ESTATES (PROBATE) – DATAFORM INFORMATION

DECEASED'S INFORMATION

Deceased's Full name:	
Deceased's preferred name:	
Deceased's Occupation:	
Date of Death:	
Place of death:	
Usual Town of Residence	
Gender: his/her	
Gender: he/she	
Gender: him/her	
OTHER DETAILS: (For documents w	ith Will Annexed)
Date of Last Will:	
Town (as stated in Will):	
Date of First Codicil:	
Date of Second Codicil:	
PROBATE:	
EXECUTOR 1 full name:	
Town:	
Occupation:	
His/her:	
He/she	
Himself/herself	
EXECUTOR 2 full name:	
Town:	
Occupation:	
His/her:	
He/she	
Himself/herself	
EXECUTOR 3 full name:	
Town:	
Occupation:	
His/her:	
He/she	
Himself/herself	
DECEASED EXECUTOR'S full name:	
Deceased Executor's date of death:	
Deceased Executor's Place of death:	
RENOUNCER'S full name:	
Renouncer's Town:	
Panaunaar'a Coounation	

Date of Renounciation:	

OTHER INFORMATION:

PERSONAL DETAILS

Home address of deceased:	
Living at above address or elsewhere:	
Date of birth:	Age years
Employer's name:	Employer's name:
Deceased's spouse/partner:	
Date of marriage/civil union:	
In relationship for:	years

EXECUTOR(S) AND TRUSTEE(S)

EXECUTOR 1 full name:	
Relationship to deceased:	
Address:	
Email:	
Phone:	
Certified photo ID received	YES / NO
Certified Proof of Address received	YES / NO
EXECUTOR 2 full name:	
Relationship to deceased:	
Address:	
Email:	
Phone:	
Copy photo ID received	YES / NO
Copy Proof of Address received	YES / NO
EXECUTOR 3 full name:	
Relationship to deceased:	
Address:	
Email:	
Phone:	
Copy photo ID received	YES / NO
Copy Proof of Address received	YES / NO

BENEFICIARIES OF ESTATE

BENEFICIARY 1 full name:	
Address:	

PDF showing name, account no and	YES/NO
Bank – received <u>and</u> double-checked	
Copy photo ID received:	YES / NO
BENEFICIARY 2 full name:	
Address:	
PDF showing name, account no and Bank – received and double-checked	YES/NO
Copy photo ID received:	YES / NO
BENEFICIARY 3 full name:	
Address:	
PDF showing name, account no and	YES / NO
Bank – received and double-checked	VEC / NO
Copy photo ID received:	YES / NO
BENEFICIARY 4 full name:	
Address:	
PDF showing name, account no and Bank – received and double-checked	YES / NO
Copy photo ID received:	YES / NO
BENEFICIARY 5 full name:	
Address:	
PDF showing name, account no and Bank – received <u>and</u> double-checked	YES / NO
Copy photo ID received:	YES / NO
AFTER GRANT OF PROBATE:	

AFTER GRANT OF PROBATE:

Date of Grant:	
CIV NO:	

LIST OF ASSETS

PROPERTY 1:

Account Number:

Edealing Number:	
Street Address, Suburb:	
Town/City	
Postcode:	
Estate:	
Area:	
Lot and Deposited Plan:	
Record of Title:	
PROPERTY 2:	
Edealing Number:	
Street Address, Suburb:	
Town/City	
Postcode:	
Estate:	
Area:	
Lot and Deposited Plan:	
Record of Title:	
BANK ACCOUNTS:	
Name of Bank:	
Joint or sole owner?	
Account Number:	
Approximate value:	
Name of Banks	
Name of Bank:	
Jointly or sole owner? Account Number:	
Approximate value:	
Approximate value.	
Name of Bank:	
Jointly or sole owner?	
Account Number:	
Approximate value:	
Name of Bank:	
Jointly or sole owner?	

Approximate value:					
KiwiSaver:					
Name of company		Customer No		Approximate value	
Superannuation policies:					
Name of company	Policy N	Policy No		Approximate value	
Life insurance policies:					
Policy No		Approximate valu	ue		
Name of company		rance through credit card? Policy No		Type of benefit to be claimed	
Shares:					
Name of company		Number o	of shares	Approximate value	
Loans owing from Family Members (i.e. an asset to Estate)					

Name:			
Address:			
Phone:			
Email:			
Approximate amount owing	g:		
Motor Vehicles/Motorbikes	s:		
Make/Model:			
Jointly or sole owner:			
Registration Number:			
Approximate value:			
Amount Owing:			
Finance Company:			
Make/Model:			
Jointly or sole owner:			
Registration Number:			
Approximate value:			
Amount Owing:			
Finance Company:			
or classic car(s), forestry i	or in nves	stment, timeshare, stamp co	otor home, caravan, trailer, vintage ollection, gold bars/nuggets
Asset		Reference / Location	Approximate value
Cryptocurrency:			
Access number:			
Notes:			

LIST OF LIABILITIES

Loan(s) owing to family m	ember(s) (i.e. a Liability of the Es	tate):	
Loan to			Approx balance owing
Name:			у предоставления
Contact details:			
Name:			
Contact details:			
Credit Cards:			
Name of company	Card Number		Approx balance owing
Is there credit charge insur	ance payable on these cards?		
Other Credit Cards, eg Q-0	Card, GE Money, Farmers Card, V	/arehouse	e Card, Fuel Card
Name of company	Card Number or Reference		Approx balance owing
Hire purchase:			
Name of company	Customer No/Reference No		Approximate value
, ,			
Other cardholders to be no cards etc	otified – eg Flybuys, OneCard, Ai	rpoints, L	ibrary or other loyalty
Name of organisation	Card No/Reference No	Expir	y date/other information
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OUTSTANDING ACCOUNT PAYMENTS YET TO BE MADE:				
\$		Headstone/Memori	ial ex	penses
\$ Funeral costs				
\$ Funeral costs \$ Payment of persona \$ Accountant Fees \$ Legal Fees		al tax	I tax and Estate tax	
\$		Accountant Fees		
\$		Legal Fees		
Ψ				
Work & Income New Zealand:				
Has Work & Income been advised of death? YES / NO				
Client/Customer Reference No:				
Is there a Community Services Card or Gold Card? YES / NO				
Possible direct debits or credits/automatic payments – notification required:				
	rates			cellphone
	house insurance			electricity
	contents insurance			gas or bottled gas
	car registration			school payments
	car insurance			pre-school payments
	health insurance			house cleaner
	life insurance(s)			lawnmowing/garden maintenance

car loan

telephone