

Please save a copy of this form into your preferred desktop location, fill out as required and save changes.

CONTACT DETAILS						
Title:		Last Name:				
Given Name(s):						
Law Firm:						
Postal Address:						
	Suburb:		State:		Postcode:	
Phone:			Fax:			
Email:						

DOCUMENTS REQUIRED (certified hard copies of the original must be provided)						
	Will	Enclosed <input type="checkbox"/> or N/A – Intestate <input type="checkbox"/>	Grant	Probate enclosed <input type="checkbox"/> or LOA enclosed <input type="checkbox"/>	Death Certificate	Enclosed <input type="checkbox"/>

AUTHORISATION REQUIRED (signed original must be provided)	
In order for Vincents to obtain information from the Australian Taxation Office regarding the deceased, please download the "Authority to obtain information and act on your behalf" form. Please print and arrange for the letter to be signed by all Legal Representatives (LPRs) and post to our office with the other documents.	Enclosed <input type="checkbox"/>

LEGAL PERSONAL REPRESENTATIVE (LPR) DETAILS						
Title:		Last Name:				
Given Name(s):						
Date of Birth:				Tax File Number:		
Residential Address:						
	Suburb:		State		Postcode	
Phone number						
Title:		Last Name:				
Given Name(s):						
Date of Birth:				Tax File Number:		
Residential Address:						
	Suburb:		State		Postcode	
Phone number						
Title:		Last Name:				
Given Name(s):						
Date of Birth:				Tax File Number:		
Residential Address:						
	Suburb:		State		Postcode	
Phone number						

DETAILS OF THE DECEASED					
Title:		Last Name:			
Given Name(s):					
Date of Birth:		Date of Death:			
Residential Address:					
	Suburb:		State		Postcode

ADDITIONAL INFORMATION / COMMENTS

Please complete, save, print and post this document, along with certified copies of the Will, Probate / Letters of Administration, Death Certificate and Authorisation Letter to:

Attention: Estates Team
 Vincents Chartered Accountants
 PO Box 13004
 George Street QLD 4003