

To: Shelcom Corporate Services
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INSTRUCTIONS REGARDING ESTABLISHMENT OF A WILL – HUSBAND/WIFE

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.



This Will is designed for a Husband/Wife that leaves all of their estate:

- firstly to their spouse;
and if their spouse does not survive them be more than 30 days, then
- secondly to their children in equal proportions as tenants in common upon reaching the age of 18 years.

DETAILS OF PERSON MAKING THE WILL - HUSBAND

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
Occupation: _____

DETAILS OF EXECUTOR (This is usually the spouse of the Will Maker as his/her entire estate will be left to the spouse)

Surname: Mr Mrs Ms Miss _____
Given Names: _____

DETAILS OF ALTERNATE EXECUTOR

Surname: Mr Mrs Ms Miss _____
Given Names: _____

DETAILS OF PERSON MAKING THE WILL - WIFE

Surname: Mr Mrs Ms Miss _____
Given Names: _____
Address: _____
Occupation: _____

DETAILS OF EXECUTOR (This is usually the spouse of the Will Maker as his/her entire estate will be left to the spouse)

Surname: Mr Mrs Ms Miss _____
Given Names: _____

DETAILS OF ALTERNATE EXECUTOR

Surname: Mr Mrs Ms Miss _____
Given Names: _____

Should you have any specific requirements/amendments which need to be specified in the preparation of this Will, please advise us with your instructions. (Additional fees may be incurred)

PAYMENT DETAILS:

Credit Card: Visa Mastercard Bankcard AMEX Diners

Card Number: Expiry Date /

Card Holder: _____

Card Holders Signature: _____

Direct Debit:

BSB: 063 303 Account Number: 1004 9522

Please quote Invoice Number as reference.