

Will Questionnaire

To help us prepare a Will for you, please complete the following questionnaire as fully as possible.

Once completed, please return the form to us by email or post at the address given at the end of this questionnaire.

In order for us to ensure that we fully understand and comply with your wishes, it is necessary for us to obtain as much detail from you as possible. If, however, you are unable to answer any questions, do not worry. Simply complete the form as best you can and our office will contact you to discuss your matter with you.

SECTION A: PERSONAL AND FAMILY DETAILS

1. Your details

| | |
|----------------------|--|
| Title | |
| Full Name | |
| Address | |
| Telephone No. | |
| Mobile No. | |
| Date of Birth | |
| Occupation | |
| Country of Residence | |
| Nationality | |
| Marital Status | |

2. Your spouse or partner

| | |
|--|--|
| Full Name | |
| Address (if different from yours) | |
| If not married, do you intend to get married / enter into a civil partnership? If "Yes", please provide details. | |
| If you have been previously married, how did that marriage end? | |
| Nationality of Spouse or Partner | |

3. Details of any children and / or step-children

| | |
|--------------------|--|
| Child / Step-child | |
| Full name | |
| Date of birth | |
| Address | |

| | |
|---|--|
| Child / Step-child | |
| Full name | |
| Date of birth | |
| Address | |
| Child / Step-child | |
| Full name | |
| Date of birth | |
| Address | |
| Child / Step-child | |
| Full name | |
| Date of birth | |
| Address | |
| 4.Details of any grandchildren and / or step-grandchildren | |
| Grandchild / Step-grandchild | |
| Full name | |
| Date of birth | |
| Address | |
| Grandchild / Step-grandchild | |
| Full name | |
| Date of birth | |
| Address | |
| Grandchild / Step-grandchild | |
| Full name | |
| Date of birth | |
| Address | |
| Grandchild / Step-grandchild | |
| Full name | |
| Date of birth | |
| Address | |

SECTION B: YOUR PROPERTY AND ASSETS

5. Property

Do you live in a rented property? Yes No

Do you own your house? Yes No

If you own your property, please provide us with the following additional information:

Is your property co-owned? Yes No

Name of co-owner:

Please give approximate value of the house:

Please give approximate value of any mortgage:

Is the mortgage covered by insurance? Yes No

If yes, please give details of insurer:

6. Details of assets, liabilities and approximate values

| Item | Approximate Values | In sole name or joint name? |
|---|--------------------|-----------------------------|
| Significant Debts | | |
| Investments | | |
| Bank and Building Society Accounts | | |
| National Savings Accounts | | |
| Life Policies / Pensions | | |
| Business Property and Interests / Shares in Companies | | |
| Agricultural Property | | |
| Foreign Property | | |
| Property in Trust of which you are a beneficiary and / or over which you have a general power of appointment | | |
| Any lifetime gifts made exceeding £3,000 in any one tax year (please indicate amount, to whom and when made) | | |
| Do you expect to receive any inheritances in the near future? (please indicate from whom and likely amount, if known) | | |

SECTION C: YOUR CURRENT WILL

Do you have a Will at the moment?

Date of current Will

Where is your current Will kept?

SECTION D: INSTRUCTIONS FOR YOUR NEW WILL

7. Funeral wishes and organ donation

If you have any particular wishes concerning your funeral and / or organ donation, please give details if you wish to record them in your Will.

8. Guardians

If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies to you, please supply the guardians' full names and address(es) and check that they are willing to act.

Guardian One

Full Name:

Address:

Has confirmed willingness to act as guardian? Yes No

Guardian Two

Full Name:

Address:

Has confirmed willingness to act as guardian? Yes No

9. Executors

You executors will wind up your affairs following your death and administer your Will. Please supply their full names and address(es) and check that they are willing to act. You can appoint between one and four executors. We would advise that you appoint a minimum of two executors and provide for at least one substitute executor if either of your first choices is unable to act.

Executor One

Full Name:

Address:

Has confirmed willingness to act as executor? Yes No

Executor Two

Full Name:

Address:

Has confirmed willingness to act as executor? Yes No

Executor Three / Substitute Executor

Full Name:

Address:

Has confirmed willingness to act as executor? Yes No

Executor Four / Substitute Executor

Full Name:

Address:

Has confirmed willingness to act as executor? Yes No

NB: If you would like a professional executor to be involved, we could provide you with the details of our solicitors who would be more than happy to get involved.

10. Gifts of specific items

Item

Full name of beneficiary

Address:

Any conditions

Item

Full name of beneficiary

Address:

Any conditions

Item

Full name of beneficiary

Address:

Any conditions

| |
|---|
| Item |
| Full name of beneficiary |
| Address: |
| Any conditions |
| Item |
| Full name of beneficiary |
| Address: |
| Any conditions |
| 11.Legacies i.e. gifts of specific sums of money |
| Full name of beneficiary |
| Address: |
| Amount £ |
| Full name of beneficiary |
| Address: |
| Amount £ |
| Full name of beneficiary |
| Address: |
| Amount £ |
| Full name of beneficiary |
| Address: |
| Amount £ |

12. The rest of your estate

How would you like the rest of your estate (your residuary estate) to pass on your death?

Who will inherit your estate if none of those listed above do not survive you e.g. a charity?

Date of completion of this form:

Completed by:

Please return this form to:

FAO: Barnabas Legal

The Old Rectory, River Street, Pewsey, Wiltshire SN9 5DB, UK