### Wills Questionnaire

You and your family

We want to make sure that your Will gives full expression to your own wishes and that it does not give rise to any unnecessary tax liability. To help us in achieving those aims, would you please let us have your replies to such of these questions as are relevant in your case? The questions are numbered and you may find it convenient to use the same numbering in giving your replies.

In some circumstances it may be desirable to supplement your replies by discussion before the Will is drafted. If you would prefer not to answer this questionnaire at all we would respect your decision but you should understand that it may take more time for us to be able to complete our meeting with you to get all the relevant details prior to commencement of the drafting of the Will.

1). Your Details		
Forenames		
Surname		
Address		
-		
-		
Postcode		
Telephone No.		
Date of Birth		
Occupation		
•	er of your family) known by any other names and do you o me? If so, please give full details:	own any
Birth Name	Alias	



2). Yo	husband/Wife/Partner				
separ	NOTE: If you and your Partner do NOT want "mirror wills" then please e questionnaire for each of you. If the differences are only minor please and of this form.				
Foren	nes	-			
Surna	ne	-			
Date o	Birth	-			
Occup	tion	-			
3). Mā	riage/Partnership Details				
(a)	Year of Marriage				
(b)	Please tick this box if you are not married to/within a civil partnership with your partner				
(c)	Please tick this box if you are intending the marry/re-marry in the near future				
(d)	Has either of you been married before? Yes	No			
	children (including your children from a previous marriage or relation dates of birth, and address if different from yours	ship) – full			
Name		_			
Date o	Birth	-			
Addre		-			
Name		-			
Date o	Birth	-			
Addre		-			
Name		-			
Date o	Birth	-			
Addre	3				



Name		
Date of Birth		
Address		
	usband/wife/partner's previous marriages or relationships and address if different from yours	– fu
Name		
Date of Birth		
Address		
Name		
Date of Birth		
Address		
Name		
Date of Birth		
Address		
Name		
Date of Birth		
Address		

#### Please note:

- \* Illegitimate and adopted children (but not stepchildren) generally have the same rights of inheritance as other children.
- \* Children excluded from benefit under your Will may have a right to claim a share of your property in certain circumstances. Please ask for advice, if appropriate.



# 6). Your home – is your home (please tick appropriate box): (a) Owned (i) in your sole name alone (ii) in joint names with your husband/wife/partner (iii) in the name of your husband/wife partner alone? (b) Rented (c) Other – eg shared with a relative? 7). If your answer was (c) please give more details. Please state if the person with whom you share the home (other than spouse or civil partner) has made any gifts to you in the past) 8). Do you have a business or are you self-employed? Yes No If yes: - state type of business Is it a (please tick the appropriate box): Company Partnership In your sole name

Your home and other assets



9). Your sole assets		
-	approximate values:	your home if you or your husband/wife/partner - if you prefer to do so, please provide a total over £250,000.
10). Joint assets		
Do you have any jointly approximate values, and	•	please give a general description, and their owner(s).
Asset	Value	Location
	_	
	_	
	_	
Please note: Jointly owr be given away by Will.	ned assets generally p	ass to the joint owner automatically and cannot
11). Do you own any Asse	ets Abroad?	
If yes, please give detail	s:	
Asset	Value	Name of other owner



## Funeral, executors, guardians

12). Funeral	
You may specify in your Will if you wish to be:	
Buried Cremated No preference	
Please note:	
st You should make these wishes known to your immediate family as well and not rely what is in your Will	on
* If you wish to leave any part of your body for medical purposes tell your family and doctor and carry a donor card	your
13). Executors	
You must appoint Executors to carry out the instructions in your Will. It is wise to have least two and you may appoint your husband/wife/partner as one. You should name on Executors to act if he/she is unable to do so. Partners of our firm will be pleased to act your Executors, either alone or with a member of your family or friend.	ther
List below up to four chosen executors:	
Name	
Date of Birth	
Address	
Name	
Date of Birth	
Address	
Name	
Date of Birth	
Address	
Name	
Date of Birth	
Address	



Would you like Wa	rner Goodi	man to act as	your execute	or:		
Yes			No	)		
14). Guardians						
You may want to a appointment will uposition may be diappointment. Gua agree to act before	usually onl fferent if y ordianship	y apply if you ou are a singl involves a lot	and the chil e parent. Di	d's other scuss this	parent are botl with the solici	n dead. The tor at your
Name						-
Date of Birth						-
Address	<del></del>					-
Name						_
Date of Birth						_
Address						_
Beneficiaries						
The main part of y Before giving away belongings to individuous as "benefic	y the residu vidual child	ue you may wi	ish to make (	certain gif	ts of cash or pe	ersonal
15). Cash Gifts (ped	cuniary leg	gacies)				
Please give the nar of anyone who is u		lress of the be	eneficiary an	d the amo	ount to be giver	n, with the age
Name						-
Age						-
Date of Birth						-
Address						-
Name						_
Age						-
Date of Birth	_					_



Address		
Name _		
Age		
Date of Birth		
Address		
Name _		
Age		
Date of Birth		
Address		
16). Gifts of Articles or	porconal shottale	
•	end that these be listed in a Memorandum of Wishes to be ill shorter and allows the list to be easily (and cheaply) ch	
17). The Residue		
and 16). Please state b it if they die before you any of them dies befor	n (except jointly owned property and the gifts made in que elow who is to receive the residue on your death and who a. If there are gifts to your children, we may suggest a pro e you leaving children of his/her own, those children (you nerit their parent's share.	is to receive vision that if
	nore common provisions made. If you wish to use one of not, please go to question 18.	these tick
	ny husband/wife/partner named at question 2 above, outi died then to my children, named at question 4 above, equ	· ,
	ny children, named at question 4 above, equally but if any r children equally;	of them has
You may ch	oose the age at which your children will receive their enti	tlement.
Insert choic	ce from 18, 21 or 25 years in this box:	
before me t	I/wife/partner named at question 2 above, but if he/she had o the person(s) organisation(s) named in the box below. It does not show the share each is to take.	



18. If none of the a	bove choices is appropriate
Please set out below w organisation is involve	ho is to receive the residue and, if more than one person or ed, in what shares?
Name	
Date of Birth	
Address	
Share	
Name	
Date of Birth	
Address	
Share	
Who is to benefit if the	recipient dies before you?
Name	
Date of Birth	
Address	
Share	
Name	
Date of Birth	
Address	
Share	



### 19. Gifts and Trusts

-	have made any gifts within the last 7 years, or hav t deriving from those gifts please advise us, as the	9
	benefit from any entitlement under a trust please	
20. Will.	Other notes and comments or provisions	s you wish to make in your

