

## WILL INSTRUCTIONS/QUESTIONNAIRE

In order that we may prepare a will which suits your circumstances, we should be grateful if you could complete as far as possible the following questionnaire. Please continue on a separate sheet if necessary, indicating the section to which the information relates. Copies of existing wills and other relevant documents should be provided, if possible.

### 1. You (and your partner)

	You	Spouse / Civil Partner / Partner (please indicate which)
Full Name		
Address		
Postcode		
Telephone numbers:		
Daytime		
Home		
Mobile		
Occupation		
Date of birth		
Place of birth		
Maiden or former name(s)		
Nationality		
Former nationality (if any)		
Tax residence (if known)		
Location of previous will		
Marital status	Single/Divorced/Engaged Remarried/Married/Widowed Separated	Single/Divorced/Engaged Remarried/Married/Widowed Separated

## 2. Children

Full name	Address	Date of birth	Status*

\*In the status column please indicate:

- (a) whether the child is from the present relationship or a previous relationship;
- (b) in the case of a couple completing this questionnaire, which is the parent;
- (c) whether the child is natural or adopted
- (d) whether the child is legitimate.

## 3. Grandchildren

Full name	Address	Date of birth	Name of parent

4. Disposal of your body:
- a. Type of funeral: burial/ cremation.
  - b. Any specific funeral wishes:
  
  - c. Do you carry a donor card?
  - d. Are you leaving your body for medical purposes?

5. Executors:

Full name	Address	Sole/joint/substitutional*
Solicitor (please tick)		

6. Guardians:

Full name	Address	Sole/joint/substitutional*

\*In the “Sole/joint/substitutional” columns of (5) and (6), please indicate “sole” whether the person is the only executor/guardian, “joint” if they are to act together, and “substitutional” if the person only takes office on the death/incapacity of the other(s).



9. Residue

Please choose one of the following:

- a. All to my spouse/civil partner/partner, failing which all to my children equally (at age 18/21/25/other) failing which, substituting their children equally (at age 18/21/25/other).
- b. All to my children equally (at age 18/21/25/other) failing which, substituting their children equally (at age 18/21/25/other).
- c. Shared between the following:

Fraction or percentage	Beneficiary	Address
Column must total 1, or 100%		

- d. Other (please explain below)

In consultation with your adviser, note any tax-planning adaptations to the above provisions, here:

10. Assets

Insert the values of the following, broken down by ownership.

Asset	Self (£)	Spouse/Civil Partner/Partner (£)	Joint (£)	Totals
Main residence				
Mortgage on above (-)				
Life cover or endowment policy attached to mortgage above				
Farmland				
Land used in a business				
Other land or buildings				
Mortgages on any of above (-)				
Life cover or endowment policy attached to mortgages above				
Own/family business (or shares, if a company)				
Bank and building society accounts, and national savings				
Stocks, shares and unit trusts				
Life policies (indicate whether written in trust)				
Pension schemes not yet in payment (indicate type, if known)				
Other savings or investments				
Chattels (including vehicles, jewellery and antiques)				
Major debts, or other liabilities (-)				
Life cover attached to liabilities above				
Overseas assets				
Expectations of inheritance				
Trusts from which you do/could benefit				
Trusts settled by you (please give details)				
Gifts made by you (please give dates)				
Other				
Totals				