to apply:

Willing to apply:

Witnesses to the Codicil

Witness1:

Is witness deceased:

Full name:

Current residential
address:

Searches made to
obtain address:

If you can't find the
witnesses' current
residential address you
must set out the
attempts you made to
find the address.

Witness 2:

Is witness deceased:

Full name:

Current residential
address:

Searches made to
obtain address:

If you can't find the
witnesses' current
residential address you
must set out the
attempts you made to
find the address.

Condition/plight of the Codicil

Explanation of any noticeable tears, staple holes or attachments to the Codicil

Assets and liabilities

Your application must include a statement of the deceased's assets and liabilities **as at the date of their death**. The Court requires a detailed description of the assets and liabilities. An example description is given in italics for each category.

We do not usually require copies of bank account statements or other evidence regarding the assets and liabilities, however please bring these documents with you if you are unsure how to describe the asset or liability.

Real estate owned in the deceased's sole name or as a tenant in common with another person	Value at date of death (\$)
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<i>Address:</i>	<i>5 Smith Street, Wembley</i>						
<i>Title Details</i>	<i>Volume:</i>	<i>5624</i>	<i>Folio:</i>	<i>624</i>	<i>Tenancy:</i>	<i>Sole proprietor</i>	<i>524,000</i>

Address: _____

Title Details Volume: _____ Folio: _____ Tenancy: _____

Address: _____

Title Details Volume: _____ Folio: _____ Tenancy: _____

Bank accounts in the deceased's sole name	Balance at date of death (\$)
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Bank:	<i>Bankwest</i>	Account type:	<i>Retirement advantage account</i>	
BSB:	<i>036089</i>	Account number:	<i>1450585</i>	<i>12,352.69</i>

Bank: _____ Account type: _____

BSB: _____ Account number: _____

Bank: _____ Account type: _____

BSB: _____ Account number: _____

Bank: _____ Account type: _____

BSB: _____ Account number: _____

Bank accounts in the deceased's sole name (continued)**Balance at date of death (\$)**

Bank: _____ Account type: _____

BSB: _____ Account number: _____

Bank: _____ Account type: _____

BSB: _____ Account number: _____

Shares in the deceased's sole name**Value at date of death (\$)**

Company name: *Telstra Corporation Limited* Number of shares: *250*
 Location of share registry: *Melbourne, VIC* Type/class: *Ordinary fully paid*
 Security holder reference number: *10657889547* *2500*

Company name: _____ Number of shares: _____
 Location of share registry: _____ Type/class: _____
 Security holder reference: _____

Company name: _____ Number of shares: _____
 Location of share registry: _____ Type/class: _____
 Security holder reference: _____

Vehicles, trailers**Value at date of death (\$)**

Make: *Ford 2002 Model: Focus Ambiente Registration number: 1CIF 457* *13,250*

Make & Year: _____ Model: _____

Registration number: _____

Value at date of

Vehicles, trailers (continued)

death (\$)

Make & Year: _____ Model: _____

Registration number: _____

Personal effects & furniture

Value at date of death (\$)

Detailed description: *Jewellery, furniture, coin collection* 500

Detailed description: _____

Detailed description: _____

Aged care accommodation bond

Value at date of death (\$)

Detailed description: *Accommodation bond from Juniper Aged Care* \$185,000

Detailed description: _____

Other investments

Value at date of death (\$)

Detailed description: *Chipper funerals prepaid plan* 790

Reference number: *Invoice 154787*

Detailed description: _____

Reference number: _____

Detailed description: _____

Reference number: _____

Superannuation

Balance at date of death (\$)

Fund name: *Rest Superannuation* Membership number: *15878946* 15,640

Fund name: _____ Membership number: _____

Fund name: _____ Membership number: _____

Monies owed to the deceased

		Balance at date of death (\$)
Detailed description:	Loan owed by Mr Smith	5400
Contact person:	Mr Smith 048284315	

Detailed description:	_____	_____
Contact person:	_____	

Detailed description:	_____	_____
Contact person:		

Other Assets (not provided for above)

Value at date of death (\$)

_____	_____
_____	_____
_____	_____

Liabilities of the estate

Loans secured by mortgage

Balance at date of death (\$)

Bank:	Bankwest	Loan type:	Lite home loan	345,000
BSB:	036 089	Account Number:	145 0585	

Bank:	_____	Loan type:	_____	_____
BSB:	_____	Account number:	_____	

Bank:	_____	Loan Type:	_____	_____
BSB:	_____	Account number:	_____	

Personal loans

Balance at date of death (\$)

Bank:	Bankwest	Loan type:	Variable rate loan	425
BSB:	036 089	Account number:	145 0585	

Bank:	_____	Loan type:	_____	_____
BSB:	_____	Account number:	_____	

Bank:	_____	Loan type:	_____	_____
BSB:	_____	Account Number:	_____	

Credit Cards

Balance at date of death (\$)

Bank: *Bankwest*

Card type:

Rewards credit card

322

Card number: *4566 8852 9959*

Bank: _____

Card type:

Card number: _____

Bank: _____

Card type:

Card number: _____

Bank: _____

Card type:

Card number: _____

Unpaid expenses (due/outstanding at the date of death)

Balance at date of death (\$)

Relevant entity:

Shire of swan

Type of charge:

Rates

1254

Relevant entity: _____

Type of charge:

Relevant entity: _____

Type of charge:

Other

Balance at date of death (\$)

Description:

Description:
