

# Executor's Dossier

Collins  
Hume

ACCOUNTANTS  
BUSINESS ADVISERS

## Personal Record of:

Full name:

Date of this record:

Date's revised:

In the event of any emergency it is important that those who are to act for you have as much knowledge as possible of your affairs. If they do not, problems and delays will occur which may prove costly.

This record, when completed, will list your assets and liabilities and give their location. It does not reveal amounts or values. It will also record your personal details.

It should be reviewed periodically and brought up to date wherever necessary. The date of each revision should be recorded in the spaces provided above.

This record should be kept amongst your personal papers, and in a safe place.



For more information call 02 6686 3000  
or [mail@collinshume.com.au](mailto:mail@collinshume.com.au)

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## Personal Particulars

These two pages include instructions for the funeral director to organise the Death Certificate. Please write on the back of this page if you require more space.

Name:

Address:

Occupation:

Date and place of birth:

If not born in Australia,  
year of arrival in Australia:

## Family

### Father

Name:

Address:

Occupation:

Date and place of birth:

Date and place of death:

### Mother

Name (maiden):

Address:

Occupation:

Date and place of birth:

Date and place of death:

## Siblings (include date of death if necessary)

Name:

Address:

Marital status:

Date of death:

Name:

Address:

Marital status:

Date of death:

## Marriage

Name of spouse (maiden):

Date and place of marriage:

If spouse deceased,  
date and place of death:

## Children

Full names:

Date of birth:

|  |  |
|--|--|
|  |  |
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|  |  |
|  |  |
|  |  |



## Personal Details

Surname:

Given name(s):

Maiden name  
(if appropriate):

Alias or other names by  
which known (if any):

Address:

Date and place of birth:

Location of birth certificate:

Personal medical  
attendant name:

Personal medical  
attendant address:

## Marriage and Children's Details

### First Marriage

Date of marriage:

Place of marriage:

Location of  
marriage certificate:

Full name of spouse:

Wife's maiden name  
(if applicable):



## Children – Living

Full names:

Date of birth:

|  |  |
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## Children – Deceased

Full names:

Date of birth:

Date of death:

| Full names: | Date of birth: | Date of death: |
|-------------|----------------|----------------|
|             |                |                |
|             |                |                |
|             |                |                |
|             |                |                |

## Second Marriage

Date of marriage:

Place of marriage:

Location of  
marriage certificate:

Full name of spouse:

Wife's maiden name  
(if applicable):

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## Children – Living

Full names:

Date of birth:

|  |  |
|--|--|
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## Children – Deceased

Full names:

Date of birth:

Date of death:

| Full names: | Date of birth: | Date of death: |
|-------------|----------------|----------------|
|             |                |                |
|             |                |                |
|             |                |                |
|             |                |                |



## Family Details

### Parents

#### Father

Given name(s):

Surname:

Place of birth:

Date of birth:

Place of death:

Date of death:

Address(es):

#### Mother

Given name(s):

Surname:

Maiden name:

Place of birth:

Date of birth:

Place of death:

Date of death:

Address(es):

## Siblings (include date of death if necessary)

Given name(s):

Surname/maiden name:

Address:

Date of birth:

Date of death:

Given name(s):

Surname/maiden name:

Address:

Date of birth:

Date of death:

Given name(s):

Surname/maiden name:

Address:

Date of birth:

Date of death:

Given name(s):

Surname/maiden name:

Address:

Date of birth:

Date of death:

## On death please notify immediately

Name:

Address:

Telephone:





## Funeral Arrangements

I desire:

Burial       Cremation

Cremated/buried at:

Service to be conducted by:

According to the rights of:

(e.g. religious denomination)

Church       Parlour       Home       Special service  
 RSL       Lodge       Other:

The following special arrangements regarding my funeral:

I have made the arrangements regarding payment of the cost of my funeral with:

Documents regarding my funeral are located:

## My Will

Location:

Date of last Will/Codicil to existing Will:

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## My Executor

Name of Executor:

Address:

Telephone:

Email:

Name of Executor:

Address:

Telephone:

Email:

Name of Executor:

Address:

Telephone:

Email:

## My Solicitor

Name of Solicitor:

Name of firm:

Address:

Telephone:

Email:

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## My Accountant

Name of Accountant:

Name of firm:

Address:

Telephone:

Email:

Who attends to income  
tax affairs if not above?

Location of tax  
return documents:

## My Financial Adviser

Name of Financial Adviser:

Name of firm:

Address:

Telephone:

Email:



## My Accountant

### Home

Owned solely/jointly with:

Of (address):

Location of title deed  
and insurance policies  
(including contents):

Mortgaged?

Yes       No

Name of mortgagee  
institution:

Contact person's name:

Contact person's  
telephone:

### Bank Building Society or Credit Union Accounts

Membership No.:

Branch:

Account No.:

Account Name:

| Membership No.: | Branch: | Account No.: | Account Name: |
|-----------------|---------|--------------|---------------|
|                 |         |              |               |
|                 |         |              |               |
|                 |         |              |               |
|                 |         |              |               |



## Warning

Please make sure you record the passwords and any secure login details required for any online bank account access. Record and store these details in a safe place and describe where they can be located by your executor.

**DO NOT RECORD THESE PASSWORD OR LOGIN DETAILS IN THIS DOSSIER.**

### Superannuation Fund

Name of fund:

Member ID:

Administrator name:

Administrator email:

Entitlement:

Lump Sum:

Other Details:

|  |  |  |
|--|--|--|
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|  |  |  |
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### Entitlement from Employer

Name of employer:

Address:

Entitlement:



## Life Insurance and other policies

Name of Insurance Adviser:

Name of firm:

Address:

Telephone:

Email:

## Special details:

Policy No.:

Type of policy:

Company:

Location of  
policy documents:

Policy No.:

Type of policy:

Company:

Location of  
policy documents:

Policy No.:

Type of policy:

Company:

Location of  
policy documents:

Policy No.:

Type of policy:

Company:

Location of  
policy documents:

## Shares in companies

| Name of company: | Type of shares | Purchase price/<br>date of purchase: | Location of<br>share certificate: |
|------------------|----------------|--------------------------------------|-----------------------------------|
|                  |                |                                      |                                   |
|                  |                |                                      |                                   |
|                  |                |                                      |                                   |
|                  |                |                                      |                                   |
|                  |                |                                      |                                   |

## Debentures

| Name of company: | Amount: | Type of debenture: | Location of<br>debenture certificates: |
|------------------|---------|--------------------|--|
|                  |         |                    |  |
|                  |         |                    |  |
|                  |         |                    |  |
|                  |         |                    |  |

## Bonds

| Type: | Face value: | Date of purchase: | Interest payable: | Location of<br>certificate of title: |
|-------|-------------|-------------------|-------------------|--------------------------------------|
|       |             |                   |                   |                                      |
|       |             |                   |                   |                                      |
|       |             |                   |                   |                                      |
|       |             |                   |                   |                                      |



# Executor's Dossier

## Motor Vehicle(s)

| Type: | Location of certificate of registration: | Insurance details: | Location of insurance policy documents: | Hire purchase/leasing details: |
|-------|--|--------------------|---|--------------------------------|
|       |  |                    |   |                                |
|       |  |                    |   |                                |
|       |  |                    |   |                                |
|       |  |                    |   |                                |
|       |  |                    |   |                                |

## Other Assets

Consider the following (note, this list is not exhaustive):

1. Interest in a deceased person's estate; interest in a partnership; interest in a trust;
2. live stock; crops; farming
3. implements; harness; saddlery; furniture; plates; books; pictures; watches; trinkets;
4. jewellery; rents; money in hand or house; mortgages; plant, tools; debts due to you;
5. stock in shop or business; goodwill; other real estate or leaseholds.

| Type: | Location: | Details: | Purchase Price/Date: | Location of title documents, insurance policies and any other details: |
|-------|-----------|----------|----------------------|--|
|       |           |          |                      |  |
|       |           |          |                      |  |
|       |           |          |                      |  |
|       |           |          |                      |  |
|       |           |          |                      |  |





## Borrowed Assets

Items owned by you and currently borrowed by others.

| Item: | Borrower: | Details: |
|-------|-----------|----------|
|       |           |          |
|       |           |          |
|       |           |          |
|       |           |          |

Items currently lent to you.

| Item: | Owner: | Details: |
|-------|--------|----------|
|       |        |          |
|       |        |          |
|       |        |          |
|       |        |          |

## Safe deposit

Location of safe deposit:

Location of keys/  
duplicate key:



## Repatriation (if applicable)

Repatriation No.:

Service No.:

Unit:

War disability:

Any pension:

## Estate liquidity worksheet (if applicable)

Consider the details below to ensure that you have adequately provided for the needs you wish to be met on your death. Funds could/should be provided for (from insurance or disposal of assets, including cash):

### Immediate

Funeral expenses:

Pharmaceutical

Medical:

Hospital:

Household:

Family continuance:



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## Administration

Duty (if any):

Legal:

Executor:

Payout mortgages:

Payout loans:

Overdrafts:

Income tax due  
or potential:

Hire Purchase:

Leases:

## Future

Education:

Retirement:

Family Income:

Amount:

To whom:

Years:

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Do you hold a Power of Attorney for anyone?

If so, advise details:

Have you given a Power of Attorney to any person?

If so, advise details:

Have you given a Guarantee (which is still current) for any person or company?

If so, advise details

Particular wishes regarding upbringing of children:

Additional details:

## Authorisation

Date:

Name:

Signature:

