|  |  |
| --- | --- |
| Reference number:  |       |
| Form A – Estate Information |  |

|  |
| --- |
| 1. **Details of the Represented Person**
 |
|  | Given name: |       | Surname: |       |
| Current address: |       | Postcode: |      |
| Usual residential address: |       | Postcode: |      |
| Date of birth: | DD / MM / YYYY |
| Represented Person’s disability: | [ ]  Acquired Brain Injury[ ]  Psychiatric condition | [ ]  Intellectual Disability[ ]  Other disability | [ ]  Dementia |

|  |
| --- |
| 1. Relatives
 |
| **Full name** | **Address (if deceased, give date and place of death, if known)** |
| **Spouse:**      |       |
| **Children:** (if under 21 years also give date of birth) |
|       |       |
|       |       |
|       |       |
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|       |       |
|       |       |
| **Father:**      |       |
| **Mother:**      |       |
| **Brothers and sisters**      |       |
|       |       |
|       |       |
|       |       |
|       |       |

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| 1. Salary or wages due to the Represented Person
 |
| Name of employer: |       |
| Address of employer: |       |
| Phone no of employer: |       | Amount due or entitlement $: |       |

|  |
| --- |
| 1. Pension / other benefits
 |
| **Source from which received** | **Type of benefit** | **Benefit no** | **Amount $**(month / fortnight / week) |
|       |       |       |        |
|       |       |       |        |
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| 1. Taxation
 |
| Is the Represented Person liable to lodge Income Tax Returns? | [ ]  Yes | [ ]  No |
| If liable, was a return lodged for the year ended 30 June last? | [ ]  Yes | [ ]  No |
| **Please attach copy of last return (if available)** |

|  |
| --- |
| 1. Real Estate (including any interest therein)
 |
| Description (eg land, house and land, shop property etc) |       |
| Full address (including Vol., Folio, Lot no, if known) |       |
| Who holds Title documents? |       |
| Name in which Title stands or interest in property |       |
| Is the property subject to Mortgage? Please give details. |       |
| If buildings are insured, state name of Insurer and give details of Policy |       |
| Does the Represented Person reside in the property? | [ ]  Yes [ ]  No |
| If no, who occupies the property and state their relationship to the Represented Person? |       |
| Is rent paid by the occupant? | [ ]  Yes [ ]  No |
| State the amount of rent $ |       |
| Date to which rent paid | DD / MM / YYYY |
| By whom is the rent collected |       |
| Is there a documented rental agreement? | [ ]  Yes [ ]  No |
| If property is vacant, what are your intentions regarding future management of the property? |       |

**If more than one property, please provide details on a separate page**

|  |
| --- |
| 1. Furniture description
 |
| Has inventory been prepared? (if yes, please attach a copy) | [ ]  Yes | [ ]  No |
| Location of furniture: |       |
| If furniture is insured, state name of Insurer and give details of Policy:       |

|  |
| --- |
| 1. Personal effects (clothing, books, tools, jewellery etc)
 |
| Has inventory been prepared? (if yes, please attach a copy) | [ ]  Yes | [ ]  No |
| Description of personal effect |       |
| Location of personal effects |       |

|  |
| --- |
| 1. Bank (or other financial institution) accounts
 |
| **Name of financial institution** | **Account no** | **Name of account owner/s** | **Location of passbook or card** | **Balance $** - at date of Administration Order |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| **Total:**  | **$ 0.00** |

|  |
| --- |
| 1. Shares, stock units, debentures, bonds etc
 |
| **Name of company** | **Type of investment** | **Name of account owner/s** | **Number of shares -** at date of Administration Order | **Investment value $** Estimate |
|      |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Total:**  | **$ 0.00** |

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| --- |
| 1. Interest in Trust/s
 |
| Interest in a Trust? | [ ]  Yes | [ ]  No |
| If yes, please provide details: |       |
| **If yes, please provide a copy of the Trust Deed/Deed of Variations and recent financial statements issued by the Trustee.** |

|  |
| --- |
| 1. Money loaned on mortgage
 |
| Provide full details: |       |
| Nature of security: |       |
| Name and address of person who holds documents: |       |

|  |
| --- |
| 1. Life assurance
 |
| **Name of company** | **Policy no** | **Premium $** | **Policy held by** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Total:**  | **$ 0.00** |  |

|  |
| --- |
| 1. Superannuation
 |
| **Name of company** | **Member no** | **Balance $** | **Regular superannuation pension** (month/fortnight/week |
|       |       |       |       /  |
|       |       |       |       /  |
|       |       |       |       /  |
|       |       |       |       /  |
|       |       |       |       /  |

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| 1. Interest in a deceased estate
 |
| Name of deceased: |       |
| Date and place of death: |       |
| Name of Executor/Administrator: |       |
| Date of Grant of Probate (or similar authority): | DD / MM / YYYY |
| Anticipated date of distribution: | DD / MM / YYYY |
| Estimated value of the Represented Person’s inheritance $ |       |
| **Please attach copy of the Grant of Probate** |
| **Please attach copy of Will of the deceased** |
| **Please attach copy of Assets and Liabilities Statement of the deceased estate** |

|  |
| --- |
| 1. Vehicles or other plant and equipment
 |
| Make: |       | Model and year: |       |
| Type: |       | Registration no: |       |
| Location of vehicle: |       | In whose care: |       |
| Particulars of comprehensive insurance: |       |
| **If insufficient space, please provide details on a separate page/s** |

|  |
| --- |
| 1. Interest in farming activities
 |
| Location: |       |
| Description: |       |
| **If insufficient space, please provide details on a separate page/s** |

|  |
| --- |
| 1. Interest in business entities (including companies, Partnerships and joint ventures)
 |
| Business/Company/Partnership name: |       |
| Is the Represented Person an office holder: | [ ]  Yes [ ]  No |
| Number of shares in business/company: |       |
| Is the business subject to liquidation/administration proceedings? | [ ]  Yes [ ]  No |
| **Please provide copy of partnership agreement (if any). Copy of ASIC latest company extract (if any). Latest available financial report of the entities listed above.****If insufficient space, please provide details on a separate page/s** |

|  |
| --- |
| 1. Goods on hire purchase or lease
 |
| **Description of goods** | **Name and address of finance company /dealer/lessor** | **Amount owing $** |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |
| **Total:**  | **$ 0.00** |

|  |
| --- |
| 1. Monies owed to Represented Person
 |
| Name of debtor: |       |
| Address of debtor: |       |
| Amount owing $: |       |

|  |
| --- |
| 1. Monies owed by Represented Person (Please list all debts currently outstanding)
 |
| **Name of creditor** | **Nature of debt** | **Amount owing $** |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |
| **Total:**  | **$ 0.00** |

|  |
| --- |
| 1. Details of any other assets, interests or entitlements
 |
| Please give details:       |

|  |
| --- |
| 1. Fees of care facility/agency, private hospital etc
 |
| Name and address of care facility/agency, hospital etc: |       |
| Accommodation fees $ (month/fortnight/week): |       /  |
| Was the Represented Person required to pay an accommodation bond (prior to 2014): | [ ]  Yes | [ ]  No |
| Is the Represented Person required to pay a Refundable Accommodation Deposit (RAD) or a Daily Accommodation Contribution (DAC)? | [ ]  Yes | [ ]  No |
| Was the bond paid or has the RAD/DAC been paid? | [ ]  Yes | [ ]  No |
| Amount of bond/RAD/DAC paid? $ |       |
| Amount owing: $ |       |

|  |
| --- |
| 1. Hospital and Medical Fund, benefit or Friendly Society
 |
| Name of fund or society: |       |
| Membership no: |       |
| Nature of cover: |       |

|  |
| --- |
| 1. Will
 |
| Has the Represented Person made a will? | [ ]  Yes | [ ]  No |
| **If Yes, please attach a copy of the Will** |
| Who holds the original Will? |       |

|  |
| --- |
| 1. Enduring Power of Attorney
 |
| Has the Represented Person executed an Enduring Power of Attorney? | [ ]  Yes | [ ]  No |
| If Yes, date when the Enduring Power of Attorney was granted: | DD / MM / YYYY |
| Name and address of person in favour of whom the Power of Attorney was given: |       |

|  |
| --- |
| 1. Accidents / compensation claims
 |
| Please set out below full particulars of current claims for compensation arising out of injury or loss to the Represented Person. Provide details of the progress of the claim. |
|       |

|  |
| --- |
| 1. Outline of proposals
 |
| 1. Please estimate the annual income and expenditure of the Represented Person:
 |
| **Income - Particulars** | **Amount $** |
|       |       |
|       |       |
|       |       |
|       |       |
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|       |       |
|       |       |
|       |       |
| **Total $:**  | **$ 0.00** |

|  |  |
| --- | --- |
| **Expenditure - Particulars** | **Amount $** |
|       |       |
|       |       |
|       |       |
|       |       |
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|       |       |
|       |       |
| **Total $:**  | **$0.00** |
| Please Note: Unless authorised by an order of SAT, an administrator is not authorised to make gifts from the **Represented Person’s estate** or be paid remuneration for services as an administrator (this includes loss of income). Please check the order issued by SAT to confirm your authority concerning the making of gifts and remuneration. |
| 1. Outline the way in which, over the next 12 months, you propose to deal with the Represented Person’s assets and liabilities.

      |

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| --- |
| 1. If Joint Administrators
 |
| If the Administration Order appoints ‘joint administrators’, please nominate the primary contact to whom the Public Trustee will post the annual accounts forms. |
| Name of primary contact: |       |

|  |
| --- |
| 1. Declaration by Primary Administrator
 |
| 1. To the best of my knowledge, all information provided in the Form A is true and correct.
2. I understand it is an offence under regulation 5 of the Guardianship and Administration Regulations 2005 to knowingly provide information which is false or misleading in a material particular.
3. [ ]  By ticking this box I confirm that I have read and understood the declarations above.
4. Date of declaration DD / MM / YYYY
 |
|  | Given name: |       | Surname: |       |
| Date of birth: | DD / MM / YYYY |
| Relationship to Represented Person: |       |
| Daytime contact number: |       |
| Email: |       |

|  |
| --- |
| 1. Declaration by Joint Administrator - 1
 |
| 1. To the best of my knowledge, all information provided in the Form A is true and correct.
2. I understand it is an offence under regulation 5 of the Guardianship and Administration Regulations 2005 to knowingly provide information which is false or misleading in a material particular.
3. [ ]  By ticking this box I confirm that I have read and understood the declarations above.
4. Date of declaration DD / MM / YYYY
 |
|  | Given name: |       | Surname: |       |
| Date of birth: | DD / MM / YYYY |
| Relationship to Represented Person: |       |
| Daytime contact number: |       |
| Email: |       |

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| 1. Declaration by Joint Administrator - 2
 |
| 1. To the best of my knowledge, all information provided in the Form A is true and correct.
2. I understand it is an offence under regulation 5 of the Guardianship and Administration Regulations 2005 to knowingly provide information which is false or misleading in a material particular.
3. [ ]  By ticking this box I confirm that I have read and understood the declarations above.
4. Date of declaration DD / MM / YYYY
 |
|  | Given name: |       | Surname: |       |
| Date of birth: | DD / MM / YYYY |
| Relationship to Represented Person: |       |
| Daytime contact number: |       |
| Email: |       |

# Instructions – Form A

* Please complete all sections of this form. If exact details are not known please give approximate details.
* If a section does not apply please insert “Nil” or “Not Applicable”.
* The Represented Person’s reference number can be located on the top left hand corner of any letter you would have received from the Private Administrator Support team.
* Once the form is completed, please read and complete the declaration section.
* Please send the scanned Form A or a PDF version of properly completed Form A, to the email address provided to you on the top left hand corner of any letter you would have received from the Private Administrator Support team.
* If you do not have an email address, please mail to the GPO box address provided below.

**If you do not have an email please forward this completed form to:**

|  |  |  |
| --- | --- | --- |
| Public Trustee553 Hay StreetPERTH WA 6000 | **or** | Public TrusteeGPO Box M946PERTH WA 6843 |



Telephone: 1300 746 212

@justice.wa.gov.au