

Will- Single with Children Checklist

TESTATOR

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

CHILDREN

Full Name	Residential Address (No. Street Name, Suburb, Postcode, Country)	Age of Control of Estate (e.g. 18, 21 or other yrs)

EXECUTOR

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

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

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

GUARDIAN/S FOR INFANT CHILDREN

Full Name	Residential 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)

TESTATOR'S WISHES

Disposal of body (eg burial or cremation; ashes to be scattered where)	Religious rites to be followed (eg None or Catholic)	Organ Donation (eg no organ donation, all organs, all organs except for ...)