

# 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

<b>Your full name</b> (including middle names):
<b>Any previous surnames:</b>
<b>Your address:</b>
<b>Contact tel no(s):</b>
<b>Email address:</b>
<b>Your date of birth:</b> (DD/MM/YYYY)

**Do you need your will prepared urgently for medical reasons:** Yes ☐ No ☐

## Questions about you

<b>1: Have you made a Will before?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>3: Continued</b> Full name of child: _____ D.O.B: _____ Address: _____ Full name of child: _____ D.O.B: _____ Address: _____									
<b>1a: Where is that will held?</b>	<b>4: Do you have grandchildren?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>2: Your status, are you: (please tick all that apply)</b> <table><tr><td>Married <input type="checkbox"/></td><td>Civil Partnership <input type="checkbox"/></td><td>Single <input type="checkbox"/></td></tr><tr><td>Divorced <input type="checkbox"/></td><td>Living with your partner <input type="checkbox"/></td><td>Separated <input type="checkbox"/></td></tr><tr><td>Engaged <input type="checkbox"/></td><td>Widowed <input type="checkbox"/></td><td></td></tr></table> Spouse name: _____	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"/>		<b>4a: If any of your children have stepchildren or adopted children that you wish to include please provide details:</b>
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"/>									
<b>3: Do you have children and/or stepchildren?</b> 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> Full name of child : _____ D.O.B: _____ Address: _____ Full name of child: _____ D.O.B: _____ Address: _____	<b>5: Other than your children, is there anyone financially dependent on you in any way?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>									

If there is insufficient space for all your information please use the Additional Notes pages

## 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:

\_\_\_\_\_

\_\_\_\_\_

If there is insufficient space for all your information please use the Additional Notes pages

## 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"/>	£
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: \_\_\_\_\_

**If there is insufficient space for all your information please use the Additional Notes pages**



## 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:

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

Name:

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Reasons for concern:

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### 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:

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### 8: Would you like to be buried or cremated?

Buried ☐ Cremated ☐

Do you have any special wishes for your remains?

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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?

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 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.

If there is insufficient space for all your information please use the Additional Notes pages

### Additional Notes:

Additional Notes:

- ✓ Expert.
- ✓ Trustworthy.
- ✓ Approachable.



Luton office: 01582 725311  
Harpenden office: 01582 715234  
Milton Keynes office: 01908 304560



For more information visit:  
[www.nevesllp.co.uk](http://www.nevesllp.co.uk)