

YOUR WILL

CLIENT QUESTIONNAIRE

Please complete this questionnaire as fully as possible before you see us. We will go through it with you, discuss your wishes and then prepare your Will ready for you to sign. Details of our firm, and appointment if made, are set out below.



Office use only:

Appointment date.....timesolicitor's name.....



Please tick one box to indicate the service you require

- | | | | |
|----------------|--------------------------|---|--------------------------|
| Single Will | <input type="checkbox"/> | Mirror Wills for you and your spouse/partner | <input type="checkbox"/> |
| Single Codicil | <input type="checkbox"/> | Mirror Codicils for you and your spouse/partner | <input type="checkbox"/> |

PART A – YOU AND YOUR FAMILY

1. YOUR DETAILS

Mr/Mrs/Miss/Ms/Other.....

Forename.....

Surname.....

Address.....

.....Postcode.....

Telephone No:.....

Date of birth.....

Occupation.....

Are you (or any member of your family) known by any other names and do you own any assets in a different name? If so please give full details below:

.....

.....

.....

2. YOUR HUSBAND/ WIFE/ PARTNER (Only to be completed if you have selected Mirror Wills/Codicils)

Forenames.....
Surname.....
Any other names by which you are known
Date of birth
Address.....
Occupation

3. MARRIAGE/ PARTNERSHIP DETAILS

(a) Year of Marriage

(b) Please tick this box if you are not married to your partner

(c) Please tick this box if you are intending to marry/ re-marry in the near future

(d) Has either of you been Married before?

Yes

No

4. YOUR CHILDREN (including your children from a previous marriage or relationship) – full names, date of birth, and address if different from yours.

(a) Names.....	(Please add here if you have more children)
Date of Birth.....	
Address.....	
.....	
(b) Names.....	
Date of Birth.....	
Address.....	
.....	
(c) Names.....	
Date of Birth.....	
Address.....	
.....	
(d) Names.....	
Date of Birth.....	
Address.....	
.....	

5. CHILDREN OF YOUR HUSBAND/ WIFE/ PARTNER'S

PREVIOUS MARRIAGES OR RELATIONSHIP – names, dates of birth and address if different from yours:

<p>(a) Names.....</p> <p>Date of Birth.....</p> <p>Address.....</p> <p>.....</p> <p>(b) Names.....</p> <p>Date of Birth.....</p> <p>Address.....</p> <p>.....</p>

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.

PART B – YOUR HOME AND OTHER ASSETS

6. YOUR HOME – is your home:

(a) Owned:

- I. In your name alone? Yes No
- II. In joint names with your
Husband/ wife/ partner Yes No
- III. In the name of your husband/
wife/ partner alone? Yes No

(b) Rented? Yes No

(c) Other e.g. provided by relatives? Yes No

7. If your answer to (c) is 'yes' please give more details:

<p>.....</p> <p>.....</p>

8. DO YOU HAVE A BUSSINESS? Yes No

If yes:- State type of business

<p>.....</p> <p>.....</p>

Is it a (tick box)

Company Partnership In your sole name

9. YOUR MAIN ASSETS

Please list your other main assets below and give approximate values:

1.....	Value.....
2.....	Value.....
3.....	Value.....

10. VALUE YOUR ASSETS

Your assets or what you own

	Value in £'s
Additional property or land.	£
Home Contents (Including furniture and fittings, electrical goods, TV, Video and audio equipment etc.)	£
Cars and other vehicles.	£
Items of individual value (including jewellery, art and antiques, cameras, etc.)	£
Savings in banks and building societies	£
Insurance and pensions	£
Shares and investments	£
National Savings, premium bonds etc.	£
Other assets	£
TOTAL ASSETS:	£

11. JOINT ASSETS (if any)

Do you have any jointly owned assets? If yes, please give a general description, and their approximate values, and the name(s) of the other owner(s).

1.
2.
3.

Please note: Jointly owned assets generally pass to the joint owner automatically and cannot be given away by Will.

Please note: If you wish to leave any part of your body for medical purpose tell your family and your doctor and carry a donor card.

12. DO YOU OWN ANY ASSETS ABROAD?

.....
.....
.....
.....

13. YOUR LIABILITIES OR WHAT YOU OWE

	Value in £'s
Your Mortgage	
Overdrafts and loans	
Credit or HP agreements	
Others	
TOTAL LIABILITIES:	
YOUR TOTAL ASSETS, LESS LIABILITIES: (This is the estimated value of your estate at the present time)	

14. EXECUTORS

You must appoint executors to carry out the instructions in your Will. It is wise to have at least two and you may appoint your husband/wife/partner as one. You should name other executors to act if he/she is unable to do so. Partners of our firm will be pleased to act as your executors, either alone or with a member of your family or friend.

(a) Names.....
 Date of Birth.....
 Address.....

(b) Names.....
 Date of Birth.....
 Address.....

(c) Names.....
 Date of Birth.....
 Address.....

Would you like partners from our firm to act as your executor(s) Yes No

PART C – FUNERAL, EXECUTORS, GUARDIANS

15. FUNERAL

You may specify in you Will if you wish to be:-

Buried Cremated No preference

16. GUARDIANS

You may want to appoint one or two people to act as guardian(s) for children under 18. The appointment will usually only apply if you and the child’s other partner are both dead. The position may be different if you are a single parent. Discuss this with the solicitor at your appointment. Guardianship involves a lot of responsibility and you should ask people to agree to act before appointing them.

<p>(a) Name..... Address..... </p> <p>(b) Name..... Address..... </p>

PART D - BENEFICIARIES

<p>The main part of your estate is called “the residue” (this is dealt with at question 17.) Before giving away the residue you may wish to make certain gifts of cash or personal belongings to individual children, grandchildren, friends or to charities. These will be known as “beneficiaries”.</p>

17. GIFTS OF ARTICLES

Please give the name and address of the people to whom you wish to leave **specific items**, and a full description of the article, to enable it to be identified. Please note that if you sell or replace one of these items, the beneficiary will get nothing – he or she will not be given the substituted item or the cash equivalent.

<p>(a) Name..... Address..... Article.....</p> <p>(b) Name..... Address.....</p>
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18. CASH GIFTS

Please give the name and address of the beneficiary and the amount to be given, with the age of anyone who is under 18.

<p>(a) Names..... Date of Birth..... Address..... </p> <p>(b) Names..... Date of Birth..... Address..... </p>

List the people and/or charities that you would like to **share the remainder** or residue of your estate once all of the above legacies have been made. These gifts are called residuary legacies.

19. BENEFICIARY/s

1. Name.....	Share.....
Address.....	Postcode.....Tel.....
2. Name.....	Share.....
Address.....	Postcode.....Tel.....
3. Name.....	Share.....
Address.....	Postcode.....Tel.....

20. LEGACIES AND CASH GIFTS TO CHARITIES

1.....
2.....
3.....

21. DECLARATION AND METHOD OF PAYMENT

Please prepare a Will or Codicil for me/us based on the instructions contained in this Instruction Form.

By signing the declaration I am/we are confirming that I/we have read and accepted the Will Writing Service Terms of Business, including the manner in which my/our personal data will be used, which are set out in Appendix 5.

I/we certify that the information given in this form is true and complete and correctly represents my/our wishes.

This form was completed by: Myself.....or.....

Signature of applicant.....Date.....

Signature or spouse/partner.....Date.....
(If Mirror Wills/Codicils required)

Please return the completed form to Rest Harrow Solicitors, 207 London Road, Mitcham, Surrey, CR4 2JD