

WILL QUESTIONNAIRE

1. YOUR DETAILS	
(a) YOUR FULL NAME	
(b) ADDRESS POST CODE	
(c) TELEPHONE NUMBERS Home Work Mobile	
(d) MARITAL STATUS	Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabitee <input type="checkbox"/> Civil Partners <input type="checkbox"/>
(e) DATE OF BIRTH	
(f) OCCUPATION	
(g) EXISTING WILL Do you have an existing will? Do you want us to securely store your will for £6.00 per year?	YES/NO YES/NO

2. SPOUSE/PARTNER	
<p>(a) FULL NAME</p> <p>(b) ADDRESS (if different from above)</p> <p>POST CODE</p> <p>(c) DATE OF BIRTH</p> <p>(d) OCCUPATION</p> <p>(e) MARITAL STATUS</p> <p>(f) EXISTING WILL</p>	<p>Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabitee <input type="checkbox"/> Civil Partners <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3. DISPOSAL OF BODY – SPECIAL DIRECTIONS?	<p>Burial <input type="checkbox"/> Cremation <input type="checkbox"/></p> <p>Donation for Medical Research <input type="checkbox"/> Other <input type="checkbox"/></p>
4. CHOICE OF EXECUTORS	<p>It is common to appoint a trusted family member or friend, however we can act an Executor for you. If you would like us to be your executor please tick yes</p> <p>YES/NO</p>
<p>(a) Full Name</p> <p>(b) Address</p> <p>(c) Relationship to you</p> <p>(d) Professional</p> <p>(e) Other</p> <p>(f) Substitute</p>	<p>If You prefer to appoint other executors please complete their details below.</p>

5. CHILDREN

Full Name	Address	Date of Birth	Status* Natural, Adopted, Mentally handicapped, Stepchild

6. GRANDCHILDREN

Full Name	Address	Date of Birth	Name of Parent

7. ARE YOU THE GUARDIAN OF ANY OTHER CHILDREN? If yes please complete their details below.

Full Name	Address	Relationship to You

<p>8. DO YOU HAVE ANY OF THE FOLLOWING WHO YOU DO NOT WISH TO LEAVE ANYTHING TO?</p>	
<p>(i) Spouse/Civil partner;</p> <p>(ii) a former spouse or civil partner who has not re-married;</p> <p>(iii) a person (other than a former spouse) who lived with you as husband/wife/civil partner within the last two years;</p> <p>(iv) a child;</p> <p>(v) a step child ;</p> <p>(vi) any other child of the family;</p> <p>(vii) any other person who is being currently maintained by you?</p>	

9. GIFTS

(a) Cash Gifts

Amount	Full Name and Address of Beneficiary	Free/Subject to Tax	Date of birth of Beneficiary if under 18
(i)			
(ii)			
(iii)			
(iv)			

(b) Specific Gifts eg cars, ornaments, etc

Description	Full Name and Address of Beneficiary	Free/Subject to Tax	Date of birth of Beneficiary if under 18
(i)			
(ii)			
(iii)			

(c) Gifts to Charity
It is usual to remember a favourite charity or cause in your will.

Amount/Description	Full Name and Address of Charity/ Cause	Charity No. (if known)
(i)		
(ii)		
(iii)		

10. ALL OF THE REST OF YOUR ESTATE

Amount/ Proportion	Full Name and Address of Beneficiary	Relationship to You	Age/Date of Birth	Absolute/ Conditional
(i)				
(ii)				
(iii)				

If one of your beneficiary dies, do you want the gift to pass do their children?	YES/NO
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11. DO YOU OWN ANY FOREIGN PROPERTY

Type	Location	Value	Is there a Foreign Will?

12. ARE YOU A BENEFICIARY UNDER ANOTHER'S WILL OR TRUST?	YES/NO
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13. ASSETS – Please complete this in general terms – it will help us decide if you require tailored tax saving wills which can protect you from inheritance tax.

Item	Sole/Joint ownership	Joint Owner	Proportion	Value of Whole	Value of Interest
Home					
Other Land/Buildings					
Personal Possessions					
Car					
Bank Accounts					
Building Society Accounts					
Business Property					

<p>Agricultural Property</p> <p>Quoted Shares</p> <p>Unquoted Shares</p> <p>Unit Trusts/ Investment Trusts</p> <p>PEPS</p> <p>Insurance Policies</p> <p>(i) Life</p> <p>(ii) Pension</p> <p>(iii) Investment</p> <p>National Savings Accounts</p> <p>Premium Bonds</p> <p>Property in trusts under which you are a beneficiary</p> <p>Property in trusts in which you have a general/specific power of appointment</p>					
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Have you made any lifetime gifts – to whom and when made?					
Other					
Estimated Total Value				£	£

14. LIABILITIES

Type	Secured/Unsecured	Indemnity Insurance	Amount
Mortgage			
Bank Overdraft			
Other			
Estimated Total Value			£

15. PENSIONS

Have you nominated someone to receive your pension in the event of your death? If Yes, who?	
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