

REFERENCE NUMBER:



Public Trustee

FORM A

ESTATE INFORMATION FORM

If exact replies cannot be given, give approximate details. If the space provided for any answer is insufficient please attach a separate sheet.

1 DETAILS OF THE REPRESENTED PERSON	
Miss/Mrs/Ms/Dr/Mr	..... (Given name/s) (Surname)
Current address	..... ..... Postcode
Usual residential address	..... ..... Postcode
Date of Birth	.....

2 RELATIVES	
FULL NAME	ADDRESS (If deceased give date and place of death, if known)
Spouse
Sons and daughters (If under 21 years also give date of birth)
Father
Mother
Brothers and sisters

3 SALARY OR WAGES DUE TO THE REPRESENTED PERSON

Name of employer

Address of employer

Phone Number of employer

Amount due or entitlement

4 PENSION / OTHER BENEFITS

Source from which received	Type of benefit	Benefit No.	Amount (month/fortnight/week)

5 TAXATION

Is the Represented Person liable to lodge Income Tax Returns? Yes / No

If liable, was a return lodged for the year ended 30 June last? Yes / No

Please attach copy of last return, (if available).

6 REAL ESTATE (including any interest therein)

Description (eg land, house and land, shop property etc)

Full address (including Vol., Folio, Lot No., if known)

Who holds Title documents?

Name in which Title stands or Interest in Property

Is Property subject to Mortgage? Please give details.

If Buildings are insured, state name of Insurer and give details of Policy.

Does the Represented Person reside in the property Yes / No

If not, who occupies the property?

Is rent paid by the occupant? Yes / No

State the amount of rent

Date to which rent paid

By whom is the rent collected

If Property is vacant, what are your intentions regarding future management of the property

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(If more than one property, please provide details on a separate page.)

7 FURNITURE DESCRIPTION

Has inventory been prepared? Yes / No (If Yes, please attach a copy)

Location of furniture

If furniture is Insured, state name of Insurer and give details of Policy

8 PERSONAL EFFECTS (clothing, books, tools, jewellery etc)

Has inventory been prepared? Yes / No (If Yes, please attach a copy)

Description of personal effect

Location of personal effects

9 BANK (OR OTHER FINANCIAL INSTITUTION) ACCOUNTS

Name of Financial Institution	Account No.	Name of account owner/s	Location of Passbook or Card	Balance (at date of Administration Order)

10 SHARES, STOCK UNITS, DEBENTURES, BONDS etc

Name of Company	Type of Investment	Name of Account Owner/s	Investment Value (Estimate)

11 INTEREST IN TRUST/S

Interest in a Trust Yes / No

If Yes, please provide details:

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If Yes, please provide a copy of the Trust Deed

12 MONEY LOANED ON MORTGAGE

Provide full details

Nature of security

Name and address of person who holds documents

13 LIFE ASSURANCE

Name of company	Policy number	Premium	Policy held by

14 SUPERANNUATION

Name of company	Member number	Balance	Regular superannuation pension (month/fortnight/week)

15 INTEREST IN A DECEASED ESTATE

Name of deceased

Date and place of death

Name of Executor/Administrator

Date of Grant of Probate (or similar authority)

Anticipated date of distribution

16 VEHICLES OR OTHER PLANT AND EQUIPMENT

Make

Model and year

Type

Registration number

Location of vehicle

In whose care

Particulars of comprehensive insurance

(If insufficient space, please provide details on a separate page/s.)

17 INTEREST IN FARMING ACTIVITIES

Location

Description

(If insufficient space, please provide details on a separate page/s.)

18 GOODS ON HIRE PURCHASE OR LEASE

Description of goods	Name and address of Finance Company/Dealer/Lessor	Amount owing

19 MONIES OWED TO REPRESENTED PERSON	
Name of debtor	.....
Address of debtor	.....
Amount owing	.....

20 MONIES OWED BY REPRESENTED PERSON (Please list all debts currently outstanding)		
Name of creditor	Nature of Debt	Amount owing

21 DETAILS OF ANY OTHER ASSETS, INTERESTS OR ENTITLEMENTS
Please give details

22 FEES OF NURSING HOME, PRIVATE HOSPITAL etc	
Name and address of nursing home, hospital etc.	..... .....
Accommodation fees (month/fortnight/week)	.....
Is the Represented Person required to pay a nursing home accommodation bond?	Yes / No
Has the nursing home accommodation bond been paid?	Yes / No
Amount of nursing home accommodation bond paid	\$

23 HOSPITAL AND MEDICAL FUND, BENEFIT OR FRIENDLY SOCIETY	
Name of Fund or Society	.....
Membership number	.....
Nature of cover	.....

24 WILL

(Given name/s)	(Surname)
Date of birth of Administrator	.....
Relationship to Represented Person	.....
Daytime contact number	.....
Email	.....
Signature of Administrator	Date
(If applicable)	
Print full name of Administrator	
Miss/Mrs/Ms/Dr/Mr	.....
(Given name/s)	(Surname)
Date of birth of Administrator	.....
Relationship to Represented Person	.....
Daytime contact number	.....
Email	.....
Signature of Administrator	Date
(If applicable)	
Print full name of Administrator	
Miss/Mrs/Ms/Dr/Mr	.....
(Given name/s)	(Surname)
Date of birth of Administrator	.....
Relationship to Represented Person	.....
Daytime contact number	.....
Email	.....
Signature of Administrator	Date

Please forward this completed form to:

Public Trustee
553 Hay Street
PERTH WA 6000

or

Public Trustee
GPO Box M946
PERTH WA 6843



Public Trustee
Telephone: 1300 746 212
Facsimile: (08) 9221 6617