

## Will- Single with No Children Checklist

☐ TESTATOR

| Full Name | Address<br>(No. Street Name, Suburb, Postcode, Country) |
|-----------|---|
|           |   |

☐ EXECUTOR

| Full Name | Address<br>(No. Street Name, Suburb, Postcode, Country) |
|-----------|---|
|           |   |

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

| Full Name | Address<br>(No. Street Name, Suburb, Postcode, Country) |
|-----------|---|
|           |   |

☐ SPECIFIC GIFTS

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

☐ **RESIDUAL BENEFICIARIES**

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

☐ **TESTATOR'S WISHES**

| <b>Disposal of body<br/>eg burial or cremation</b> | <b>Religious rites to be followed<br/>Eg None or Catholic</b> | <b>Organ Donation<br/>eg no organ donation, all<br/>organs, all organs except for</b> |
|--|---|---|
|  |   |   |