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The Principal lawyer of Spectrum Lawyers & Consultants is Donna Abu-Elias. Donna was admitted as a lawyer in April 2004 and before that time was working as a paralegal preparing Wills and Powers of Attorney. Donna and her team at Spectrum Lawyers take the stress out of preparing your Will and Power of Attorney.

Have you recently;

- Moved house?
- Had children?
- Changed your marital status?
- Purchased a property or asset?
- Booked a holiday?
- Or has your life simply changed lately?

If you answered "YES" to any of the above questions, then you need to take steps to prepare your Will, Enduring Power of Attorney and Appointment of Medical Treatment Decision Maker. For those who have specific wishes or directions, Spectrum Lawyers can assist you in preparing Advance Care Directive and Memorandum of Directions.

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As a mother, Donna realised in life there are two critical things for her - her family and her home.

A Will and Power of Attorney are the best way to protect your family and assets.

CONTACT US

If you have any questions, please call us so we can work through it together.





Important Considerations

Beneficiaries

This is the person or people you want to leave your estate to or it may even be a charity or organisation. If your beneficiary is a minor (under the age of 18) you may wish to consider leaving the benefit in a trust.

Burial / Cremation / Funeral

You may have specific requests about whether you are buried or cremated which you can identify in your Will. Likewise, you may have specific funeral instructions or wishes about whether you want to be an organ donor.

Exclusions

If you specifically have someone (or multiple people) you want to exclude from your Will, it is important to note them.

Executor

This is the person you appoint to carry out your final wishes. This should be someone you trust and who has the required time to fulfill this role.

Gifts

This is your opportunity to nominate any sentimental items (for example, wedding rings, heirlooms, collectables) that you want to leave to a specific person.

Guardian

The person/people to care for your children. This should be someone with similar values and lifestyle choices. You may also with to consider any specific wishes regarding guardianship, including where your children will live, who they should or should not see and any education/extra-curricular activities you would like them to have.

Superannuation

To ensure your super is distributed according to your wishes, you need to set up a **binding nomination** with your super fund. Without one, your superannuation may be allocated at the discretion of the fund's trustee, which may not align with your intentions. Similar consideration should be given to any life insurance policies.

NEXT STEPS

- 1. Complete the Will Instructions form on pages 8 and 9 or complete your form online by clicking here.
 - If you would prefer to complete the instruction form with Spectrum Lawyers please contact us to make an appointment.
- 2. Spectrum Lawyers will then prepare your draft Will & email a copy to you.
- 3. Once you are happy with your Will, we will arrange a Will signing appointment.



Enduring Power of Attorney

This allows you to nominate a person (or persons) to make decisions on your behalf about financial (eg, bank documents, property documents, superannuation documents) and personal decisions (eg, where you live). An enduring power of attorney can either commence immediately or only when you cease to have decision making capacity. It is important to note that, should it commence immediately, your "enduring" power of attorney will continue if you no longer have decision making capacity. If you wanted to appoint an attorney but for it to cease to operate if you are unable to make these decisions, then you will require a "general non-enduring Power of Attorney" and we can assist you to prepare one of these too.

Appointment of Medical
Treatment Decision Maker
with authority to make
Medical Treatment Decisions

Formaly known as a Medical Power of Attorney. In instances where you are unable to make your own decisions (either temporarily or permanently) about your own medical treatment, your nominated medical treatment decision maker can make these decisions for you. Your health practitioner will need the consent of your medical treatment decision maker if you are unable to make medical treatment decisions yourself.



Advance Care Directive

This document allows you formally record their preferences for future medical treatment in the event they lose decision-making capacity.

Through this document, a person can include general statements about their values and beliefs to guide future medical decisions, as well as provide specific instructions to consent to or refuse certain types of medical treatment. It is important to note that this form is instructional only and does not appoint any person(s) to make medical decisions on your behalf.

Memorandum of Directions

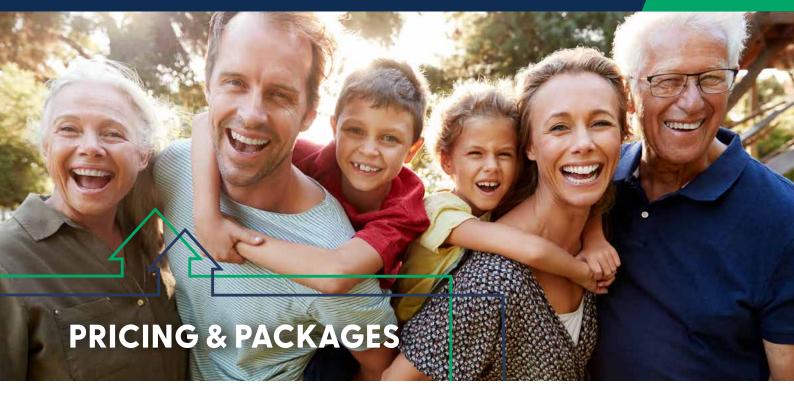
This is sometimes also known as a 'Letter of Wishes' and can be used to provide your Executors with guidance about the distribution of your estate. It is however very important to remember that a Memorandum of Direction cannot alter your Will, but merely provides details of your wishes about issues such as:

- The treatment of your assets and whether they should be invested
- Explanation as to why certain people may have been excluded from the Will (or receive less than an equal share)
- Education or living arrangements of minors
- Details about professional advisors, people who need to be notified and insurance/ superannuation details
- Any other details you wish to disclose or explain



NEXT STEPS

- 1. Complete the Power of Attorney and/ or Appointment of Medical Treatment Decision Maker Instruction form on page 10 or complete your form online by clicking here. If you would prefer to complete the instruction form with Spectrum Lawyers please contact us to make an appointment.
- If you would like us to prepare an Advance Care Directive and/ or Memorandum of Directions, please contact us to make an appointment.
- Spectrum Lawyers will then prepare your draft document(s) & email a copy to you.
- Once you are happy with your document(s), we will arrange a signing appointment.



PRICING FOR YOUR WILL

• \$400 (plus GST) per standard Will

PRICING FOR YOUR ENDURING POWER OF ATTORNEY

- \$200 (plus GST) per standard Enduring Power of Attorney or Appointment of Medical Treatment Decision Maker with authority to make medical decisions
- \$300 (plus GST) per standard
 Advance Care Directive or
 Memorandum

If you live local to Williamstown (from Williamstown to Point Cook) we can arrange a home visit to sign your Will and/or Power of Attorney, but please contact us to confirm the 'home visit fee'.

Pricing includes any consultations to complete the form/s and the final signing appointment.

WILL & POWER OF ATTORNEY PACKAGE

DISCOUNTED price of \$750 (plus GST) per person

NORMALLY VALUED AT \$900 (plus GST)
Package includes

- a Will
- a Power of Attorney
- an Appointment of Medical Treatment Decision Maker with authority to make medical decisions

COMPLETE PACKAGE

DISCOUNTED price of \$1,000 (plus GST) per person

NORMALLY VALUED AT \$1200 (plus GST)
Package includes

- a Will
- a Power of Attorney
- an Appointment of Medical Treatment Decision Maker with authority to make medical decisions
- an Advance Care Directive
- a Memorandum of Directions

WILL INSTRUCTIONS FORM



After completion of form, please send to info@spectrumlaw.net.au

Your Details					
Your full name (includin	ng middle names)		Email		
Date of Birth			Address		
Dhara			O		
Phone			Occupation		
Your Executor's	· Dotails				
(This will be the perso		nt to administer you	estate)		
Full name	, , , , ,	•		eg, Husband/Wife/De I	Facto Spouse etc)
					•
Address			Inhovitance of cotat	. (avaavstausta imbanis all	af varu actata)
Address				e (executor to inherit all	or your estate)
			Yes	No	
Alternative Exe	scutor's Dotails				
		tate when vour exe	cutor [detailed above]	passes before vou)	
1st Executor's full name	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Relationship to you (
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address					
Address					
2nd Executor's full name	e		Relationship to you (eg, Family/Friend)	
Address					
			_		
Alternative Execu	utor (If your first Executo	or cannot act)	Joint and Several (bo	th executors must act to	gether)
Your Children's	Details				
		Address		Do you want the	If yes, what age do
	Full name	(if different to your	Date of Birth	monies held in Trust (Y/N)	you want the funds released from trust?
First Child					
Second Child					
Second Child					
Third Child					
I					

WILL INSTRUCTION FORM CONTINUES ON NEXT PAGE

WILL INSTRUCTIONS FORM



Guardian's Details

person who will care for y	your children)
----------------------------	----------------

Full name of guardian of children	Relationship to You	Until what age?
Address		
The standard Will allows your guardian to pay expenses of the standard Will allows your guardian to pay expenses of the standard would prefer to leave a certain monetary gift (or ot medical, education and welfare, please provide details be	her gift) instead of your Guardian accessing trust monies	
Specific Gifts Please identify any specific gifts you would like to	leave for particular people (eg. jewellery, collecto	ables, motor vehicles,

Please identify any specific gifts you would like to leave for particular people (eg, jewellery, collectables, motor vehicles pets). If no particular gifts, you can skip this question and move to "Beneficiaries".

Full Name	Address	Relationship to You	Specific Gift

Your Beneficiaries Details

(people who will get your estate if your partner / children do not survive you eg, child; sibling; parent; friend)

Full Name	Address	Relationship to You	% of estate (if not in equal shares)	If the named beneficiary passes, do you want their share to go to (a) the beneficiaries' children OR (b) your remaining beneficiaries

WILL INSTRUCTION FORM CONTINUES ON NEXT PAGE

WILL **INSTRUCTIONS FORM**



Other Special Requirements

Anyone to be excluded from Will?			
Yes No			
If Yes, provide			
Full Name	Address	Relationship to You	Reason why they are excluded
Do you want to donate organs for t	ransplant or research?		
Only Transplant	Only Research Both tran	splant & research No	donation
Do you want to be buried or cremat	ted?		
Other notes			
WILL INSTRUCTION FORM END	S HERE		

NEXT STEPS

- 1. Complete the Wills Instruction form. If you would prefer to complete the instruction form with Spectrum Lawyers please contact us to make an appointment.
- 2. Email the completed form to info@spectrumlaw.net.au
- 3. Spectrum Lawyers will arrange a teleconference to confirm your instructions, and then we will prepare your draft Will and email a copy to you for your review.
- 4. Once you are happy with your Will, we will arrange a Will signing appointment.

If you have any questions, please call us so we can work through it together.



03 7013 0970

POWER OF ATTORNEY INSTRUCTIONS FORM



After completion of form, please send to info@spectrumlaw.net.au

Please lick the document you want as to prepare for you					
Enduring Power of Attorney (Will continue even when you lose your mental capacity to make your own decisions)					
Non-Enduring Power of Attorney (Will stop when you lose me	Non-Enduring Power of Attorney (Will stop when you lose mental capacity to make your own decision)				
Your Details					
Your full name (including middle names)	Phone				
Date of Birth	Email				
Address					
Your Attorney 1					
(Spouse or someone else)					
Full name (including middle names)	Address				
Date of Birth	Phone				
Relationship to You (eg, family / friend)					
Your Attorney 2					
Do you want to appoint a second attorney?					
Yes No					
If you have selected 'yes', please fill out their details below.					
Full name (including middle names)	Address				
Date of Birth	Phone				
Relationship to You (eg, family / friend)					
Do you want to appoint a second attorney as:					
an Alternative Attorney - Attorney 2 can only act if Attorney	L cannot act				
a Joint Attorney - Attorney 1 and Attorney 2 must make all de					
Jointly and severally - Attorney 1 and Attorney 2 can act toget	her or separately				
If you want more than two attorneys please provide the de our office.	tails in your cover email when you send the forms back to				

POWER OF ATTORNEY INSTRUCTIONS FORM CONTINUES ON NEXT PAGE

POWER OF ATTORNEY INSTRUCTIONS FORM



•			-		•	
Sp	ecit	IC I	nstr	uct	ion	S

When is the Power of Attorney to start?	
Immediately	
On a particular date. Date	
If you are unable to make my own decisions	
Any limitations or conditions on appointing your Attorneys? Examples: Restrictions on Attorney's powers (eg, no power to sell property; limited fina Business Control Restrictions Regular financial reporting Other - please specify	ncial transactions)

POWER OF ATTORNEY INSTRUCTIONS FORM ENDS HERE

NEXT STEPS

- 1. Complete the Power of Attorney Instructions form. If you would prefer to complete the instruction form with Spectrum Lawyers please contact us to make an appointment.
- 2. Email the completed form to info@spectrumlaw.net.au
- 3. Spectrum Lawyers will arrange a teleconference to confirm your instructions, and then we will prepare your draft Power of Attorney and email a copy to you for your review.
- 4. Once you are happy with your Power of Attorney, we will arrange a Power of Attorney signing appointment.

If you have any questions, please call us so we can work through it together.



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MEDICAL TREATMENT DECISION MAKER INSTRUCTION FORM



After completion of form, please send to info@spectrumlaw.net.au

Your Details	
Your full name (including middle names)	Phone
Date of Birth	Email
Address	
Your Medical Treatment Decision Maker 1	
(Spouse or someone else)	
Full name (including middle names)	Address
Date of Birth	Phone
Relationship to You (eg, family / friend)	
Your Medical Treatment Decision Maker 2	
Do you want to appoint a second attorney?	
Yes No	
If you have selected 'yes', please fill out their details below.	
Full name (including middle names)	Address
Date of Birth	Phone
Relationship to You (eg, family / friend)	

**Please note that if you appoint a second Attorney, then this attorney can only act as an alternative attorney, and CANNOT be a joint attorney under a Medical Treatment Decision Maker.

MEDICAL TREATMENT DECISION MAKER INSTRUCTION FORM CONTINUES ON NEXT PAGE

MEDICAL TREATMENT DECISION MAKER INSTRUCTION FORM



Specific Instructions

Please note that this appointment will only commence when you are unable to make your own medical decision, and not upon signing your document.

any specific directions on the medical treatment that you do not wish to have:
Do not wish to be resuscitated
Do not wish to be kept on life support
Other

MEDICAL TREATMENT DECISION MAKER INSTRUCTION FORM ENDS HERE

NEXT STEPS

- 1. Complete the Medical Treatment Decision Maker Instruction form. If you would prefer to complete the instruction form with Spectrum Lawyers please contact us to make an appointment.
- 2. Email the completed form to info@spectrumlaw.net.au
- 3. Spectrum Lawyers will arrange a teleconference to confirm your instructions, and then we will prepare your draft Medical Treatment Decision Maker and email a copy to you for your review.
- 4. Once you are happy with your Medical Treatment Decision Maker, we will arrange a Medical Treatment Decision Maker signing appointment.

If you have any questions, please call us so we can work through it together.



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CONTACT US

If you have any questions, please contact us for a free no obligation discussion.

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№ PO Box 527, Altona Vic 3018

spectrumlaw.net.au

BOOK AN APPOINTMENT

During business hours



OUR OFFICE

Our office is based in Williamstown. Let us know a time that best suits you.