

Will- Single with No Children Checklist

TESTATOR

Full Name	Address (No. Street Name, Suburb, Postcode, Country)

EXECUTOR

Full Name	Address (No. Street Name, Suburb, Postcode, Country)

SUBSTITUTE EXECUTOR (IF EXECUTOR REFUSES, IS UNABLE, IS UNWILLING OR DIES)

Full Name	Address (No. Street Name, Suburb, Postcode, Country)

SPECIFIC GIFTS

Full Name of Recipient	Description of Gift If money, specify exact amount, currency and account details (e.g. AUD \$100.00 from John Smith Savings Account 123456)

RESIDUAL BENEFICIARIES

Full Name	Address (No. Street Name, Suburb, Postcode, Country)	% of the Estate (eg 50%)	Age of control of Estate (eg 18, 21 or other years)
		Total must= 100%	

TESTATOR'S WISHES

Disposal of body eg burial or cremation	Religious rites to be followed Eg None or Catholic	Organ Donation eg no organ donation, all organs, all organs except for