

WILL QUESTIONNAIRE

Although we recommend that you come in to see us to discuss your wishes, you may find it useful to fill in the answers to the questions below before the appointment. If there is insufficient space in any section please continue on a separate piece of paper. Please also provide us, where applicable, with copies of any existing will or other documents which may be relevant.

LHP Law LLP
37 Gay Street
Bath
BA1 2NT
01225 315055

1. YOUR DETAILS

NAME:	
ADDRESS:	POST CODE:
TELEPHONE: (Work) (Home) (Mobile)	
MARITAL STATUS:	
FORMER NAME:	
OCCUPATION:	
DATE OF BIRTH:	

2. YOUR SPOUSE OR PARTNER'S DETAILS

NAME:	
ADDRESS:	POST CODE:
TELEPHONE: (Work) (Home) (Mobile)	
FORMER NAME:	
OCCUPATION:	
DATE OF BIRTH:	

3. RELATIONSHIP DETAILS (delete as appropriate)

Are you and your partner married? YES/NO

If yes, give year

If no, do you intend to get married in the near future?
YES/NO

Have either of you married before? YES/NO

4. YOUR CHILDREN

FULL NAME		DATE OF BIRTH	
ADDRESS		POST CODE	
FULL NAME		DATE OF BIRTH	
ADDRESS		POST CODE	
FULL NAME		DATE OF BIRTH	
ADDRESS		POST CODE	

5. CHILDREN OF FORMER MARRIAGES

(Please give details of any children from your or your spouse's former marriages, indicating whose child they are)

FULL NAME		DATE OF BIRTH	
ADDRESS		POST CODE	
FULL NAME		DATE OF BIRTH	
ADDRESS		POST CODE	

6. GUARDIANS

You may wish to appoint one or two people to act as guardians of your children in the event that both parents are dead. Ideally your Executors should not be the same people as the Guardians of your children. Please let us know if any of your children are adopted or illegitimate.

FULL NAME	
ADDRESS	
POST CODE	

7. YOUR EXECUTORS

These are the people who will have to collect in the assets, pay the funeral expenses and other liabilities, and distribute your estate to the beneficiaries or administer any trust created under the terms of your will. It is best to have more than one Executor and you should choose them very carefully.

Do you wish one or more of the partners of this firm to act as Executors? (Delete as appropriate) **YES/NO**

Do you want your spouse to be your sole Executor? (Delete as appropriate) **YES/NO**

Please give details of who you would like to act as your executor(s). You may appoint up to four.

FULL NAME			
ADDRESS			
		POST CODE	
FULL NAME			
ADDRESS			
		POST CODE	
FULL NAME			
ADDRESS			
		POST CODE	
FULL NAME			
ADDRESS			
		POST CODE	

IF YOU ARE APPOINTING YOUR SPOUSE AS SOLE EXECUTOR PLEASE GIVE DETAILS OF WHO YOU WOULD LIKE TO ACT IF YOUR SPOUSE PRE-DECEASES YOU OR CANNOT ACT FOR ANY REASON:

FULL NAME			
ADDRESS			
		POST CODE	
FULL NAME			
ADDRESS			
		POST CODE	
FULL NAME			
ADDRESS			
		POST CODE	

8. FUNERAL WISHES

You may wish to specify in your Will if you wish to be buried or cremated.

If you have a preference for either of these please indicate.

(Delete as appropriate)

BURIED/CREMATED

PLEASE SPECIFY ANY SPECIAL WISHES SUCH AS PLACE OF BURIAL, MEDICAL RESEARCH etc:

BENEFICIARIES

This section deals with how you wish to dispose of your property. A list is provided later in this form where you can give details of your property generally. Please use this section for giving details of any cash or other gifts.

9. CASH GIFTS

Please give the name and address of the person to whom you wish to leave a cash gift and the amount to be given. If the person is currently aged under 18, please give their age also.

FULL NAME		AMOUNT	
ADDRESS			
		POST CODE	
FULL NAME		AMOUNT	
ADDRESS			
		POST CODE	
FULL NAME		AMOUNT	
ADDRESS			
		POST CODE	

(Please use a separate sheet for any further cash gifts)

10. GIFTS OF FURNITURE, JEWELLERY AND OTHER ARTICLES

Please list the name and address of the person and a full description of the article which you wish to give to that person. Please ensure that the description is sufficiently comprehensive to enable the article to be identified eg. "my gold ring with the diamond and sapphire setting" as opposed to "my ring".

FULL NAME		ITEM	
ADDRESS			
		POST CODE	
FULL NAME		ITEM	
ADDRESS			
		POST CODE	

(Please use a separate sheet for any additional items)

WOULD YOU PREFER TO LEAVE THE DISTRIBUTION OF PERSONAL ITEMS TO THE DISCRETION OF YOUR EXECUTORS? YES/NO

11. THE RESIDUE

Please state who is to receive the residue of your estate. If you name more than one person please indicate whether you wish them to share equally in the residue or whether you wish them to take specific share.

FULL NAME		SHARE	
ADDRESS			
		POST CODE	
FULL NAME		SHARE	
ADDRESS			
		POST CODE	
FULL NAME		SHARE	
ADDRESS			
		POST CODE	
FULL NAME		SHARE	
ADDRESS			
		POST CODE	

IF A BENEFICIARY DIES BEFORE YOU, DO YOU WANT THEIR CHILDREN (if any) TO INHERIT THEIR PARENT’S SHARE? YES/NO

At what age do you want beneficiaries to inherit? (TICK BOX AS APPROPRIATE)

<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> OTHER (PLEASE SPECIFY)
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DO YOU WANT TO SPECIFY ANY OTHER CONDITIONS? YES/NO (IF YES, PLEASE GIVE DETAILS BELOW)

Bank Accounts

[Empty box for Bank Accounts]

Building Society Accounts

[Empty box for Building Society Accounts]

National Savings Accounts

[Empty box for National Savings Accounts]

Premium Bonds

[Empty box for Premium Bonds]

Life policies

[Empty box for Life policies]

Business Interest/Business Property

[Empty box for Business Interest/Business Property details]

Agricultural property

[Empty box for Agricultural property details]

Foreign property

[Empty box for Foreign property details]

Please indicate any liabilities

[Empty box for Please indicate any liabilities details]

PLEASE GIVE DETAILS OF ANY PENSION/SUPERANNUATION BENEFITS:

[Empty box for PLEASE GIVE DETAILS OF ANY PENSION/SUPERANNUATION BENEFITS details]

14. INHERITANCE TAX

- a) Is the total value of your Estate worth more than £300,000? YES/NO
- b) If you are married, is the total value of your joint Estate, with your husband or wife, worth more than £300,000? YES/NO

15. LASTING POWERS OF ATTORNEY

These powers are designed to ensure that during your lifetime you have someone authorised to deal with your financial or welfare affairs on your behalf should you be unable to do so

Would you like advice on Lasting Powers of Attorney? YES/NO

16. FINANCIAL ADVISOR

If you have a Financial Advisor, do you want a copy of your signed will to be sent to that Advisor? YES/NO

If you do not have a Financial Advisor would you like us to recommend one YES/NO

17. FURTHER MATTERS

Please advise if any potential beneficiary is disabled

PLEASE ADVISE HOW YOU WISH TO EXECUTE THE WILL:

Will you come into the office or should the Will be sent to your home? Office / Home

(We would always prefer you to come into the office to execute the Will)

Signed:

Date:

Please return the completed form to Rachael Abbott LHP Law LLP 37 Gay Street Bath BA1 2NT or contact 01225 315055 for an appointment to discuss your requirements