#### **NAME:**

#### **WILL INSTRUCTION QUESTIONNAIRE**

Thank you for your instruction to prepare your Will.

Please complete this questionnaire so that we have sufficient information to prepare a draft of your Will(s). If a question does not apply to you then simply mark it 'not applicable'.

Do not hesitate to contact **Jane Parker or Edith Longden on 0161 694 3090** or by email at <u>jane.parker@oneillpatient.co.uk</u> or <u>edith.longden@oneillpatient.co.uk</u> if you have any questions or queries about this questionnaire.



Chester House 2 Chester Road Hazel Grove Stockport Cheshire SK7 5NT

DX 15108 - Hazel Grove

<u>Pleas</u>	e pre	<u>epare:</u>
		_

A single Will for me only.
Mirror Wills (similar Wills for me and my spouse/civil partner/partner (delete as appropriate)).

#### **Personal Details**

Title:	
Surname:	
Forenames:	
Date of Birth:	
Place of Birth:	
Full Postal Address:	
Postcode:	
i ostcode.	
Home telephone number:	
Work telephone number:	
Mobile telephone number:	
E-mail address:	
Are you married/in a civil partnership("CP")/cohabiting and if so please specify?	Yes □ No □
If yes please provide their details on the next page	

If you are co-habiting but not married/or in a registered CP are you contemplating marriage /registering a CP – if so we will make the Will in contemplation so if you do marry/register your CP it will not be revoked	
Please confirm you are UK domicile, if not please specify?	
Please advise whether you have any assets outside the UK and provide brief details	
Please advise whether you have made a Will outside the UK and if so, please provide details	
Previous spouse/civil partner if so please confirm whether you are maintaining that person or that person is maintaining you	Yes □ No □
If yes name of previous spouse/civil partner:	
Personal Details (Spouse/Civi	l Partner/Partner)
Personal Details (Spouse/Civi	I Partner/Partner)
	I Partner/Partner)
Title:	I Partner/Partner)
Title: Surname:	Partner/Partner
Title: Surname: Forenames: Date of Birth: Place of Birth:	Partner/Partner)
Title:  Surname:  Forenames:  Date of Birth:	I Partner/Partner)
Title: Surname: Forenames: Date of Birth: Place of Birth:	Partner/Partner
Title:  Surname:  Forenames:  Date of Birth:  Place of Birth:  Full Postal Address:	Partner/Partner
Title:  Surname:  Forenames:  Date of Birth:  Place of Birth:  Full Postal Address:  Postcode:	Partner/Partner)

E-mail address:		
Previous spouse/civil partner?	Yes □ No □	
If yes name of previous		
spouse/civil partner:		
Please confirm you are UK domicile, if not please specify?		
Please advise whether you have		
any assets outside the UK and		
provide brief details		
Please advise whether you have		
made a Will outside the UK and if so, please provide details		
Previous spouse/civil partner if so please confirm whether you	Yes □ No □	
are maintaining that person or		
that person is maintaining you		
If yes name of previous		
spouse/civil partner:		
	ir full name, address and age. is relationship please provide full details. If <u>all your children</u> whether they are benefiting in your will or	not.
<b>Grandchildren</b> Please provide names and ages o	f any grandchildren.	
,	, 5	

## **Guardians**

If you have a child or children under the age of 18 then we recommend that you appoint Testamentary Guardians. In the event that both parents die the Testamentary Guardians will look after the child/children until they turn 18.

If you would like to appoint Testamentary Guardians please complete the following section.

## **Guardian 1**

Title:	
Surname:	
Forenames:	
Full Postal Address:	
Postcode:	
Relationship to you:	
Guardian 2	
<u>Guardian Z</u>	
Title:	
Surname:	

Title:	
Surname:	
Forenames:	
Full Postal Address:	
Postcode:	
Relationship to you:	

## Approximate value of your Estate(s)

ASSETS	Your Assets	Jointly owned assets	Spouse/Civil Partner/Partner's assets
	£	£	£
Home			
Other houses/land/buildings			
Contents/belongings e.g. jewellery etc			
Cash at Bank/Building Society			
Other investments e.g. quoted stocks and shares			

Partne	ership share				
Sole B	usiness				
	oted stocks and shares amily company shares)				
Money	owed to you				
	of any sort held e England and Wales				
Insura	nce Policies				
Gifts n	nade in last 7 years				
life ter	interests (where you are nant give capital value st fund)				
ТОТА	LS				
<b>Liabil</b> Mortga liabiliti	age and/or other				
Your Excollect pass average of the control of the c	Executors  Your Executors will administer your Estate after you die. They will be responsible for the legal formalities and will collect in your assets and distribute them according to your Will. Your Executors will also act as Trustees if you pass away while any beneficiaries are underage. We recommend that Two executors are appointed, but you can name up to four executors in your Will. On first death however, if you are making mirror Wills and leaving everything to the other, unless there is a reason not, to it makes sense to make the survivor the sole				
	or/Executrix.  On first death I wish to a	ppoint the survivor of u	s as sole Executor/Executrix		
If I am		•	of us I wish to appoint (tick tl	ne applicable box):	
	•	LLP as professional Ex	ecutors (our standard admin	istration of Estate charges at	
	O'Neill Patient Solicitors LLP as professional Executors (our standard administration of Estate charges at the date of your death will apply) to act jointly a named friend or relative (or a non professional Executor as named below).				
	Other non professional ex	xecutors (e.g. friend or	relative) – please complete th	neir details below:	
	Executor 1				
	Title:				
	Surname:				
	Forenames:				
	Full Postal Address:				
	Postcode:				

Relationship to you:

<b>Executor</b>	2

	EXCOURCE E	
	Title:	
	Surname:	
	Forenames:	
	Full Postal Address:	
	Postcode:	
	Relationship to you:	
	Executor 3	
	Title:	
	Surname:	
	Forenames:	
	Full Postal Address:	
	Postcode:	
	Relationship to you:	
	Executor 4	
	Title:	
	Surname:	
	Forenames:	
	Full Postal Address:	
	Postcode:	
	Relationship to you:	
The no		the beneficiaries named in the following sections is a child when you die then their Executors until they reach the age of 18.
substa		his rule so that the beneficiary inherits at a later age. If the gift is likely to be d the age of 21 or 25. This means if they are applying for an educational grant nce will not affect it.
	l prepare your Will so tha r their maintenance, edu	at your Executors have the discretion to advance money early if it is needed by the cation or benefit.
	I would like any underag	ge beneficiaries to inherit at the age of
<u>Gifts</u>		
Would sister		gifts of money or items (e.g. £1,000.00 to my godson, my gold watch to my
	Yes (please provide deta	ails overleaf)
	No	

Your Executors will make these gifts once they have settled any debts and paid your funeral and administration expenses

Iten	n/Amount of Money	Name	Address	Relationship to you
	l	1		
If any	of the people named a	bove die before me I would lil	ke their gift to:	
	Pass to their children	in equal shares		
	Pass to someone else or a charity (please provide details in the additional information section)			
	Be dealt with as part of my residuary estate (see below).			
Residuary Estate				
Once your executors have paid your debts, funeral and administration expenses and paid any gifts detailed above				
		known as your 'residuary esta		
□ 100% to my spouse/civil partner/partner but if he or she dies before me then to the people named below in <b>equal</b> shares.				
□ 100% to my spouse/civil partner/partner but if he or she dies before me then to the people named below in the <b>percentage</b> shares stated.				
☐ To the people/charities/organisations named below in the percentage shares stated.				
F	Percentage Share	Name	Address	Relationship to you

If any of the people named above die before me I would like their share to:					
	Pass to their children at 18, 21 or 25 years of age in equal shares				
	Be split between the rest of the people named above in the shares stated above.				
	Pass to someone else or a charity (please provide details in the additional information section)				
Financial Dependents  Is there anyone who you would consider to be financially dependent upon you who you have not mentioned above? If you are not sure please ring me to discuss this. Failure to deal with this can lead to claims against your estate.					
	Yes (provide de No	etails in the additional information	on section)		

## **Additional Information**

Please use this section to add any information y have.	you think may be relevant, or to write down any questions you
<u>Declaration</u>	
I/We confirm that the information provided instructions.	in this form is true, complete and correctly represents my/our
Signed:	Signed:
Signed:	Signed:
Dated:	Dated:

# What happens next?

- We will prepare your Will(s) based on the information in this form. We may need to contact you to discuss your wishes. 1.
- 2.