

**INSTRUCTION SHEET**  
**FOR YOUR WILL**

## INSTRUCTION SHEET FOR YOUR WILL

**1. Your details:**

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Alias or previous name (if applicable): \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Any health concerns: \_\_\_\_\_

**2. Are you currently? (please tick)**

Married

In a civil union

Separated

Living with another person

Single

Divorced

Other — if so, please describe relationship status

\_\_\_\_\_  
\_\_\_\_\_

**3. Your husband, wife, civil union partner or de facto partner's details:**

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**If married:**

Date of marriage: \_\_\_\_\_

Existing matrimonial or relationship property agreement?  Yes

No

**If in a civil union:**

Date of civil union: \_\_\_\_\_

Existing property sharing or relationship property agreement?  Yes

No

**If in a de facto relationship:**

Date relationship began: \_\_\_\_\_

Existing property sharing or relationship property agreement?  Yes

No

**Have you had any previous marriages, civil unions or de facto relationships?**

**Marriages:**

Yes

No

Name of former husband/wife: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Date of separation/dissolution of marriage: \_\_\_\_\_

Existing separation/matrimonial or relationship property agreement?

Yes

No

*Ongoing obligations:*

Children: \_\_\_\_\_

Former husband/wife: \_\_\_\_\_

**Civil Unions:**

Yes

No

Name of former civil union partner: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of civil union: \_\_\_\_\_

Date of separation/dissolution of civil union: \_\_\_\_\_

Existing property sharing, relationship property or separation agreement?

Yes

No

*Ongoing obligations:*

Children: \_\_\_\_\_

Former civil union partner: \_\_\_\_\_

**De facto relationships:**

Yes

No

Name of former de facto partner: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date relationship began: \_\_\_\_\_

Date of relationship ended: \_\_\_\_\_

Existing property sharing, relationship property or separation agreement?

Yes

No

*Ongoing obligations:*

Children: \_\_\_\_\_

Former de facto partner: \_\_\_\_\_

**If you are single or in a de facto relationship, are you intending to get married/enter a civil union in the near future?**

Yes

No

If yes, give date set for marriage/civil union: \_\_\_\_\_

If so, we can prepare your will "in contemplation of marriage/civil union". If a will is entered into while you are not in a marriage/civil union and you later get married/enter a civil union, the will is automatically revoked by your marriage/civil union unless it is entered into "in contemplation of marriage/civil union".

**4. Your child/children of your husband/wife/civil union partner/de facto partner**

Full names and dates of birth of your children, and the children of your husband/wife/civil union partner/de facto partner. For your children, please give the name of the other parent if not your present husband/wife/civil union partner/de facto partner.

**Child** — surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

**Child** — surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

**Child** — surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

**Guardians**

Do you wish to appoint guardians under your will for your infant children? If so, please state their full name, occupation and address.

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

**Note:** A guardian is a person appointed to oversee the general welfare, maintenance and education of your children. The person you appoint to be your testamentary guardian, however, does not necessarily have custody of your children.

**Do you have specific instructions for your guardians relating to:**

Education: \_\_\_\_\_

Religion: \_\_\_\_\_

Making payment to guardian: \_\_\_\_\_  
*(for additions to home, larger motor vehicle, etc)*

Use of your home: \_\_\_\_\_

\_\_\_\_\_

If you require any further information on guardianship issues, or have any questions or ideas, please make a note to discuss this with us.

**5. Executors**

Full name, address and occupation of person or persons you wish to name as executor(s) (ie, the person(s) who would administer and distribute your estate when you die). This can be a person you wish to benefit under your will, or some other independent person such as your solicitor, or a combination of these.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

**6. Do you have any interest in a trust? If so, please describe the trust and list the assets that the trust currently holds.**

**Description of trust:**

Name: \_\_\_\_\_

Date created: \_\_\_\_\_

<b>Assets</b>	<b>Value</b>
_____	\$ _____
<i>(eg, house(s))</i>	
_____	\$ _____
<i>(eg, investments)</i>	
_____	\$ _____
<i>(eg, life policies)</i>	
_____	\$ _____

7. **Do you, or your husband/wife/civil union partner/de facto partner, expect to receive any inheritances (eg, receiving any gifts under the wills of your parents or other relatives)?**

If so, please describe those inheritances, including their value (if known).

<b>Assets</b>	<b>Value</b>
_____	\$ _____
<i>(eg, house(s))</i>	
_____	\$ _____
<i>(eg, investments)</i>	
_____	\$ _____
<i>(eg, life policies)</i>	
_____	\$ _____

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

This will help us determine whether any other advice is required on issues not previously raised.

<b>Assets</b>	<b>Value</b>
_____	\$ _____
<i>(eg, house(s))</i>	
_____	\$ _____
<i>(eg, investments)</i>	
_____	\$ _____
<i>(eg, life policies)</i>	
_____	\$ _____
<i>(eg, chattels, such as cars or boats)</i>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Liabilities</b>	<b>Value</b>
_____	\$ _____
<i>(e.g., mortgage(s))</i>	
_____	\$ _____
<i>(e.g., personal loan(s))</i>	
_____	\$ _____

(e.g., overdraft(s))

\$

(e.g., hire purchase(s))

\$

\$

**9. Do you own, or have any beneficial interest in, Maori land?**

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

Please give as much detail as possible about the land and the nature of your interest in it (if applicable).

**Maori land**

*Detailed description*

**Nature of interest**

*Detailed description*

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

This can include collections, jewellery and family heirlooms. If so, please give the full names, addresses, relationship to you or occupations and dates of birth of the recipients, and details of what you wish to leave them. The recipient may also be a charitable organisation.

(eg, vehicle, ornaments)

Item	To Whom
<i>Description</i>	Surname: _____
_____	First name(s): _____
_____	Relationship/occupation: _____
_____	Date of birth: _____

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

If so, you also need to state in your will who will receive those assets when that person dies. If this applies, give the full name, address, occupation and date of birth of this person. Give details of the parts of your estate that are to be left on a life interest.

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Asset (eg, home, batch): \_\_\_\_\_

Asset to be left to whom (eg, children) after the life tenant has died, or remarried, or entered a civil union and/or entered into a de facto relationship?

\_\_\_\_\_

\_\_\_\_\_

**11. Who is to receive the bulk of your estate after the debts and gifts have been paid and provision made for any life interest?**

Names, addresses, relationship to you (if applicable) or occupations of beneficiary/beneficiaries and their dates of birth.

Surname: \_\_\_\_\_

*(or full name, if charity or other organisation)*

First name(s): \_\_\_\_\_

Relationship/occupation: \_\_\_\_\_

*(eg, wife/husband/civil union partner/de facto partner/children/brother/sister)*

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

You may simply wish for that beneficiary's share to pass into the rest of your estate, to be received by the people recorded in the previous paragraph. However, if you want that beneficiary's share to pass to someone else, please list here the names, addresses, occupations, dates of birth and relationship with substitute beneficiary/beneficiaries required.

For example, if children die before you, gift to grandchildren?

Yes

No

If someone without children dies, gift over to other recipients?

Surname (or full name, if charity or other organisation):

\_\_\_\_\_

First name(s): \_\_\_\_\_

Relationship/occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

**12. Do any of the following circumstances apply:**

You are leaving any of your family out of your will:

Yes

No

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

Yes

No

You are leaving your husband, wife, civil union partner or de facto partner less than a 50% share in property which the two of you own together, or which was acquired for the common use or benefit of you both:

Yes

No

If yes, please indicate which and give details of:

- the family member(s) affected; and
- your reasons for doing so, as family left out or dealt with inadequately may be entitled to bring a claim before the court seeking a larger share.

**Reasons (if applicable)**

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13. **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?**

Yes

No

If yes, state name of trust, date of trust deed and whether you have power to appoint trustees, beneficiaries or directors.

Name of trust: \_\_\_\_\_

Date of trust deed: \_\_\_\_\_

Nature of power(s): \_\_\_\_\_

\_\_\_\_\_

As an alternative to exercising this power under your will, you may wish to specify in your will to whom you wish the power to be transferred. If so, please give the details of that person:

\_\_\_\_\_

\_\_\_\_\_

**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?**

\_\_\_\_\_  
*(eg, name of business)*

\_\_\_\_\_  
*(type of business)*

\_\_\_\_\_  
*(special risks to consider?)*

\_\_\_\_\_

14. **Do you have any wishes regarding burial or cremation?**

If buried. Where? \_\_\_\_\_

If cremated. What wish do you have for your ashes? \_\_\_\_\_

\_\_\_\_\_

**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?**

If so, you may wish to include this in your will. It is advisable to record this on your driver's licence at the same time. If you wish to donate your body to medical science, you should inform the particular institution (for example, the anatomy department of a particular university's medical school) in advance. In some cases those schools will only accept bodies from persons who have made prior arrangements with that institution for the donation of their body.

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**15. Have you promised to leave anyone any of your property by will?**

In some circumstances, those promises can be enforced against your estate if you do not fulfil them.

Yes

No

If yes, give full names, occupations or relationship to you, and dates of birth of persons to whom you have made a promise.

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Relationship/occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Which assets (description): \_\_\_\_\_

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**16. Do you have an earlier will?**

Yes

No

If so, it is a good idea to let the holder of your earlier will know that it is now replaced.

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

Notes to discuss/questions to ask at meeting:

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Lined writing area with 25 horizontal lines.