

## Document Release Form

### Deceased Estates

This is to request information or apply for release of documentation in relation to a deceased person.

There are statutory obligations under Section 50 of the Wills Act 1997 in relation to who is legally entitled to access this information.

An original Will can only be released to the Executors named in the Will. We will need to contact the executors (if that is not you). We require an Authority and this form completed and signed by all Executors for this purpose.

#### Please:

1. Complete this form and read through **Note** overleaf; and
2. Provide a certified copy of the death certificate (or Grant of representation\*); and
3. Provide instructions/authority signed by all executors agreeing to release the requested documents; and
4. Provide certified copies totalling 100 points of identification of each of the executor/s from the list below:
  - Australian passport (expired no more than 2 years) - **70 points**
  - Birth certificate - **70 points**
  - Citizenship certificate – **70 points**
  - Current Australian drivers licence - **40 points**
  - Medicare card or pension card - **25 points**
  - Current credit card or ATM access card issued by a financial institution - **25 points**
  - Passbook or statement from a bank, building society or credit union (not more than 12 months old) - **15 points**
  - Telephone, gas or electricity account (not more than 12 months old) - **15 points**
  - Water or Council rate notice (not more than 2 months old) - **15 points**

#### Deceased's details:

Full Name of Deceased: \_\_\_\_\_

Last Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_

#### Your details:

Executor's/Administrator's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

OR

Firm/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration:** I declare that this information is true and correct

## Information Required:

I request from Rennick & Gaynor the following (please tick):

Original	Copy	Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Will _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> * Title for the property at _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lease/s for the property at _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trust Deed/s for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Probate for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Court Orders for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify) _____

**Note:** Whilst you may request the above information, there is no certainty that we are able to comply with your request.

(a) It is recommended to collect the requested documents or provide your prepaid express post or registered mail envelope.

(b) \*For a Title: (i) if the Title is in more than one name, provide written authority from all parties; (ii) if applicable, certified copy of death certificate (for joint tenants) or Grant of Probate/Letters of Administration if one of the proprietors is deceased; (iii) if the Title is in a company name, download the Company document release form; (iv) LIV Verification of Identity will be required by the Executor/s; (v) the title is recommended to be either collected in person by the Executor/Administrator or sent by prepaid registered mail envelope supplied by you.