Estate Planning INSTRUCTIONS



	OT REQUIRED UNTIL YOU A QUOTE PROVIDED BY THE		E ACCEPTED		
I agree to the leg	gal hub terms and condition	าร	Yes	No	
Would you like t	o use the legal concierge se	ervice?	Yes	No	
ADVISER DE	TAILS				
Adviser name*			Practice nar	ne*	
Adviser contact	phone number*		Adviser ema	ail address*	
CLIENT DET	AILS	How many clients?*			
CLIENT 1 (E	G. HUSBAND)				
Title*	Surname*		First name*		Middle names
CLIENT 1: IN	IITIAL EXECUTOR/TI	RUSTEE			
Title*	Surname*		First name*		Middle names
Address*					Relationship to client 1
Address					Relationship to client 1
CLIENT 1: 1	ST SUBSTITUTE EXE	CUTOR/TRUSTE	F		
Title*	Surname*		First name*		Middle names
Address*					Relationship to client 1
CLIENT 1: 2ND SUBSTITUTE EXECUTOR/TRUSTEE					
Title*	Surname*		First name*		Middle names
Address*					Relationship to client 1

CLIENT 2 (EG. WIFE)

	CLIENT 2 (EG. WIFE)					
Title*	Surname*	First name*	Middle names			
CLIENT 2: IN	NITIAL EXECUTOR/TRUSTEE					
Title*	Surname*	First name*	Middle names			
Address*			Relationship to client 2			
CLIENT 2: 1	CLIENT 2: 1ST SUBSTITUTE EXECUTOR/TRUSTEE					
Title*	Surname*	First name*	Middle names			
Address*			Relationship to client 2			
CLIENT 2: 2ND SUBSTITUTE EXECUTOR/TRUSTEE						
Title*	Surname*	First name*	Middle names			
Address*			Relationship to client 2			

DETAILS OF GUARDIANS

Guardianship if infant children (on death of both parents where applicable). If two guardians are nominated, they must act together.

NAME OF GUARDIAN #1					
Title*	Surname*		First name*		Middle names
Relationship to i	individual				
NAME OF GUARDIAN #2					
Title*	Surname*		First name*		Middle names
Relationship to individual					
DETAILS IN THE EVENT OF A CALAMITY					
Select one of the	e following:	Your Parents	Your Siblings equally	Other	

CLIENT 1: I Title*	NITIAL ATTORNEY Surname*	First name*	Middle names
Address*			Relationship to client 1
CLIENT 1: 1 Title*	Surname*	First name*	Middle names
Address*			Relationship to client 1
CLIENT 1: 2 Title*	ND SUBSTITUTE ATTORNEY Surname*	First name*	Middle names
Address*			Relationship to client 1
CLIENT 2: I Title*	NITIAL ATTORNEY Surname*	First name*	Middle names
Address*			Relationship to client 2
CLIENT 2: 1 Title*	Surname*	First name*	Middle names
Address*			Relationship to client 2
CLIENT 2: 2 Title*	ND SUBSTITUTE ATTORNEY Surname*	First name*	Middle names
Address*			Relationship to client 2

SPECIFIC OBJECTIVES

Please provide specific instructions below or any comments to assist our member firm in preparing your clients documents:

PLEASE EMAIL THIS FORM AND ANY RELEVANT DOCUMENTS TO <u>INFO@THELEGALHUB.COM.AU</u>. IF YOU HAVE ANY CURRENT WILLS OR ADDITIONAL SUPPORTING DOCUMENTATION, PLEASE ATTACH.