



## 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 with Will Annexed)

|                           |  |
|---------------------------|--|
| Date of Last Will:        |  |
| Town (as stated in Will): |  |
| Date of First Codicil:    |  |
| Date of Second Codicil:   |  |

### PROBATE:

|                                       |  |
|---------------------------------------|--|
| <b>EXECUTOR 1 full name:</b>          |  |
| Town:                                 |  |
| Occupation:                           |  |
| His/her:                              |  |
| He/she                                |  |
| Himself/herself                       |  |
| <b>EXECUTOR 2 full name:</b>          |  |
| Town:                                 |  |
| Occupation:                           |  |
| His/her:                              |  |
| He/she                                |  |
| Himself/herself                       |  |
| <b>EXECUTOR 3 full name:</b>          |  |
| Town:                                 |  |
| Occupation:                           |  |
| His/her:                              |  |
| He/she                                |  |
| Himself/herself                       |  |
| <b>DECEASED EXECUTOR'S full name:</b> |  |
| Deceased Executor's date of death:    |  |
| Deceased Executor's Place of death:   |  |
| <b>RENOUNCER'S full name:</b>         |  |
| Renouncer's Town:                     |  |
| Renouncer's Occupation                |  |

|                       |  |
|-----------------------|--|
| Date of Renunciation: |  |
|-----------------------|--|

**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: |
| <b>Deceased's spouse/partner:</b>     |                  |
| Date of marriage/civil union:         |                  |
| In relationship for:                  | _____ years      |

**EXECUTOR(S) AND TRUSTEE(S)**

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

**BENEFICIARIES OF ESTATE**

|                                 |  |
|---------------------------------|--|
| <b>BENEFICIARY 1 full name:</b> |  |
| Address:                        |  |

|   |          |
|---|----------|
|   |          |
| <i>PDF showing name, account no and Bank – received <u>and</u> double-checked</i> | YES / NO |
| <i>Copy photo ID received:</i>  | YES / NO |
|   |          |
| <b>BENEFICIARY 2 full name:</b>   |          |
| <i>Address:</i>   |          |
| <i>PDF showing name, account no and Bank – received <u>and</u> double-checked</i> | YES / NO |
| <i>Copy photo ID received:</i>  | YES / NO |
|   |          |
| <b>BENEFICIARY 3 full name:</b>   |          |
| <i>Address:</i>   |          |
| <i>PDF showing name, account no and Bank – received <u>and</u> double-checked</i> | YES / NO |
| <i>Copy photo ID received:</i>  | YES / NO |
|   |          |
| <b>BENEFICIARY 4 full name:</b>   |          |
| <i>Address:</i>   |          |
| <i>PDF showing name, account no and Bank – received <u>and</u> double-checked</i> | YES / NO |
| <i>Copy photo ID received:</i>  | YES / NO |
|   |          |
| <b>BENEFICIARY 5 full name:</b>   |          |
| <i>Address:</i>   |          |
| <i>PDF showing name, account no and Bank – received <u>and</u> double-checked</i> | YES / NO |
| <i>Copy photo ID received:</i>  | YES / NO |

**AFTER GRANT OF PROBATE:**

|                |  |
|----------------|--|
| Date of Grant: |  |
| CIV NO:        |  |

## LIST OF ASSETS

### PROPERTY 1 :

|                         |  |
|-------------------------|--|
| 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:**

|                      |  |
|----------------------|--|
| <b>Name of Bank:</b> |  |
| Joint or sole owner? |  |
| Account Number:      |  |
| Approximate value:   |  |

|                        |  |
|------------------------|--|
| <b>Name of Bank:</b>   |  |
| Jointly or sole owner? |  |
| Account Number:        |  |
| Approximate value:     |  |

|                        |  |
|------------------------|--|
| <b>Name of Bank:</b>   |  |
| Jointly or sole owner? |  |
| Account Number:        |  |
| Approximate value:     |  |

|                        |  |
|------------------------|--|
| <b>Name of Bank:</b>   |  |
| Jointly or sole owner? |  |
| Account Number:        |  |

|                    |  |
|--------------------|--|
| Approximate value: |  |
|--------------------|--|

**KiwiSaver:**

| Name of company | Customer No | Approximate value |
|-----------------|-------------|-------------------|
|                 |             |                   |

**Superannuation policies:**

| Name of company | Policy No | Approximate value |
|-----------------|-----------|-------------------|
|                 |           |                   |
|                 |           |                   |

**Life insurance policies:**

| Policy No | Approximate value |
|-----------|-------------------|
|           |                   |
|           |                   |
|           |                   |

**Funeral insurance, Southern Cross (funeral benefit) or other Medical Insurance eg SIS, Cigna, State, Tower OR Accident insurance through credit card?**

| Name of company | Policy No | Type of benefit to be claimed |
|-----------------|-----------|-------------------------------|
|                 |           |                               |
|                 |           |                               |
|                 |           |                               |
|                 |           |                               |

**Shares:**

| Name of company | Number of shares | Approximate value |
|-----------------|------------------|-------------------|
|                 |                  |                   |
|                 |                  |                   |
|                 |                  |                   |
|                 |                  |                   |
|                 |                  |                   |
|                 |                  |                   |

|  |  |
|--|--|
| <b>Loans owing from Family Members (i.e. an asset to Estate)</b> |  |
|--|--|

|                           |  |
|---------------------------|--|
| Name:                     |  |
| Address:                  |  |
| Phone:                    |  |
| Email:                    |  |
| Approximate amount owing: |  |

**Motor Vehicles/Motorbikes:**

|                        |  |
|------------------------|--|
| <b>Make/Model:</b>     |  |
| Jointly or sole owner: |  |
| Registration Number:   |  |
| Approximate value:     |  |
| Amount Owing:          |  |
| Finance Company:       |  |

|                        |  |
|------------------------|--|
| <b>Make/Model:</b>     |  |
| Jointly or sole owner: |  |
| Registration Number:   |  |
| Approximate value:     |  |
| Amount Owing:          |  |
| Finance Company:       |  |

**Other assets eg jewellery or individual gems, antiques, motor home, caravan, trailer, vintage or classic car(s), forestry investment, timeshare, stamp collection, gold bars/nuggets**

| Asset | Reference / Location | Approximate value |
|-------|----------------------|-------------------|
|       |                      |                   |
|       |                      |                   |
|       |                      |                   |
|       |                      |                   |
|       |                      |                   |

**Cryptocurrency:**

|                |  |
|----------------|--|
| Access number: |  |
|----------------|--|

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LIST OF LIABILITIES

**Loan(s) owing to family member(s) (i.e. a Liability of the Estate):**

| Loan to                   | Approx balance owing |
|---------------------------|----------------------|
| Name:<br>Contact details: |                      |
| Name:<br>Contact details: |                      |

**Credit Cards:**

| Name of company | Card Number | Approx balance owing |
|-----------------|-------------|----------------------|
|                 |             |                      |
|                 |             |                      |
|                 |             |                      |

Is there credit charge insurance payable on these cards?

**Other Credit Cards, eg Q-Card, GE Money, Farmers Card, Warehouse 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 notified – eg Flybuys, OneCard, Airpoints, Library or other loyalty cards etc**

| Name of organisation | Card No/Reference No | Expiry date/other information |
|----------------------|----------------------|-------------------------------|
|                      |                      |                               |
|                      |                      |                               |
|                      |                      |                               |
|                      |                      |                               |

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

**OUTSTANDING ACCOUNT PAYMENTS YET TO BE MADE:**

|    |  |
|----|--|
| \$ | Headstone/Memorial expenses            |
| \$ | Funeral costs                          |
| \$ | Payment of personal tax and Estate tax |
| \$ | Accountant Fees                        |
| \$ | Legal Fees                             |
| \$ |  |

**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:**

- |  |  |
|--|--|
| <input type="checkbox"/> rates<br><input type="checkbox"/> house insurance<br><input type="checkbox"/> contents insurance<br><input type="checkbox"/> car registration<br><input type="checkbox"/> car insurance<br><input type="checkbox"/> health insurance<br><input type="checkbox"/> life insurance(s)<br><input type="checkbox"/> superannuation<br><input type="checkbox"/> newspaper | <input type="checkbox"/> cellphone<br><input type="checkbox"/> electricity<br><input type="checkbox"/> gas or bottled gas<br><input type="checkbox"/> school payments<br><input type="checkbox"/> pre-school payments<br><input type="checkbox"/> house cleaner<br><input type="checkbox"/> lawnmowing/garden maintenance<br><input type="checkbox"/> car loan<br><input type="checkbox"/> telephone |
|--|--|