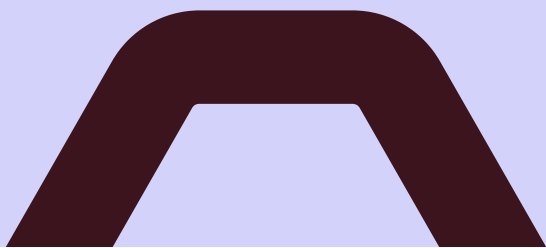


Will Information Checklist

Here's the key information we
need to get your will started.



Instruction Sheet for your Will

01

Your details

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Any health concerns:

02

Partnership status (please tick)

☐ Single

☐ Separated

☐ Partner/De facto

☐ Divorced

☐ Married/Civil Union

☐ Engaged

☐ Widowed

03

Your spouse/partner's details:

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Any health concerns:

If Married

Date of marriage (DD/MM/YY):

Pre-nup agreement:

If Civil Union

Date of civil union (DD/MM/YY):

Pre-nup agreement:

If partnership/de facto

Date relationship began (DD/MM/YY):

Property sharing/relationship agreement:

Other

Are you intending to get married/enter a civil union in the near future?

If yes, impending date of ceremony (DD/MM/YY):

Your child/children (by blood, step or adopted (legal or whangai))

Surname:

First name(s):

Date of birth (DD/MM/YY):

Surname:

First name(s):

Date of birth (DD/MM/YY):

Surname:

First name(s):

Date of birth (DD/MM/YY):

Note: Use a separate page for additional children's details.

Guardians

Do you wish to appoint guardians under your will for your children aged up to 18 years?

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Relationship to Will maker:

Any health concerns:

Note: A guardian is a person appointed to oversee the general welfare, maintenance and education of your children. They are a testamentary guardian and will not necessarily have custody.

Do you have specific instructions for your guardians relating to Education, Religion, making payment to guardian or use of your home?

05

Executors

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Relationship to Will maker:

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Relationship to Will maker:

Alternative:

If one or both of the persons named above cannot or will not act as an executor or dies before you:

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Relationship to Will maker:

Please list your present assets and liabilities, with approximate values of each

Assets	Estimated Value

Liabilities	Estimated Value

Note: Use separate page to complete list of assets and liabilities

What are the name(s) of your bank and other investment companies?

08

Have you joined any social media?

If so, name all social media, username and passwords:

Social Media site	Username	Password (optional)

Note: Passwords can be put with other important documents and stored securely by the Will maker. The Will maker can inform next of kin (or trusted person) where these documents are stored.

09

Do you have any interest in a General Trust?

Description of trust:

Name of Trust:

Date created (DD/MM/YY):

If you have a trust, more details will be required

10

Do you have any interest in a Māori Trust?

Description of trust:

Name of Trust:

Date created (DD/MM/YY):

If you have a trust, more details will be required

Do you own, or have any beneficial interest in, Māori land?

Land parcel	Estimated share

The Te Ture Whenua Māori Act 1993 can restrict how you deal with that land.

Do you own any real estate or assets overseas (outside New Zealand)?

Do you wish to make any specific gifts of money or personal items?

Beneficiary's full name	Specific Gift Description

14

Do you wish to give to some person the use of your estate or part of it during his/her lifetime only?

Surname:

First name(s):

Alias or preferred name (if applicable):

Occupation:

Date of birth (DD/MM/YY):

Relationship to Will maker:

15

If a beneficiary dies before you, what would you like to happen to his/her share in the will?

16

Do any of the following circumstances apply:

You are leaving any of your family out of your will? (Your Will may be vulnerable to a Family Protection Act 1955 claim by your excluded family)

You are leaving your children (or any of them) unequal shares in your assets:

You are leaving your spouse/partner less than a 50% share in property?
(Your Will may be vulnerable to a Property (Relationships) Act 1976 claim if your partner is left less than a 50% share)

If yes, please give details :

17

Do you have any power to appoint beneficiaries or trustees of a trust or directors of a company under any trust, estate or other document which can be exercised under your will?

18

Do you want your executors to have power to carry on any business you have an interest in, or want to make any special provisions for the business?

19

Do you have any wishes regarding burial or cremation? (please specify)

20

Do you wish to donate your body or any part of it for medical research, organ transplant, or otherwise for the benefit of medical science?

The Will maker must contact Otago Medical School (in South Island), or Auckland Medical School (North Island) prior to death to register, otherwise the body will not be accepted.

21

Have you registered with Otago or Auckland Medical School re body donation?

22

Other issues (use this space for anything else you would like to raise)



Extra Information

Extra Information

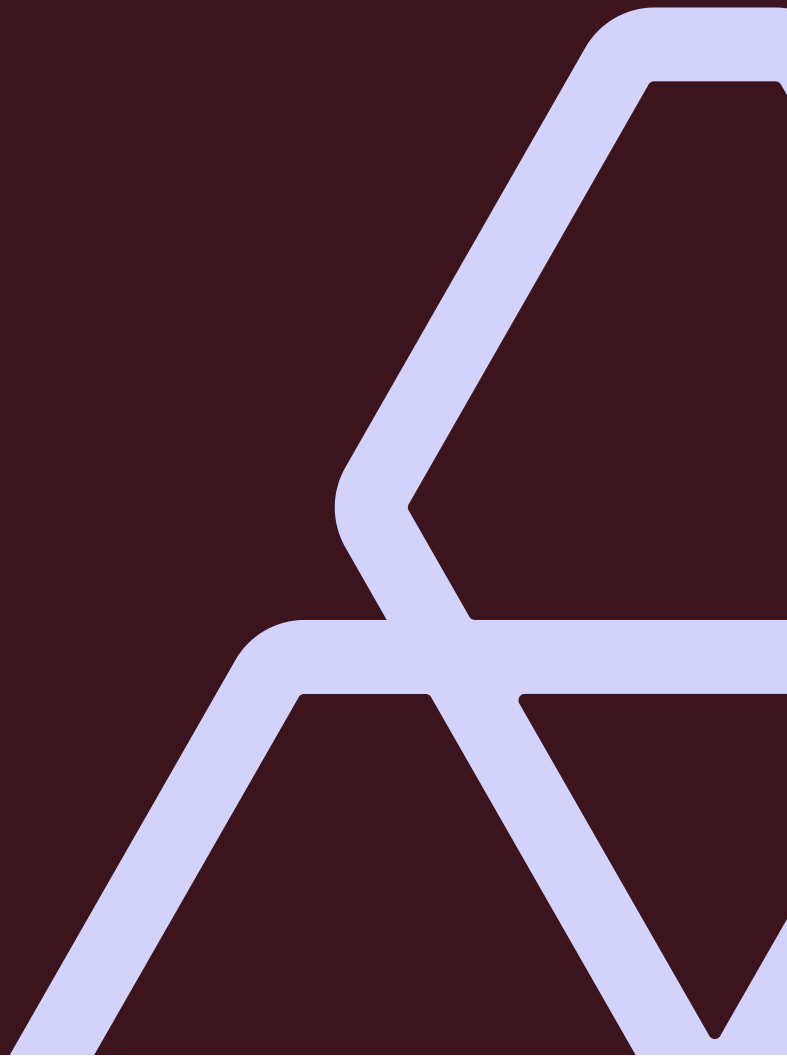
Next steps

Now that you have gathered the key information we need to prepare your Will, one of our experts at Lawhub will be able to create a Will for you.

Let's chat!

✉ enquiries@lawhub.nz

🌐 www.lawhub.nz



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