

**WILL INSTRUCTIONS/QUESTIONNAIRE**

*Please complete as much information as you are able on the following questionnaire. The information you give will form the basis of your instruction and it is of course in your best interests for it to be accurate. 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 also be provided, if possible.*

**1. About You (and your Spouse/Partner if applicable).**

	You	Spouse/Partner
Mr/Mrs/Miss/Ms/Other:		
Full Name		
Address		
Postcode		
Telephone numbers:		
Daytime		
Home		
Mobile		
Email:		
Occupation		
Date of birth		
Place of birth		
Maiden or former name(s)		

Nationality		
Former nationality (if any)		
Tax residence (if known)		
Marital status	Single/Divorced ! Married ! In a civil partnership ! Separated ! Widowed !	Single/Divorced ! Married ! In a civil partnership ! Separated ! Widowed !

## 2. Children (if applicable)

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. Guardians:

*It is possible to express your wishes about who you would like to look after your children in your Will. This is appropriate for children who are under 18.*

Full name	Address	Sole/joint/substitutional *

### 4. Executors:

*An Executor is the person responsible for administering your Estate in accordance with your wishes as set out in your Will. This can be a complicated role and some prefer to appoint a professional to deal with the administration, often jointly with a spouse, partner, relative or friend. We are able to offer Executor & Administration services, which would ensure the efficient and economical administration and distribution of your estate by experienced professionals familiar with the procedures involved.*

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

*\*In the "Sole/joint/substitutional" columns in paragraphs 3 & 4 above please indicate "sole" where 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).*

5. Funeral wishes:

- a. Type of funeral: burial ! cremation !
- b. Any specific funeral wishes:-  
(eg. religious or non-religious requirements)
- c. Please give details of any specific funeral wishes or plans you already have in place:-.

6. Assets

*In order to prepare your Will and provide you with advice necessary for you to consider your options, we need to understand broadly the size and composition of your estate/possessions. Please tick if you hold any of these assets on your own or with jointly with someone else.*

Asset	Self	Spouse/Civil Partner/Partner	Joint
Buisness or agrucultural assets			
Foreign assets (incl. Bank accounts)			
Investment portfolio (incl shares)			
Pension (not state)			
Royalties, trademarks, patents			
Life insurance policy(ies)			
Bank and/or building Society Accounts			
Property			

*Please also give current estimated values for the following*

Asset	Self (£)	Spouse/Civil Partner/Partner (£)	Joint (£)
Bank and/or building Society Accounts			
Property(ies)			

*Please provide a total estimate of the value your estate: £*

## 7. Specific Gifts

*If you wish to make any specific gifts of personal items, also known as chattels (e.g. wedding ring, car etc.....) please provide details below, giving as much information as is possible to identify the item.*

Chattel	Beneficiary's Full Name	Address

## 8. Cash Gifts

*If you would like to make cash gifts please provide details below*

Amount (£)	Beneficiary's Full Name	Address

## 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 (Full name)	Address

Column must total 1, or 100%		

d. Other (please set out below)