

Deceased Estate Information

For NSW Trustee & Guardian to be able to administer an estate, we require the following information. Please complete this form to the best of your knowledge, with as much information as possible. If there is insufficient space to answer a question please attach a separate sheet.

Section A Personal information

Details of the deceased person

Surname	Given name	Other name/s		
Date of birth	Place of birth	Last known occupation		
Last known permanent address				
		Postcode		
Was the deceased residing at the last address as:				
Owner	Lodger	Patient	Tenant	Resident

If the deceased was a tenant or residing in a facility, please provide the name and address of the landlord/ managing agent/facility:

Name			
Address		Postcode	

Marital status		
Single	Married	Divorced
Widowed	Defacto relationship	Registered relationship

Date of death	Place of death

We need an original death certificate to administer the estate. If the estate value is under \$100,000, a certified copy can be supplied in the interim, however an original certificate will be ordered through the estate.

Please indicate if an original death certificate will be provided or if one should be ordered from the Registry of Births, Deaths and Marriages at a cost to the estate.

To be provided by:	Name	Contact number
NSW Trustee & Guardian to order		

*The deceased's Medicare card number	
*Did the deceased have any private health cover? Please provide the name of the fund and membership number:	Yes No

*The above cards and memberships will be cancelled by NSW Trustee & Guardian. Please advise if there is any other person listed on the above cards.

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Section B The Will

Is there a Will? (If there is no Will go to Section C)	Yes	No
If yes, what is the date of the Will?		
Did the deceased divorce/remarry since the last Will was made? If yes, please provide details:	Yes	No

Complete this section if NSW Trustee & Guardian is the executor

Was the Will made by NSW Trustee & Guardian?	Yes	No
As far as you are aware, is this the last Will the deceased made?	Yes	No
If the Will was not made by NSW Trustee & Guardian, who holds the original Will? Please provide details:		

Complete this section if NSW Trustee & Guardian is not the executor

Please advise name and address of executor.

Name			
Address		Postcode	
Does the executor wish to renounce in favour of NSW Trustee & Guardian?			
		Yes	No
Has the executor died? If yes, please provide a certified copy of the death certificate.			
		Yes	No

Who holds the original Will? Please provide details.

Name			
Address		Postcode	

Section C The deceased's family details

The executor/administrator is required to communicate with the beneficiaries if there is a Will, or the next of kin if there is no Will. Please provide the following information to the best of your knowledge:

If there is a Will, please provide the names and addresses of the beneficiaries named in the Will. If any beneficiary is under 18 years of age, please provide their date of birth. or		
If there is no Will, please provide details of any known next of kin. or		
If you do not know the next of kin, please provide names and addresses of any personal friends or anyone with knowledge of the deceased's circumstances.		
Was the deceased of Aboriginal and/or Torres Strait Islander origin?	Yes	No

Deceased Estate Information

Name 1	Relationship <i>to the deceased</i>	Date of birth	Dependent <i>of the deceased</i>
			Yes No
Address		Postcode	
Email		Phone	

Name 2 (if applicable)	Relationship <i>to the deceased</i>	Date of birth	Dependent <i>of the deceased</i>
			Yes No
Address		Postcode	
Email		Phone	

Name 3 (if applicable)	Relationship <i>to the deceased</i>	Date of birth	Dependent <i>of the deceased</i>
			Yes No
Address		Postcode	
Email		Phone	

Name 4 (if applicable)	Relationship <i>to the deceased</i>	Date of birth	Dependent <i>of the deceased</i>
			Yes No
Address		Postcode	
Email		Phone	

Name 5 (if applicable)	Relationship <i>to the deceased</i>	Date of birth	Dependent <i>of the deceased</i>
			Yes No
Address		Postcode	
Email		Phone	

Section D What the deceased owns (income and assets)

This section gathers information about the deceased person's income and assets.
Please complete the relevant sections.

Income		Name of authority	Pension/reference no.
Pensions (Department of Veterans' Affairs/Centrelink/foreign)	Yes No		
Salary and wages	Yes No		
Superannuation/allocated pensions	Yes No		
Rental income (investment property)	Yes No		
Investments (interest, dividends, managed funds, trust distributions)	Yes No		

Income		Name of authority	Pension/reference no.
Other income If yes, please provide details:	Yes No		

Was the deceased declared bankrupt at the time of death?	Yes No
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Deceased Estate Information

Assets

Please complete the sections relevant to the deceased person's estate.

Real estate

Please provide as much detail as possible in relation to all real estate owned by the deceased.

Address 1		Type of Ownership <i>Sole/joint tenant/tenants in common</i>	
	Postcode		
Keys held by		Occupancy <i>Owner/tenant/vacant</i>	Is there a pool?
			Yes No
			Smoke alarm installed
			Yes No

Address 2 (if applicable)		Type of Ownership <i>Sole/ joint tenant/tenants in common</i>	
	Postcode		
Keys held by		Occupancy <i>Owner/tenant/vacant</i>	Is there a pool?
			Yes No
			Smoke alarm installed
			Yes No

Address 3 (if applicable)		Type of Ownership <i>Sole/joint tenant/tenants in common</i>	
	Postcode		
Keys held by		Occupancy <i>Owner/tenant/vacant</i>	Is there a pool?
			Yes No
			Smoke alarm installed
			Yes No

Deceased Estate Information

Is the above properties under strata title? If yes, please provide the name and address of the body corporate:		Yes	No
Name			
Address		Postcode	

Are the lawns required to be maintained?	Yes	No
If yes, is someone currently employed to attend to this and is this arrangement to continue?	Yes	No
If yes, provide details of person/company who attends to this. If no one is currently employed, NSW Trustee & Guardian will instruct someone to attend to this.	Not applicable	

Name			
Address		Postcode	

Is a mail redirection required? There is no cost to the estate for a mail redirection. It can only be arranged after the original or a certified copy of the death certificate is provided to NSW Trustee & Guardian.	Yes	No
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Is there current insurance held on the above properties? If yes, please provide details below: If there is current insurance on the property, please provide a copy of the insurance policy. Once received, NSW Trustee & Guardian will determine if the current insurance is sufficient and appropriate. If the insurance is found to not be sufficient, NSW Trustee & Guardian will cancel the insurance policy and take out new insurance for the property.	Yes	No
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Type	Company	Policy number	Amount of cover
Building			
Contents			

Deceased Estate Information

If there are services in name of the deceased, please provide details below:

Service		Provider	Account number	Contact number
Electricity*	Yes No			
Gas**	Yes No			
Telephone***	Yes No			
Mobile phone***	Yes No			
Foxtel/ subscription TV	Yes No			
Internet provider	Yes No			
Water rates	Yes No			
Council rates	Yes No			

* Electricity is to remain on in order to attend cleaning/repairs and to show the property in best light. If someone is residing in the property, the electricity will be transferred to that person.

**Gas service will be disconnected unless the beneficiaries agree for it to remain on in the estate name or someone elects to have the service transferred into their name.

*** Telephone and mobile phone accounts are cancelled or will be transferred to the person residing in the property.

Refundable Accommodation Deposit (RAD)

Name of facility	Amount
	\$

Bank accounts (including term deposits)

Name of financial institution 1		Is the account jointly owned?
		Yes No
BSB	Account number	Amount
		\$

Name of financial institution 2 (if applicable)		Is the account jointly owned?
		Yes No
BSB	Account number	Amount
		\$

Name of financial institution 3 (if applicable)		Is the account jointly owned?
		Yes No
BSB	Account number	Amount
		\$

Name of financial institution 4 (if applicable)		Is the account jointly owned?
		Yes No
BSB	Account number	Amount
		\$

Investments (including superannuation, shares, managed funds and debts due to the deceased person)

If detailing shares, please be advised we required the Security Reference Number (SRN) or Holder Identification Number (HIN) for each holding.

Name of financial institution 1			Is the account jointly owned?
			Yes No
Description	Units	SRN/HIN	Amount
			\$

Name of financial institution 2			Is the account jointly owned?
			Yes No
Description	Units	SRN/HIN	Amount
			\$

Name of financial institution 3			Is the account jointly owned?
			Yes No
Description	Units	SRN/HIN	Amount
			\$

Name of financial institution 4			Is the account jointly owned?
			Yes No
Description	Units	SRN/HIN	Amount
			\$

Furniture

NSW Trustee & Guardian may not administer an estate if there is any evidence that there may be disputes among beneficiaries as to ownership or disposal of furniture.

NSW Trustee & Guardian requires that all furniture is removed prior to sale of any real estate. Cost of furniture removal arranged by NSW Trustee & Guardian will be paid by the estate.

Did the deceased own any furniture?	Yes	No	Not applicable
Is there furniture still in the property?	Yes	No	Not applicable
Is all the furniture owned by the deceased? If no, please specify who owns the furniture:	Yes		No

What action is required with the disposal of the furniture? Please indicate below:
<input type="checkbox"/> NSW Trustee & Guardian to remove and arrange sale of saleable items
<input type="checkbox"/> Beneficiaries wish to arrange removal and disposal. If the beneficiaries arrange removal and disposal, a furniture agreement is required to be signed. Please contact NSW Trustee & Guardian.

Cars/caravans/trailers

Type of vehicle	Registration no.	Make/model	Location of vehicle	Location of keys	Insurance

List any other assets (including jewellery)

Section E Tax

The following information is important to finalise the deceased person's personal income tax.

Was the deceased lodging tax returns? If yes, please provide a copy of the last tax return/assessment	Yes No Unknown
Tax file number	Year last return lodged

Did the deceased have an accountant/tax agent? If yes, please provide details:		Yes	No
Name			
Address		Postcode	

Section F What the estate owes (debts and liabilities)

Provide details of possible and known debts and liabilities (including mortgages, loans and credits cards).

Lender	Type	Reference/loan credit card no.

Deceased Estate Information

Please ensure this section is completed even if the funeral has been paid in full.

Funeral expenses

Was the funeral prepaid?	Yes	No
Has the funeral been paid?	Yes	No
Please provide the cost or estimated cost of the funeral	\$	
Please provide the name of the person who paid for the funeral costs	Contact number	

Name and address of funeral director

Name			
Address		Postcode	
Is NSW Trustee & Guardian to arrange payment?	Yes	No	

Name of person who completed this form

Name			
Mailing address		Postcode	
Relationship to the deceased	Email	Contact number	
I prefer to be contacted by	Email	Mail	Date

Please return this form to NSW Trustee & Guardian by emailing clientestablishment@tag.nsw.gov.au or mail to Locked Bag 5115 Parramatta, NSW 2124.