



Will, Enduring Power of Attorney & Guardianship Questionnaire

Our fee for a simple Will is \$330.00 per document and \$220.00 per document for a Power of Attorney or Guardianship document. The price may go up depending on the complexity of the documents. However, if you do all three documents at the same time, we will discount our fee by \$220.00.

To complete our online Will, Power of Attorney & Guardianship questionnaire please go to <https://comanassociates.com.au/legal-services/wills-power-of-attorney-guardianship/>.
(Please ensure that you are using either Google Chrome or Firefox and have logged into your Google account so that the questionnaire runs smoothly.)

Once you have completed this questionnaire, please either drop the hard copy back to our office or e-mail it to info@comanassociates.com.au. Then one of our highly trained professionals will draft your documents and arrange for you to sign them.

If at any point in completing this form you have any questions or concerns, please do not hesitate to contact us on (02) 9625 0255.

Personal Information

Full name (including all middle names)

First Name

Middle Name

Last Name

Date of birth

Telephone number

E-mail address

Residential address

Street Address

Suburb

State

Postcode

Will

A Will is a legal document that expresses your wishes as to how you want your property to be distributed after your death and who will manage the property until its final distribution.

Do you wish to make a Will?

Yes

No

Previous Will Details

Have you previously done a Will?

Yes

No

NOTE: Please provide a copy of your previous Will (if you have a copy).

What is the date of previous Will?

Name of the law firm/bank who holds the original Will

Name of contact person at the law firm/bank who holds the original Will

Mr/Ms/Mrs/Miss/Dr

First Name

Last Name

Telephone number of the law firm/bank who holds the original Will

E-mail address of the law firm/bank who holds the original Will

Address of the law firm/bank who holds the original Will

Street Address/PO Box

Suburb

State

Postcode

Body Disposal Details

Do you wish to record what happens to your body once you have passed away?

Yes

No

Which of the following options do you wish to happen to your body?

Burial

Cremation

Other:

Do you wish to be buried in a particular place?

Yes

No

Name of cemetery

Address of cemetery

Street Address

Suburb

State

Postcode

Other information (for example, pre-paid funeral details)

Do you wish to record what happens to your ashes?

Yes

No

Describe what you wish to have happen with your ashes

Minor Children

Do you have children under 18 years?

 Yes No

A legal guardian is an adult(s) designated to care for a minor child(ren) in the event both parents die before that child reaches adulthood. A legal guardian(s) takes over the duties as the child(ren)'s parents until the child turns 18 years of age, which includes the ability to make decisions on: 1. day-to-day care and control of the child(ren); and 2. making decisions about the child(ren)'s upbringing (including where they live and go to school), education, health and welfare. If you are to nominate more than one person as the child(ren)'s legal guardians, it is best that the nominated persons live together.

Full name (including all middle names) of the legal guardian

First Name

Middle Name

Last Name

Relationship to you of the legal guardian

Date of birth of the legal guardian

Telephone number of the legal guardian

E-mail address of the legal guardian

Residential address of the legal guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of the legal co-guardian

First Name

Middle Name

Last Name

Relationship to you of the legal co-guardian

Date of birth of the legal co-guardian

Telephone number of the legal co-guardian

E-mail address of the legal co-guardian

Residential address of the legal co-guardian

Street Address

Suburb

State

Postcode

Executor(s)

An executor is the person(s) who is responsible to manage your assets and carry out the directions you make in your Will when you pass away.

Full name (including all middle names) of executor

First Name

Middle Name

Last Name

Relationship to you of executor

Date of birth of executor

Telephone number of executor

E-mail address of executor

Residential address of executor

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-executor

First Name

Middle Name

Last Name

Relationship to you of co-executor

Date of birth of co-executor

Telephone Number of co-executor

E-mail address of co-executor

Residential address of co-executor

Street Address

Suburb

State

Postcode

Substitute Executor(s)

A substitute executor is the person(s) who is responsible to manage your assets and carry out the directions if the executor(s) is unable to perform this duty.

Full name (including all middle names) of substitute executor

First Name

Middle Name

Last Name

Relationship to you of executor

Date of birth of substitute executor

Telephone number of substitute executor

E-mail address of substitute executor

Residential address of substitute executor

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-substitute executor

First Name

Middle Name

Last Name

Relationship to you of co-executor

Date of birth of co-substitute executor

Telephone number of co-substitute executor

E-mail address of co-substitute executor

Residential address of co-substitute executor

Street Address

Suburb

State

Postcode

Specific Gifts

A specific gift is an identifiable item given to a particular identifiable beneficiary.

Do you want to include any specific gifts?

Yes

No

Full name (including all middle names) of beneficiary

First Name

Middle Name

Last Name

Description of item to be given

Relationship to you of beneficiary

Date of birth of beneficiary

Telephone number of beneficiary

E-mail address of beneficiary

Residential address of beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of beneficiary

First Name

Middle Name

Last Name

Description of item to be given

Relationship to you of beneficiary

Date of birth of beneficiary

Telephone number of beneficiary

E-mail address of beneficiary

Residential address of beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of beneficiary

First Name

Middle Name

Last Name

Description of item to be given

Relationship to you of beneficiary

Date of birth of beneficiary

Telephone number of beneficiary

E-mail address of beneficiary

Residential address of beneficiary

Street Address

Suburb

State

Postcode

Residue of Estate

The residue of an estate is the remainder of possessions that were not given as specific gifts.

Beneficiary(s) in the first instance

Full name (including all middle names) of beneficiary

First Name

Middle Name

Last Name

Relationship to you of beneficiary

Date of birth of beneficiary

Telephone number of beneficiary

E-mail address of beneficiary

Residential address of beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-beneficiary

First Name

Middle Name

Last Name

Relationship to you of co-beneficiary

Date of birth of co-beneficiary

Telephone number of co-beneficiary

E-mail address of co-beneficiary

Residential address of co-beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-beneficiary

First Name

Middle Name

Last Name

Relationship to you of co-beneficiary

Date of birth of co-beneficiary

Telephone number of co-beneficiary

E-mail address of co-beneficiary

Residential address of co-beneficiary

Street Address

Suburb

State

Postcode

Will the beneficiaries, in the first instance, all take an equal share?

 Yes No

If no, list out what percentage each beneficiary, in the first instance, will receive

Will the child(ren) of your beneficiary(s), in the first instance, take his/her share if he/she passes away before you?

NOTE: If the person listed in the first instance is your spouse and you wish for your child(ren) to take if your spouse passes away before you, please select no and add your child(ren) specifically in the next section.

 Yes No

Beneficiary(s) in the second instance

Second instance means if the beneficiary(s), and his/her child(ren) [if this option has been nominated], in the first instance pass away before you.

Full name (including all middle names) of beneficiary

First Name

Middle Name

Last Name

Relationship to you of beneficiary

Date of birth of beneficiary

Telephone number of beneficiary

E-mail address of beneficiary

Residential address of beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-beneficiary

First Name

Middle Name

Last Name

Relationship to you of co-beneficiary

Date of birth of co-beneficiary

Telephone number of co-beneficiary

E-mail address of co-beneficiary

Residential address of co-beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-beneficiary

First Name

Middle Name

Last Name

Relationship to you of co-beneficiary

Date of birth of co-beneficiary

Telephone number of co-beneficiary

E-mail address of co-beneficiary

Residential address of co-beneficiary

Street Address

Suburb

State

Postcode

Will the beneficiaries, in the second instance, all take an equal share?

Yes

No

If no, list out what percentage each beneficiary, in the second instance, will receive

Will the child(ren) of your beneficiary(s), in the second instance, take his/her share if he/she passes away before you?

Yes

No

Beneficiary(s) in the third instance

Third instance means if the beneficiary(s), and his/her child(ren) [if this option has been nominated], in both the first and second instances pass away before you.

Would you like to nominate a third instance?

Yes

No

Full name (including all middle names) of beneficiary

First Name

Middle Name

Last Name

Relationship to you of beneficiary

Date of birth of beneficiary

Telephone number of beneficiary

E-mail address of beneficiary

Residential address of beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-beneficiary

First Name

Middle Name

Last Name

Relationship to you of co-beneficiary

Date of birth of co-beneficiary

Telephone number of co-beneficiary

E-mail address of co-beneficiary

Residential address of co-beneficiary

Street Address

Suburb

State

Postcode

Full name (including all middle names) of co-beneficiary

First Name

Middle Name

Last Name

Relationship to you of co-beneficiary

Date of birth of co-beneficiary

Telephone number of co-beneficiary

E-mail address of co-beneficiary

Residential address of co-beneficiary

Street Address

Suburb

State

Postcode

Will the beneficiaries, in the third instance, all take an equal share?

Yes

No

If no, list out what percentage each beneficiary, in the third instance, will receive

Will the child(ren) of your beneficiary(s), in the third instance, take his/her share if he/she passes away before you?

Yes

No

Person(s) Not Listed in Your Will

Do you have a partner(s), de facto and/or spouse, not listed in your will?

NOTE: You do not have to include anyone you have divorced from.

Yes

No

Full name (including all middles names) of your partner that is not listed in your Will

First Name

Middle Name

Last Name

Describe why you are not including your partner in your Will

Date of birth of your partner that is not listed in your Will

/ /

Telephone number of your partner that is not listed in your Will

E-mail address of your partner that is not listed in your Will

Residential address of your partner that is not listed in your Will

Street Address

Suburb

State

Postcode

Do you have a child(ren) not listed in your will?

Yes

No

Full name (including all middles names) of your child that is not listed in your Will

First Name

Middle Name

Last Name

Describe why you are not including your child in your Will

Date of birth of your child that is not listed in your Will

Telephone number of your child that is not listed in your Will

E-mail address of your partner that is not listed in your Will

Residential address of your child that is not listed in your Will

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your child that is not listed in your Will

First Name

Middle Name

Last Name

Describe why you are not including your child in your Will

Date of birth of your child that is not listed in your Will

Telephone number of your child that is not listed in your Will

E-mail address of your partner that is not listed in your Will

Residential address of your child that is not listed in your Will

Street Address

Suburb

State

Postcode

Enduring Power of Attorney

An Enduring Power of Attorney is a legal document that allows you to appoint a person(s) to manage financial and legal decisions on your behalf and continues even if you lose the ability to make decisions for yourself.

Do you wish to make an Enduring Power of Attorney?

Yes

No

Previous Power of Attorney Details

Have you previously done a Power of Attorney?

Yes

No

NOTE: Please provide a copy of your previous Power of Attorney (if you have a copy).

What is the date of previous Power of Attorney?

Name of the law firm/bank who holds the original Power of Attorney

Name of contact person at the law firm/bank who holds the original Power of Attorney

Mr/Ms/Mrs/Miss/Dr

First Name

Last Name

Telephone number of the law firm/bank who holds the original Power of Attorney

E-mail address of the law firm/bank who holds the original Power of Attorney

Address of the law firm/bank who holds the original Power of Attorney

Street Address/PO Box

Suburb

State

Postcode

Full name (including all middle names) of your previous attorney

First Name

Middle Name

Last Name

Date of birth of your previous attorney

Telephone number of your previous attorney

E-mail address of your previous attorney

Residential address of your previous attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous co-attorney

First Name

Middle Name

Last Name

Date of birth of your previous co-attorney

Telephone number of your previous co-attorney

E-mail address of your previous co-attorney

Residential address of your previous co-attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous co-attorney

First Name

Middle Name

Last Name

Date of birth of your previous co-attorney

Telephone number of your previous co-attorney

E-mail address of your previous co-attorney

Residential address of your previous co-attorney

Street Address

Suburb

State

Postcode

Do you have a substitute attorney listed on your previous Power of Attorney?

Yes

No

Full name (including all middle names) of your previous substitute attorney

First Name

Middle Name

Last Name

Date of birth of your previous substitute attorney

Telephone number of your previous substitute attorney

E-mail address of your previous substitute attorney

Residential address of your previous substitute attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous substitute co-attorney

First Name

Middle Name

Last Name

Date of birth of your previous substitute co-attorney

Telephone number of your previous substitute co-attorney

E-mail address of your previous substitute co-attorney

Residential address of your previous substitute co-attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous substitute co-attorney

First Name

Middle Name

Last Name

Date of birth of your previous substitute co-attorney

Telephone number of your previous substitute co-attorney

E-mail address of your previous substitute co-attorney

Residential address of your previous substitute co-attorney

Street Address

Suburb

State

Postcode

Attorney(s)

An attorney is the person(s) who you appoint to manage your financial and legal decisions.

Full name (including all middle names) of your attorney

First Name

Middle Name

Last Name

Relationship to you of attorney

Date of birth of your attorney

Telephone number of your attorney

E-mail address of your attorney

Residential address of your attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-attorney

First Name

Middle Name

Last Name

Relationship to you of co-attorney

Date of birth of your co-attorney

Telephone number of your co-attorney

E-mail address of your co-attorney

Residential address of your co-attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-attorney

First Name

Middle Name

Last Name

Relationship to you of co-attorney

Date of birth of your co-attorney

Telephone number of your co-attorney

E-mail address of your co-attorney

Residential address of your co-attorney

Street Address

Suburb

State

Postcode

How is/are your co-attorney(s) appointed?

- Jointly (the attorney must agree on all decisions), with the death of one attorney terminating the power of the other attorney(s)
- Jointly (the attorney must agree on all decisions), with the death of one attorney not terminating the power of the other attorney(s)
- Severally (each substitute guardian can make decisions separately from the others)
- Jointly and severally (the substitute guardian can act together or separately)

Substitute Attorney(s)?

A substitute attorney is the person(s) who you appoint to manage your financial and legal decisions if the attorney(s) is unable to perform this duty.

Do you wish to have a substitute attorney(s)?

NOTE: If you only have one attorney listed, we highly recommend at least one substitute attorney.

Yes

No

Full name (including all middle names) of your substitute attorney

First Name

Middle Name

Last Name

Relationship to you of substitute attorney

Date of birth of your substitute attorney

Telephone number of your substitute attorney

E-mail address of your substitute attorney

Residential address of your substitute attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-substitute attorney

First Name

Middle Name

Last Name

Relationship to you of co-substitute attorney

Date of birth of your co-substitute attorney

Telephone number of your co-substitute attorney

E-mail address of your co-substitute attorney

Residential address of your co-substitute attorney

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-substitute attorney

First Name

Middle Name

Last Name

Relationship to you of co-substitute attorney

Date of birth of your co-substitute attorney

Telephone number of your co-substitute attorney

E-mail address of your co-substitute attorney

Residential address of your co-substitute attorney

Street Address

Suburb

State

Postcode

How is/are your co-substitute attorney(s) appointed?

- Jointly (the substitute attorney must agree on all decisions), with the death of one substitute attorney terminating the power of the other substitute attorney(s)
- Jointly (the substitute attorney must agree on all decisions), with the death of one substitute attorney not terminating the power of the other substitute attorney(s)
- Severally (each substitute guardian can make decisions separately from the others)
- Jointly and severally (the substitute guardian can act together or separately)

Additional Powers

These are in addition to the authority conferred on your attorney(s) by Part 2 of the Powers of Attorney Act 2003 to do anything on your behalf you may lawfully authorise an attorney to do.

What additional powers would you like to give your attorney(s)?

- None
- To give reasonable gifts
- To confer benefits on themselves to meet their reasonable living and medical expenses
- To confer benefits on someone else to meet their reasonable living and medical expenses

Details of the person(s) who the benefit to meet their reasonable living and medical expenses will be conferred on.

Full name (including all middle names)

First Name

Middle Name

Last Name

Relationship to you

Date of birth

Telephone number

E-mail address

Residential address

Street Address

Suburb

State

Postcode

Full name (including all middle names)

First Name

Middle Name

Last Name

Relationship to you

Date of birth

Telephone number

E-mail address

Residential address

Street Address

Suburb

State

Postcode

Conditions and Limits

What conditions and/or limits would you like to place on your attorney(s)?

None

That until such time as you are no longer able to make decisions for yourself, your attorney(s) must not exercise any power granted by the appointment without your express authority to do so on each occasion.

That your attorney(s) must submit accounts to a nominated accountant every year for audit.

That if you have more than two attorneys acting jointly and severally, then at least two of your attorneys must make the decision together.

Details of the accounting firm your attorney(s) must submit accounts to each year for audit.

Firm name

Name of contact person of the accounting firm

Mr/Ms/Mrs/Miss/Dr

First Name

Last Name

Telephone number of the accounting firm

E-mail address of the accounting firm

Address of the accounting firm

Street Address/PO Box

Suburb

State

Postcode

Commencement

NOTE: If you have selected that until such time as you are no longer able to make decisions for yourself, your attorney(s) must not exercise any power granted by the appointment without your express authority to do so on each occasion, you must have your Power of Attorney start operating once the attorney(s) have accepted their appointment by signing the document.

When would you like the Power of Attorney to start?

- Once the attorney(s) have accepted their appointment by signing the document.
- Once a medical practitioner considers that you are unable to manage your own affairs and provides a document to that effect.
- Once your attorney(s) considers that you need assistance managing your own affairs.

Enduring Guardianship

An Enduring Guardianship is a legal document that allows you to appoint a person(s) make lifestyle and health decisions on your behalf, when you don't have the capacity to make them for yourself.

Do you wish to make an Enduring Guardianship?

Yes

No

Previous Enduring Guardianship Details

Have you previously done a Guardianship?

Yes

No

NOTE: Please provide a copy of your previous Guardianship (if you have a copy).

What is the date of previous Guardianship?

Name of the law firm/bank who holds the original Guardianship

Name of contact person at the law firm/bank who holds the original Guardianship

Mr/Ms/Mrs/Miss/Dr

First Name

Last Name

Telephone number of the law firm/bank who holds the original Guardianship

E-mail address of the law firm/bank who holds the original Guardianship

Address of the law firm/bank who holds the original Guardianship

Street Address/PO Box

Suburb

State

Postcode

Full name (including all middle names) of your previous guardian

First Name

Middle Name

Last Name

Date of birth of your previous guardian

Telephone number of your previous guardian

E-mail address of your previous guardian

Residential address of your previous guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous co-guardian

First Name

Middle Name

Last Name

Date of birth of your previous co-guardian

Telephone number of your previous co-guardian

E-mail address of your previous co-guardian

Residential address of your previous co-guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous co-guardian

First Name

Middle Name

Last Name

Date of birth of your previous co-guardian

Telephone number of your previous co-guardian

E-mail address of your previous co-guardian

Residential address of your previous co-guardian

Street Address

Suburb

State

Postcode

Do you have a substitute attorney listed on your previous Guardianship?

Yes

No

Full name (including all middle names) of your previous substitute guardian

First Name

Middle Name

Last Name

Date of birth of your previous substitute guardian

Telephone number of your previous substitute guardian

E-mail address of your previous substitute guardian

Residential address of your previous substitute guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous substitute co-guardian

First Name

Middle Name

Last Name

Date of birth of your previous substitute co-guardian

Telephone number of your previous substitute co-guardian

E-mail address of your previous substitute co-guardian

Residential address of your previous substitute co-guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your previous substitute co-guardian

First Name

Middle Name

Last Name

Date of birth of your previous substitute co-guardian

Telephone number of your previous substitute co-guardian

E-mail address of your previous substitute co-guardian

Residential address of your previous substitute co-guardian

Street Address

Suburb

State

Postcode

Guardian(s)

A guardian is the person(s) who you appoint to make lifestyle and health decisions on your behalf.

Full name (including all middle names) of your guardian

First Name

Middle Name

Last Name

Relationship to you of guardian

Date of birth of your guardian

Telephone number of your guardian

E-mail address of your guardian

Residential address of your guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-guardian

First Name

Middle Name

Last Name

Relationship to you of co-guardian

Date of birth of your co-guardian

Telephone number of your co-guardian

E-mail address of your co-attorney

Residential address of your co-guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-guardian

First Name

Middle Name

Last Name

Relationship to you of co-guardian

Date of birth of your co-guardian

Telephone number of your co-guardian

E-mail address of your co-guardian

Residential address of your co-guardian

Street Address

Suburb

State

Postcode

How is/are your co-guardian(s) appointed?

Jointly (the guardians must agree on all decisions), with the death of one guardian terminating the guardianship of the other guardian(s)

Jointly (the guardians must agree on all decisions), with the death of one guardian not terminating the guardianship the other guardian(s)

Severally (each guardian can make decisions separately from the others)

Jointly and severally (the guardian can act together or separately)

Substitute Guardian(s)?

A guardian is the person(s) who you appoint to make lifestyle and health decisions on your behalf if the attorney(s) is unable to perform this duty.

Do you wish to have a substitute guardian(s)?

NOTE: If you only have one attorney listed, we highly recommend at least one substitute guardian.

Yes

No

Full name (including all middle names) of your substitute guardian

First Name

Middle Name

Last Name

Relationship to you of substitute guardian

Date of birth of your substitute guardian

Telephone number of your substitute guardian

E-mail address of your substitute guardian

Residential address of your substitute guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-substitute guardian

First Name

Middle Name

Last Name

Relationship to you of co-substitute guardian

Date of birth of your co-substitute guardian

Telephone number of your co-substitute guardian

E-mail address of your co-substitute guardian

Residential address of your co-substitute guardian

Street Address

Suburb

State

Postcode

Full name (including all middle names) of your co-substitute guardian

First Name

Middle Name

Last Name

Relationship to you of co-substitute guardian

Date of birth of your co-substitute guardian

Telephone number of your co-substitute guardian

E-mail address of your co-substitute guardian

Residential address of your co-substitute guardian

Street Address

Suburb

State

Postcode

How is/are your co-substitute guardian(s) appointed?

Jointly (the substitute guardians must agree on all decisions), with the death of one substitute guardian terminating the guardianship of the other substitute guardian(s)

Jointly (the substitute guardians must agree on all decisions), with the death of one substitute guardian not terminating the guardianship the other substitute guardian(s)

Severally (each substitute guardian can make decisions separately from the others)

Jointly and severally (the substitute guardian can act together or separately)

Functions

What functions would you like your guardian(s) be able to carry out?

Decide where you live

Decide what health care you receive

Decide what other kinds of personal services you receive (for example, home care nursing, cleaners, etc.)

Consent to the carrying out of medical or dental treatment on you

End of Life Directive

Do you wish to have the following directive?

"If I am so seriously ill that there is no likelihood of recovery then I direct my enduring guardian to ensure that I am not subjected to medical intervention unlikely to meaningfully prolong my life such as life support systems, artificial ventilation, blood transfusion, dialysis, antibiotics to control infection, artificial nutrition and surgery. It is my wish that I be kept comfortable, receive ordinary medical treatment and palliative care and be allowed to die. Any distressing symptoms should be controlled despite the necessary treatment shortening my life."

Yes

No

Limitations

What limitations would you like to place on your guardian(s)?

None

That if you have more than two guardians acting jointly and severally, then at least two of your guardians must make the decision together.

That due to your religious beliefs, you do not want to receive any blood transfusions or organ transplants.

Other: