

MY ESTATE INVENTORY: A CHECKLIST OF TESTATOR'S AFFAIRS

This checklist of affairs can be completed and kept in a secure place, such as your solicitors' safe custody, with a copy of your Will or Power of Attorney document. It can be used to record information, which may be of assistance to your executor, attorney or family in administering your affairs in the event of your incapacity or death.

Record as much or as little information as you are comfortable with. We strongly advise against recording security information intended for your personal use, such as passwords and pin numbers, on this checklist of affairs.

This checklist of affairs is not intended to be a document having any specific legal effect. It is not a substitute for a Will or Power of Attorney document. If you wish to make, remake or review the effect of your Will or Power of Attorney document, we invite you to contact us at **Swanwick Murray Roche**.

1. **DATE** (this information was last reviewed):

2. **PERSONAL DETAILS**

Name

Previous/other name/s

Date of Birth

Place of Birth

Location of Birth Certificate

Current Address

3. **DETAILS OF ANY MARRIAGE OR DIVORCE (if applicable)**

Date of Marriage

Place of Marriage

Location of Marriage Certificate

Date of Divorce

Full Name of Spouse (including maiden name)

Full Name of Divorced Spouse (including maiden name)

4. CHILDREN (if applicable)

Living Children

Full Name	Date of Birth	Address

Deceased Children

Full Name	Date of Birth	Date of Death

5. OTHER FAMILY DETAILS

Father

Full Name

Date of Birth

Place of Birth

Address (if living)

Mother

Full Name

Date of Birth

Place of Birth

Maiden Name

Address (if living)

Living Siblings

Full Name	Date of Birth	Address

Deceased Siblings

Full Name	Date of Birth	Date of Death

6. IN THE EVENT OF DEATH, PLEASE ENSURE THE FOLLOWING ARE NOTIFIED PROMPTLY

Name	Contact Number	Address

7. DEATH AND FUNERAL ARRANGEMENTS

Organ donation (for more information or to register your desire to be an organ or tissue donor, see www.donatelife.gov.au)

Registered for organ and tissue donation on the Australian Organ Donor Register

YES ☐ NO ☐

Preferences

Burial / Cremation

Burial / Cremation / Placing of ashes at:

Service to be conducted by

According to the rites of

Special Service – RSL / Lodge / Other

Other desired arrangements regarding funeral

Prior arrangements (complete if arrangements regarding payment of funeral costs have been made)

Funeral Directors

Documentation regarding arrangements are kept/located at

8. HEALTH INSURANCE OR FRIENDLY SOCIETY MEMBERSHIP

Fund or Society Name

Membership Number

Location of Membership Card or Book

9. MY WILL

Location of Will

Swanwick Murray Roche Safe Custody

Name of Solicitor

Name of Firm

Swanwick Murray Roche Lawyers

Address of Firm

74 Victoria Parade, ROCKHAMPTON

Contact Number

(07) 4931 1888

Date of Last Will:

Executor/s or potential executor/s contact details

Full Name	Address	Contact number

10. MY ACCOUNTANT

Name of Accountant

Name of Firm

Address of Firm

Contact Number

11. MY DOCTOR

Name of Doctor

Name of Medical Practice

Address of Medical Practice

Contact Number

12. ASSETS AND ENTITLEMENTS

Real Estate

Home

Address

Owned SOLELY or JOINTLY with

Location of Title Deed

Insurer (including contents) and policy number/s

Mortgaged

Yes

☐

No

☐

If so, Mortgagor and account number/s

Other real estate

Address	Registered owners	Mortgaged Y/N

Bank, Building Society or Credit Union Accounts

Bank/BS/CU	Branch	Account number	Account name/s	Location of documents (eg. statements)

Shares in Companies, Bonds and Debentures

Name of company	Type of share	Number held	Location of documents (eg. certificates)

Superannuation

Fund name	Address	Account number	Account name	Location of documents (eg. policy, beneficiary nominations)

Life, Income and Total & Permanent Disability Insurances

Insurance provider	Policy type	Policy value	Policy number	Location of documents (eg. policy, beneficiary nominations)

Entitlement from Employer

Name of Employer

Address

Description of entitlement

Other Significant Assets (ie. vehicles, collectables, etc)

Asset type	Description	Location	Other notes

13. REPATRIATION (if applicable)

Repatriation No.

Service No.

Unit

War Disability

Any Pension

14. SAFE DEPOSIT

Location of Safe Deposit

Location of Key / Duplicate Key

15. POST OFFICE BOX

Number and Location of PO Box

Location of Key / Duplicate Key

16. ONLINE ACCOUNTS AND MEMBERSHIPS (ie. email accounts, social media accounts, online transaction accounts (eg. paypal, ebay, online & digital stores, reward points), etc)

Site	Username / Login

17. LIABILITIES

Secured and Personal Loans

Lender	Address	Account number	Account name/s	Location of documents (eg. loan agreement or statements)

Credit Cards

Credit provider	Address	Account number	Account name/s	Location of documents (eg. card or statements)

Other Significant Liabilities (ie. purchase accounts, fines, orders, etc)

Liability type	Description	Other party	Other notes

18. POWER OF ATTORNEY

Have you given a Power of Attorney to any person?

Yes

☐

No

☐

Type	Document date	Attorney/s	Other notes
General (financial)			
Enduring (financial)			
Enduring (personal and health)			

Other details (ie. location of documents, financial institutions where attorney details are recorded, etc)

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19. PARTICULAR PREFERENCES REGARDING UPBRINGING OF DEPENDANT CHILDREN

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20. ADDITIONAL NOTES

Disclaimer: We make no representations and give no guarantees or warranties regarding the accuracy, adequacy, completeness or currency of the information contained in this resource. You should not act or refrain from acting based on any of the information contained in this resource, without first satisfying yourself of the accuracy and applicability of the information, to your specific circumstances. We disclaim all liability for any loss (direct or indirect), damage or other consequences, however caused (including, but not limited to, by our negligence) arising from your use of or reliance on this resource and the information contained within it.