

# Will Information Questionnaire



This Questionnaire is not intended to replace the meeting you will have with your solicitor it merely indications the type of information that your solicitor will need to fully advise you. Please complete it as fully and as frankly as possible.

| Your Details    |        | Client 1 | Client2 |
|-----------------|--------|----------|---------|
| Full Name (s)   |        |          |         |
| Address         |        |          |         |
| Contact Details | Home   |          |         |
|                 | Work   |          |         |
|                 | Mobile |          |         |
| Email           |        |          |         |
| Date of Birth   |        |          |         |
| Occupation (s)  |        |          |         |

| Marital Status  | Client 1 | Client2 |
|---|----------|---------|
| Have you previously been married/in a Civil Partnership |          |         |
| If appropriate - when did it end ?                      |          |         |
| Are you paying maintenance ?                            |          |         |

| If you are a widow/er or a surviving civil partner     | Client 1 | Client2 |
|--|----------|---------|
| Spouse / civil partner's date of death                 |          |         |
| Did you inherit the whole of their estate ?            |          |         |
| If not what value was left to others ?                 |          |         |
| Did you own a house with your spouse who predeceased ? |          |         |

# Will Information Questionnaire



| <b>Children</b>                     |         |                           |                                   |
|-------------------------------------|---------|---------------------------|-----------------------------------|
| Child's Name<br>M - Male F - Female | Address | Age or DOB if<br>under 18 | Child of Client 1 or<br>2 or both |
|                                     |         |                           |                                   |
|                                     |         |                           |                                   |
|                                     |         |                           |                                   |
|                                     |         |                           |                                   |

| <b>Grandchildren</b>                     |         |                           |                                   |
|--|---------|---------------------------|-----------------------------------|
| Grandchild's Name<br>M - Male F - Female | Address | Age or DOB if<br>under 18 | Child of Client 1 or<br>2 or both |
|  |         |                           |                                   |
|  |         |                           |                                   |
|  |         |                           |                                   |
|  |         |                           |                                   |

# Will Information Questionnaire



| Assets              | Client 1 | Client 2 | Joint names | Liabilities |
|---------------------|----------|----------|-------------|-------------|
| House               |          |          |             |             |
| Mortgage            |          |          |             |             |
| Second Property     |          |          |             |             |
| Life Policies       |          |          |             |             |
| Pension             |          |          |             |             |
| Death in service    |          |          |             |             |
| ISA's               |          |          |             |             |
| Shares in public Co |          |          |             |             |
| Share in private Co |          |          |             |             |
| Unit Trusts         |          |          |             |             |
| Bonds               |          |          |             |             |
| Bank                |          |          |             |             |
| Building Society    |          |          |             |             |
| Property abroad     |          |          |             |             |
| Other               |          |          |             |             |
| TOTALS              |          |          |             |             |

| House                                | Joint Tenants | Tenants in common | Don't know |
|--------------------------------------|---------------|-------------------|------------|
| Do you know how the house is owned ? |               |                   |            |
| Have you ever owned a house ?        |               |                   |            |

| Life Insurance                   | Yes | No | Don't know |
|----------------------------------|-----|----|------------|
| Are any policies held in trust ? |     |    |            |

| Executors / Trustees                | Yes | No | Don't know |
|-------------------------------------|-----|----|------------|
| Is the survivor to be an executor ? |     |    |            |

| OTHER Executors or Executors to act on second death |         |              |
|---|---------|--------------|
| Name  | Address | Relationship |
|   |         |              |
|   |         |              |
|   |         |              |
|   |         |              |

# Will Information Questionnaire



Are you responsible for a child under 18? Who will take responsibility for them until they are 18? NB this does not include step-children.

| Guardians |         |
|-----------|---------|
| Name      | Address |
|           |         |
|           |         |
|           |         |

| Funeral Wishes              | Yes | No |
|-----------------------------|-----|----|
| Do you have a funeral plan? |     |    |
| Burial                      |     |    |
| Cremation                   |     |    |

| Specific Gifts & Legacies            | Client 1 | Client 2 |
|--------------------------------------|----------|----------|
| Name                                 |          |          |
| Relationship                         |          |          |
| Details of gift                      |          |          |
| 1st / 2nd death?                     |          |          |
| Free or subject to IHT               |          |          |
| Name                                 |          |          |
| Relationship                         |          |          |
| Details of gift                      |          |          |
| 1st / 2nd death?                     |          |          |
| Free or subject to IHT               |          |          |
| Name                                 |          |          |
| Relationship                         |          |          |
| Details of gift                      |          |          |
| 1st / 2nd death?                     |          |          |
| Free or subject to IHT               |          |          |
| Name                                 |          |          |
| Relationship                         |          |          |
| Details of gift                      |          |          |
| 1st / 2nd death?                     |          |          |
| Free or subject to IHT               |          |          |
| At what age are children to inherit? |          |          |

# Will Information Questionnaire



| Charitable Gifts | Client 1 | Client 2 |
|------------------|----------|----------|
| Name             |          |          |
| Address          |          |          |
| Charity number   |          |          |
| 1st / 2nd death? |          |          |
| Name             |          |          |
| Address          |          |          |
| Charity number   |          |          |
| 1st / 2nd death? |          |          |
| Name             |          |          |
| Address          |          |          |
| Charity Number   |          |          |
| 1st / 2nd death? |          |          |
| Name             |          |          |
| Address          |          |          |
| Charity number   |          |          |
| 1st / 2nd death  |          |          |

| Gift of the rest of your estate (your residuary estate) | Client 1 | Client 2 |
|---|----------|----------|
| On 1st death  |          |          |
| On 2nd death / death of the survivor of you:-           |          |          |
| Name  |          |          |
| Relationship  |          |          |
| At what age?  |          |          |
| If they predecease?                                     |          |          |
| Name  |          |          |
| Relationship  |          |          |
| At what age?  |          |          |
| If they predecease?                                     |          |          |

# Will Information Questionnaire



## Gift of the rest of your estate (your residuary estate)

|                     | Client 1 | Client 2 |
|---------------------|----------|----------|
| Name                |          |          |
| Relationship        |          |          |
| At what age?        |          |          |
| If they predecease? |          |          |
| Name                |          |          |
| Relationship        |          |          |
| At what age?        |          |          |
| If they predecease? |          |          |

## Reserve Beneficiaries

|              | Client 1 | Client 2 |
|--------------|----------|----------|
| Name         |          |          |
| Relationship |          |          |
| Name         |          |          |
| Relationship |          |          |
| Name         |          |          |
| Relationship |          |          |
| Name         |          |          |
| Relationship |          |          |

Are you excluding anyone who may be expecting you to make provision for them in your Will? If so please provide their name and address and relationship to you.

## Additional information

|              | Client 1 | Client 2 |
|--------------|----------|----------|
| Name         |          |          |
| Address      |          |          |
| Relationship |          |          |
| Name         |          |          |
| Address      |          |          |
| Relationship |          |          |

Are you paying maintenance to anyone? Or have you paid maintenance in the last two years - this could be an informal arrangement - if so please provide details of the person benefiting from the payments and their relationship to you.

## Additional information

|              | Client 1 | Client 2 |
|--------------|----------|----------|
| Name         |          |          |
| Address      |          |          |
| Relationship |          |          |