

CHECKLIST: PROBATE/ADMINISTRATION

This checklist lists basic information required for an application for a grant of probate or of letters of administration. It is not necessarily complete, as particular circumstances may require different/extra information. Some of the questions may require our advice for proper interpretation and response. If you would like us to act for you in relation to a grant of probate or a grant of letters of administration, please complete the checklist (so far as you can) and send it to us.

Preliminary

Documents required: see the separate checklist: assets & liabilities - information required

Deceased's details

Deceased's full name

Last address

Last occupation

Date of death

Place of death

Age at death

Cause of death

Domicile

Place of registration of death

Funeral director's name

Funeral director's address

Funeral director's telephone number

Who will swear affidavit of death?

Who will swear affidavit of attesting witness?

Where there is a will

Confirm deceased's signature on will Yes / No

Witness' full name

Relationship to deceased

Executor's full name

Occupation

Address

Telephone no.

Executor's full name	Occupation	Address	Telephone no.

Which executors are to act?	
Does any executor wish to reserve the right to apply? If so, specify	
Does any executor wish to renounce probate? [If so, prepare renunciation for signature]	
In case of all executors renouncing, particulars of deceased's children:	

Full name	D.O.B	D.O.D	Occupation	Address

Particulars of remoter relatives (where appropriate)				
Full name	D.O.B	D.O.D	Occupation	Address

Who is to apply for the grant of administration?	
Provision of bond/obtaining of consents	Bond / Consents

Particulars of beneficiaries				
Full name	Relationship to deceased	Address	Interest taken	Minor's/life tenant's D.O.B.

Are there any tax-exempt beneficiaries? If so,	
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specify				
Where there is no will				
If no will has been found, what searches have been made?				
What grounds are there to believe there is no will?				
Deceased's date of birth				
Deceased's date of marriage				
Deceased's spouse's/de facto's full name				
Deceased's spouse's/de facto's date of death				
Particulars of deceased's children				
Full name	D.O.B	D.O.D.	Occupation	Address
Particulars of remoter relatives (where appropriate)				
Full name	D.O.B	D.O.D	Occupation	Address
Who is to apply for the grant of administration?				
Provision of bond/obtaining of consents			Bond / Consents	
Particulars of beneficiaries				
Full name	Relationship to deceased	Address	Interest taken	Minor's/life tenant's D.O.B.

Whether/not there is a will	
Property	
Was the deceased's property mainly in NSW?	Yes / All / No / Details:
Did the deceased own property in other Australian states?	Yes / All / No / Details:
Did the deceased own property overseas?	Yes / All / No / Details:
Was any of the deceased's property held in joint tenancy?	Yes / All / No / Details:
Was any of the deceased's property not disposed of by the will, etc?	Yes / All / No / Details:
Other responsibilities	
Was the deceased the sole surviving executor of another person's will?	Yes / No / Details:
Was the deceased a trustee of any trust?	Yes / No / Details:

**INSTRUCTION SHEET: PROBATE/ADMINISTRATION
DOCUMENTS & INFORMATION REQUIRED**

Instructions taken by: _____ Date: _____

BASIC DOCUMENTS REQUIRED	Notes
The deceased's will	
All codicils to the will (if any)	
All other written directions (if any) left by the deceased	
The latest statements for each bank, building society and other such account	
Current cheque books/cheque butts for any unrepresented cheques	
All current savings a/c passbooks	
All current safe custody receipts	
All assurance policies	
All insurance policies	
Latest PAYG/withholding tax certificates	
Tax instalment deduction sheets	
Last tax return	
All certificates for shares	
All dividend cheque butts	
All deposit certificates	
Title deeds to properties	
Leases/tenancy agreements	
Benefit fund membership books	
Unpaid accounts	
Funeral account	
Receipts for accounts that have been paid since the date of death	

DECEASED'S ASSETS & LIABILITIES

Please provide particulars of each of the following:

N.B.: (1) Use insured values if no other evidence of value.

(2) Indicate assets that are situate outside the deceased's state of domicile.

ASSETS

Real estate: for each property owned by the deceased please provide:

Address
Title particulars
Location of title deed
Improvements
Deceased's interest
Estimated value
Mortgagee(s)
Estimated debt(s)
Lease/tenancy agreement(s)
Insurances

Leases: for each lease held by the deceased please provide:

Address
Title particulars
Location of lease
Tenant's improvements
Deceased's interest
Estimated value
Mortgagee(s)
Estimated debt(s)
Insurances

Furniture: please list all furniture owned by the deceased

Item

Value

Watches: please list all watches owned by the deceased			
Item			Value
Jewellery: please list all jewellery owned by the deceased			
Item			Value
Antiques: please list all antiques owned by the deceased			
Item			Value
Artworks: please list all artworks owned by the deceased			
Item			Value
Cash in hand:			
At home			Sum
At business			
Total			
Current accounts with banks, building societies, etc:			
Institution	Branch	A/c number	Balance at date of death

Savings account with banks, etc:					
Institution	Branch	A/c number	Balance at date of death		
Investment deposits with banks, etc:					
Institution	Branch	A/c number	Balance at date of death	Interest rate	Maturity date
Life insurance policies: for each policy, please provide the following information:					
Life company Policy no. Sum assured Policy owner Life assured Bonuses accrued					
Moneys due from employer:					
Unpaid wages Holiday pay Long service leave entitlement Superannuation PAYG certificate received					
Superannuation policies: for each policy, please provide the following information:					
Life company Policy no. Sum assured Policy owner Life assured					

Bonuses accrued				
Shares and stock in companies: for each company in which the deceased owned shares or stock, please provide:				
Company name	Class of shares/stock	No. of shares held	Bonus shares issued	Dividends declared/paid
Government stock: for each investment owned by the deceased, please provide:				
Government body name	Interest rate	Maturity date	Interest paid	
Debentures & mortgages: for each debenture & mortgage held by the deceased, please provide:				
Borrower	Principal	Interest	Maturity date	Security
Other debts due to the deceased: for each debt due to the deceased, please provide:				
Debtor	Principal	Interest	Maturity date	Security
Business/partnership interests: for each interest owned by the deceased, please provide:				
Particulars of business/partnership Deceased's interest Constituent agreements				

Assets		
Debts		
Estimated net value		
Securities given		
Intellectual property: for each item of intellectual property owned by the deceased, please provide:		
Confidential information Copyrights Designs Patents Trade marks Trade secrets	Item	Value
Royalties: for each royalty which the deceased owned, please provide the following information:		
Debtor	Royalty payable	Frequency
Interests in others' estates: please provide the following information about interests in others' estates to which the deceased was entitled:		
Particulars of interest	Executor's name & contact details	
Motor vehicles: please provide the following information about motor vehicles owned by the deceased:		
Make & type	Registration no.	Estimated value
Aeroplanes, boats, etc: please provide the following information about aeroplanes, boats, etc. owned by the deceased:		
Make & type	Registration	Estimated

	no.	value
Livestock, crops, wool, etc.: please provide the following information about livestock, crops, wool, etc. owned by the deceased:		
Item	Location	Value
Medicare/medical benefits refund: please provide the following information about medical refunds due to the deceased:		
Medical accounts payable		Refund payable
Tax credits: please provide details of tax credits due to the deceased:		
From PAYG certificate		
From tax assessment		
Total		
Capital gains tax: please provide the following information about assets owned by the deceased that will or may be subject to capital gains tax on disposal:		
Asset	Acquisition date	Tax-exempt beneficiary's name
Interests in private trusts: please provide the following information about the deceased's interests in private trusts:		

Particulars of interest	Trustee's name & contact details
Interests in public trusts: please provide the following information about the deceased's interests in private trusts:	
Particulars of interest	Trustee's name & contact details
Property interests that cease on death: please provide details of the deceased's interests in property that cease on death.	
Item	Reversionary owner
Other assets: please list other assets owned by the deceased.	
Household chattels Personal effects Other Total	Value
ASSETS HELD AS TRUSTEE: please provide details owned by the deceased as trustee:	

Details of assets		Particulars of trusts and their creation			
LIABILITIES: please provide details of the deceased's liabilities:					
Item	Creditor's name	Nature of liability	Date of debt	Sum due	Secured/unsecured
Medical accounts					
Funeral account					
Income tax to date of death					
Mortgages					
Rates, etc					
Other debts					