

Please save a copy of this form into your preferred desktop location, fill out as required, save changes and email to estates@vincents.com.au

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

DOCUMENTS REQUIRED						
	Will	Attached <input type="checkbox"/> N/A – Intestate <input type="checkbox"/>	Grant	Probate attached <input type="checkbox"/> LOA attached <input type="checkbox"/>	Death Certificate	Attached <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:
Title:		Last Name:			
Given Name(s):					
Date of Birth:			Tax File Number:		
Residential Address:					
	Suburb:		State:		Postcode:
Title:		Last Name:			
Given Name(s):					
Date of Birth:			Tax File Number:		
Residential Address:					
	Suburb:		State:		Postcode:

ADDITIONAL INFORMATION / COMMENTS

When completed, please save changes and email this form along with supporting documents to estates@vincents.com.au