

Will Questionnaire

Please complete clearly in block capitals and circle any appropriate answers. It is important that you give as much information as possible in order that all the issues can be considered when preparing your Will.

Personal Details

Partner 1

Partner 2

Your Full Name:

Address:

Date of Birth:

Telephone Number:

Home:

Daytime:

Mobile:

Email address:

Marital Status: Single/Married/Separated/
Divorced/Widowed/Partner

**Single/Married/Separated/
Divorced/Widowed/Partner**

Full name of spouse/partner if applicable:

Relationship to you:

Their address:

Children:

Full name:

Address:

Full name:

Address:

Full name:

Address:

Partner 1

Partner 2

Any Children of any previous relationship?: Yes/No

Yes/No

Full name:

Address:

Financial Details (for Inheritance Tax considerations)

	<u>Partner 1</u>	<u>Partner 2</u>
Estimated value of property and share held by you:		
Personal residence:		
Rented property:		
Holiday home:		
Amount of Mortgage outstanding:		
Estimate of cash held i.e. in bank accounts, building societies accounts etc.:		
Estimated value of all stocks and shares:		
Estimated value of insurance policies and life cover:		
Any lump sum pension payments payable on death:	Yes/No	Yes/No
If yes, please give details:		
Any death in service benefits:	Yes/No	Yes/No
If yes, please give details:		
Do you own your own business?:	Yes/No	Yes/No
If yes, estimated value of your interest:		
If so, do you have any partners in the business?	Yes/No	Yes/No
Have you made any gifts over the value of £250 within the last seven years ?	Yes/No	Yes/No
If yes, please give details		

Will Details

Executors:

State relationship to you and give full details of names and addresses.

Executor 1

Full name: Allan Radlow, Solicitor
Address: 13 Bath Street, Glasgow G2 1BW

Executor 2

Full name:
Address:

Executor 3

Full name:
Address:

Any gifts of items?:

Are there any specific items that you wish to leave to a particular person? Yes/No

If so is it to be implemented free of expense to the beneficiary? Yes/No

Item:

Full name of person:
Address:

If the person should die before you do you wish the gift to pass on to any children they may have? Yes/No

Item:

Full name of person:
Address:

If the person should die before you do you wish the gift to pass on to any children they may have? Yes/No

Item:

Full name of person:
Address:

If the person should die before you do you wish the gift to pass on to any children they may have? **Yes/No**

Any gifts of money?:
Are there any specific sums of money that you wish to leave to a particular person or a charity? **Yes/No**

If so is it to be free of interest? **Yes/No**

If so is it to be free of any government taxes or duties which may arise? **Yes/No**

Sum of money:
Full name of person/charity:
Address:

Sum of money:
Full name of person/charity:
Address:

Have you ever considered making a donation to charity in your Will? **Yes/No**

If so, would you be interested in making a bequest to The Prince and Princess of Wales Hospice? **Yes/No**
Amount of bequest:- **£**

Residue:
The residue is what is left after all the legacies and any debts have been paid.

Do you wish the residue of your estate to pass first to your spouse/partner? **Yes/No**

If your spouse/partner dies before you do you wish the residue of your estate to pass to your children. **Yes/No**

Give full names and dates of birth of any children you wish to benefit.

Name:
Date of birth:

Name:
Date of birth:

Name:
Date of birth:

If any of your children who are to benefit from your estate die before you, do you wish any children that they may have to inherit their interest?: **Yes/No**

At what age do you wish any minor beneficiary to inherit?:
18 years
21 years

If you have any children you do not wish to benefit from your estate please give details:

Do any of the beneficiaries have a learning or physical disability? **Yes/No**
Please give details:-

In the event that none of the above is appropriate, please give details of the person/persons or charity/charities you wish to inherit your estate and in what shares:

Full name: **Percentage share:**
Address:

Full name: **Percentage share:**
Address:

Full name: **Percentage share:**
Address:

Funeral arrangements:

Do you wish any specific arrangements?:

**Yes/No
Buried/Cremated**

Have you ever considered what would happen to you if you lose the ability to manage your own affairs?

Yes No

Would you like further information on this matter?

Yes/No

Did you read the accompanying "Helpsheet" before completing this questionnaire?

Yes/No

Did you read the notes on Legal rights?

Yes/No

Are there any issues which you feel need to be clarified?

Yes/No

If yes please give details.

Any further information which you think may be relevant?:

Signature: _____

Date: _____

Signature: _____

Date: _____