

DECEASED ESTATE CUSTOMER PROFILE FORM

For Queensland Public Trustee to administer a deceased 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.

Return to: Queensland Public Trustee

by post [to your nearest QPT office](#)

by email to clientemail@pt.qld.gov.au

or contact us on **1300 360 044** to arrange an appointment.

Section 1 – Personal information

Details of the deceased

Surname	Given name	Other name/s
Was the deceased was known by another name/s?		Yes No
If yes, provide details		
Detail any assets or liabilities held in alternative name/s		

Date of birth	Place of birth	Last known occupation
Date of death	Place of death	Cause of death
Last known permanent address		
Postal address (if different to above)		
The deceased was residing at the last address as		
Owner Lodger Patient Tenant Resident		

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

Name			
Address			
Telephone		Email	

Marital status
Single Married Separated Divorced Widowed De facto Registered relationship

Was the deceased of Aboriginal and/or Torres Strait Islander origin?	Yes No
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Death certificate

Queensland Public Trustee requires an original death certificate to administer the estate. If the estate value is under \$75,000, a certified copy can be supplied in the interim. However, an original certificate will be ordered at the expense of the estate. If the estate value is over \$75,000, we require the original death certificate.

Are you able to provide an original death certificate for the deceased?	Yes	No
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Medical information

Doctor's name			
Medical practice		Telephone	
Medicare card number			
Private health fund name		Membership number	

The above cards and memberships will be cancelled by Queensland Public Trustee. Please provide the full names of any other persons listed on the above cards.

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Section 2 – The Will

Is there a Will? <i>(If there is no Will go to Section 3)</i>	Yes	No
If yes, what is the date of the Will?		
Did the deceased divorce or remarry since the last Will was made?	Yes	No
If yes, please provide details		
Spouse name		
Date of marriage		Date of divorce

Complete this section if Queensland Public Trustee is the Executor

Was the Will made by Queensland Public Trustee?	Yes	No
As far as you are aware, is this the last Will made by the deceased?	Yes	No
If the Will was not made by Queensland Public Trustee, provide details of who holds the original Will.		
Name		
Address		

Complete this section if Queensland Public Trustee *is not* the Executor

Name of Executor			
Address			
Does the executor wish to renounce in favour of Queensland Public Trustee?	Yes	No	
Has the executor passed away? If yes, please provide a certified copy of the death certificate.	Yes	No	
If death certificate is not held, provide the following:			
Date of death		Place of death	

If there is a second Executor, please provide details below

Name of Executor			
Address			
Does the executor wish to renounce in favour of Queensland Public Trustee?	Yes	No	
Has the executor passed away? If yes, please provide a certified copy of the death certificate.	Yes	No	

Section 3 – Family details of the deceased

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.

Details of spouse – current or last (if applicable)

Full name			Will Beneficiary
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	
If the deceased was previously married, provide their details below			
Spouse name		Date of marriage	
Date of divorce		Date of death	

Details of children (if applicable)

Child 1	Will Beneficiary Dependent		
Full name			
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Child 2	Will Beneficiary	Dependent
Full name		
Address		
Email	Telephone	
Date of birth		Date of birth
Date of death		Date of death

Child 3	Will Beneficiary	Dependent
Full name		
Address		
Email	Telephone	
Date of birth		Date of birth
Date of death		Date of death

Child 4	Will Beneficiary	Dependent
Full name		
Address		
Email	Telephone	
Date of birth		Date of birth
Date of death		Date of death

Child 5	Will Beneficiary	Dependent
Full name		
Address		
Email	Telephone	
Date of birth		Date of birth
Date of death		Date of death

Section 4 – If there is a Will

If there is a Will, provide details of other beneficiaries named in the Will not already listed in Section 3.

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Section 5 – If there is no Will

If there is no Will – Provide names and addresses of any other known next of kin not already detailed in Section 3 such as parents. 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.

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Full name		Relationship	
Address			
Email		Telephone	
Date of birth		Place of birth	
Date of death		Place of death	

Section 6 – Income and assets of the deceased

Refundable accommodation deposit

Did the deceased reside in a nursing home and have an accommodation deposit? If yes, provide details below	Yes	No
Name of care facility	Deposit amount	
	\$	

Bank accounts and term deposits

Name of financial institution		Is the account solely owned?
		Yes No
BSB	Account number	Account balance
		\$

Name of financial institution		Is the account solely owned?
		Yes No
BSB	Account number	Account balance
		\$

Name of financial institution		Is the account solely owned?
		Yes No
BSB	Account number	Account balance
		\$

Investments

This includes superannuation, shares, managed funds and debts due to the deceased person. For shares, we require the Security Reference Number (SRN) or Holder Identification Number (HIN) for each holding.

Name of financial institution			Is account solely owned?
			Yes No
Description	Units	SRN/HIN/Reference number	Amount
			\$

Name of financial institution			Is account solely owned?
			Yes No
Description	Units	SRN/HIN/Reference number	Amount
			\$

Name of financial institution			Is account solely owned?
			Yes No
Description	Units	SRN/HIN/Reference number	Amount
			\$

Income		Organisation name	Pension/reference number
Pensions (Department of Veterans' Affairs/Centrelink/foreign)	Yes No		
Salary and wages	Yes No		
Superannuation/allocated pensions	Yes No		
Rental income (investment properties)	Yes No		
Investments (interest, dividends, managed funds, trust distributions)	Yes No		
Other income (please provide details)		Organisation name	Pension/reference number

Real estate owned by the deceased

Property 1

Property 1 address			
Ownership type	Sole Joint tenant Tenants in common		
Occupancy type	Deceased's principle place of residence Tenanted Occupied Vacant		
If occupied, provide details of occupant			
Occupant name		Telephone	
If rented to a tenant, provide details of agent. If self-managed, provide details of tenant.			
Name		Telephone	
If part of a Body Corporate, provide details			
Name		Telephone	

How was the property acquired?	Purchase Transfer	Date	
Is there a mortgage on the property?	Yes No	If yes, complete Section 8	
Is the mortgage in arrears	Yes No		
Property insurance	Company	Policy number	Amount of cover

Name of local council for rates			
Is there a pool?	Yes No		
Is a smoke alarm installed?	Yes No		
Are there any gas appliances?	Yes No		
Are you able to provide a copy of a current compliance certificate to confirm compliant smoke alarms and a working safety switch are installed at the property/s in accordance with the <i>Fire and Emergency Services Act 1990</i>.		Yes No	
Alternatively, would you like The Public Trustee to arrange for a qualified electrician to attend the property?		Yes No	

Is mail redirection required?	Yes No
Are gardens/lawns required to be maintained?	Yes No
If yes, is someone employed to attend to this and is this arrangement to continue?	Yes No
If yes, provide details of person or company providing this service	
Name	Address

Property 2 (if applicable)

Property address			
Ownership type	Sole Joint tenant Tenants in common		
Occupancy type	Deceased's principle place of residence Tenanted Occupied Vacant		
If occupied, provide details of occupant			
Occupant name		Telephone	
If rented, provide details of agent. If self-managed, provide details of tenant.			
Name		Telephone	
If part of a Body Corporate, provide details			
Name		Telephone	

How was the property acquired?	Purchase Transfer	Date	
Is there a mortgage on the property?	Yes No	If yes, complete Section 8	
Is the mortgage in arrears	Yes No		
Property insurance	Company	Policy number	Amount of cover

Name of local council for rates		
Is there a pool?	Yes No	
Is a smoke alarm installed?	Yes No	
Are there any gas appliances?	Yes No	
Are you able to provide a copy of a current compliance certificate to confirm compliant smoke alarms and a working safety switch are installed at the property/s in accordance with the <i>Fire and Emergency Services Act 1990</i>.	Yes No	
Alternatively, would you like The Public Trustee to arrange for a qualified electrician to attend the property?	Yes No	

Is mail redirection required?	Yes No
Are gardens/lawns required to be maintained?	Yes No
If yes, is someone employed to attend to this and is this arrangement to continue?	Yes No
If yes, provide details of person or company providing this service	
Name	Address

Provide details of any services that are in the name of the deceased.

Service		Provider	Account number	Contact number
Electricity*	Yes No			
Gas**	Yes No			
Telephone***	Yes No			
Mobile Phone***	Yes No			
TV subscription	Yes No			
Internet	Yes No			
Water rates	Yes No			
Council rates	Yes No			

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

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

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

Furniture, effects and jewellery

Asset description (include items specifically bequeathed in Will)	Location of asset	Insurance company	Insurance policy number	Value
				\$
				\$
				\$
				\$
				\$

Are the furniture and contents solely or jointly owned by the deceased? If no, please specify who owns them.		Yes No
Full name		

Please select the action required for disposal of the deceased's furniture and contents.
<p>Beneficiaries wish to arrange removal and disposal (Discharge Form to be signed by beneficiaries).</p> <p>Queensland Public Trustee to remove and arrange sale of saleable items (additional hourly fee and costs to be paid from the estate).</p>

Vehicles - cars, caravans, motorbikes, motorhomes, boats and trailers

Type of vehicle	Make/model	Registration	Location of vehicle
Insurance company	Policy number	Location of keys	

Type of vehicle	Make/model	Registration	Location of vehicle
Insurance company	Policy number	Location of keys	

Type of vehicle	Make/model	Registration	Location of vehicle
Insurance company	Policy number	Location of keys	

Other assets

List any other assets – this may include a business or partnership, interest in another deceased estate not yet finalised, overseas assets, weapons, life insurance, funeral insurance or any specific bequests mentioned in the Will.

Did the deceased make an Enduring Power of Attorney or have a Financial Administrator? If yes, provide details below.			Yes	No
Full name				
Phone number		Email		

Provide details of any assets specifically bequeathed in the Will that were disposed of prior to death by an Enduring Power of Attorney or Financial Administrator.

Assets disposed	Disposed by	Beneficiary name

Section 7 – Tax

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

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

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

Section 8 – Debts and liabilities of the estate

Funeral expenses

Please complete this section even if the funeral has been paid in full.

Was the funeral pre-paid?	Yes	No
Has the funeral been paid?	Yes	No
Cost or estimated cost of the funeral	\$	
Details of person who paid for the funeral costs		
Name		Telephone

Details of funeral director / company	
Name	
Address	

Details of possible and known debts and liabilities (including mortgages, loans and credit cards).

Creditor / Lender	Type of Debt	Reference number	Amount owing
			\$
			\$
			\$

Was the deceased declared bankrupt at the time of death?	Yes	No
If yes, provide details		

Details of person who completed this form

Full name	
Postal address	
Relationship to deceased	
Email	
Telephone	
Date completing form	

Privacy information

Queensland Public Trustee (QPT) takes privacy seriously and must comply with the *Information Privacy Act 2009* (Qld) (IP Act). The IP Act contains privacy principles which set out how QPT handles personal information. Unless required by law, QPT will only use personal information collected for the purpose for which it was given and for related internal training, management or service improvement purposes. Personal information collected to assist with the administration of an estate may be shared with an external tax agent to assist with preparation of income tax return/s, if required.

We will deal with any personal information that we collect about you or the deceased person in accordance with our Privacy Statement which can be found at www.pt.qld.gov.au/about-us/privacy