

Information for Family Provision Applications **Questionnaire for Contesting a Will**

Please complete the following questionnaire and forward your responses back to us at your earliest convenience.

General Information

1. Full name of Deceased;

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2. Deceased residential address;

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3. Date of Death;

___ / ___ / _____

4. Deceased Date of Birth;

___ / ___ / _____

5. Did the Deceased ever write a will;

Yes No

6. If yes, do you have a copy of the will? (If yes please provide);

7.

Yes No

8. The size of the estate, please list major assets and liabilities;

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9. Has a grant of probate has been obtained?

Yes No

10. If yes, when?

___ / ___ / _____

11. The solicitors acting the estates administration(if known);

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General Information about the Applicant

1. Full name;

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2. Residential address;

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3. Address for correspondence;

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4. Home, work and mobile telephone numbers;

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5. Relationship to the deceased;

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20. Has the deceased ever supported you? (i.e – education, loans)

Yes No

21. If yes, how did they support you?

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21. What kind of relationship did you had with the deceased?

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22. Is there anyone else that may have a claim on the estate?

Yes No

a. Name, addresses and date of births of these proposed persons;

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b. Their relationship to the deceased (i.e father, mother, sister)

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GMP Contesting Wills Lawyers

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Solicitors and Barristers



c. The nature of their relationship with the deceased;

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d. Their financial position (if known)

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e. Do they have any special needs? (i.e medical or financial)

Yes No

f. If yes, please list;

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g. What is their entitlement under the will? (if known)

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