

Will Questionnaire

As part of our wills service we meet with you (our clients) to advise you on your individual circumstances. The following questionnaire helps us put a more detailed picture of you and your circumstances together, so any information you can complete prior to our meeting can save us time when we do get together. If you are coming to us as a couple it is helpful if you can complete a form each.

Personal Information

Your full name (including middle names):
Any previous surnames:
Your address:
Contact tel no(s):
Email address:
Your date of birth: (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Do you need your will prepared urgently for medical reasons: Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions about you

1: Have you made a Will before? Yes <input type="checkbox"/> No <input type="checkbox"/>	3: Continued
1a: Where is that will held?	Full name of child: _____ Date of Birth _____ Address: _____
2: Your status, are you: (please tick all that apply) Married <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Living with your partner <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Spouse name: _____	Full name of child: _____ Date of Birth: _____ Address: _____
3: Do you have children and/or stepchildren? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If you have children under the age of 18, we will discuss guardianship arrangements with you. Please consider who the guardians are to be.</small>	4: Do you have grandchildren? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full name of child: _____ Date of Birth: _____ Address: _____	4a: If any of your children have stepchildren or adopted children that you wish to include please provide details:
Full name of child: _____ Date of Birth: _____ Address: _____	
Full name of child: _____ Date of Birth: _____ Address: _____	5: Other than your children, is there anyone financially dependent on you in any way? Yes <input type="checkbox"/> No <input type="checkbox"/>

If there is not enough space for information please use the notes section on the back page

Questions about your estate

Please note that there is no need for you to obtain valuations of any of your assets and liabilities. We just need approximate figures. Should any exact figures be required we will go through this with you at our meeting.

6: Do you own a property or properties in the UK?

Yes No

Please give the addresses of all properties you own unless it is your main residence (Previous page):

Additional address:

Is this property owned jointly? Yes No

If so, please state who the other person is/people are & their share: _____

Additional address:

Is this property owned jointly? Yes No

If so, please state who the other person is/people are & their share: _____

Additional address:

Is this property owned jointly? Yes No

If so, please state who the other person is/people are & their share: _____

7: The approximate value(s) of any property you own:

£ _____

8: If you own property, is there a mortgage or mortgages outstanding?

Yes No

If yes, please state the approximate amount(s) outstanding:

£ _____

9: Do you own property outside the UK?

Yes No

If yes, please give the approximate value:

£ _____

Is it owned jointly? Yes No

If so, please state who the other person is/people are & their share:

Questions about your estate (continued)

10. Please state the approximate value of your other assets:

(i.e. bank accounts, stocks and shares etc.)

	Bank or Society	Sole	Joint	Your share
Sums held in banks or building societies (include ISA accounts)	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Stocks, shares, unit trusts etc.	Stock, shares, trust name _____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Bonds	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
National Savings	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____

11: Do you have a pension plan(s)?

Yes No

12: Do you have life insurance?

Yes No Amount of cover £ _____

Is this:

Death in service Separate policy

13: Do you expect to be a beneficiary in a Will or Trust?

Yes No

13a: Do you currently benefit from a trust fund?

Yes No

Please provide brief details: _____

Questions about your intentions in your Will (continued)

2: Do you want to leave any specific items to anyone?

Yes No

If yes, please give details:

3. Are any of your beneficiaries vulnerable or do they give you cause for concern?

Name:

Reasons for concern:

4: If you are married or in a civil partnership, do you want your spouse/civil partner to inherit your entire estate on your death?

Yes No

5: If your spouse/civil partner dies before you, do you want your children to inherit your entire estate equally between them?

Yes No

If yes, if any of your children die before you leaving children of their own, i.e. your grandchildren, would you want their children to inherit their share equally between them?

Yes No

6: At what age would you like your beneficiaries to inherit?

18 21 25 Other _____

7: If a disaster scenario occurred and you had no beneficiaries remaining i.e. all had died together, who would you like to inherit:

8: Would you like to be buried or cremated?

Buried Cremated

Do you have any special wishes for your remains?

Do you have a funeral plan?

Yes No

If Yes, please give details:

Funeral company: _____

Reference: _____

You may wish to prepare a separate note with full details of your wishes for your funeral for passing to your family and executors.

9: Who would you like to be your Executors, i.e. the persons with the authority to carry out your instructions after you die?

10. Are you interested in making a lasting power of attorney?

Yes No

If you have an existing power of attorney we would be happy to review this.

