

**YOU AND YOUR FAMILY**

**I. YOUR DETAILS**

Forenames:	_____
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:

<b>BIRTH NAME</b>	<b>ALIAS</b>
_____	_____
_____	_____
_____	_____

**2. YOUR HUSBAND/WIFE/PARTNER**

Forenames:	_____
Surname:	_____
Date of Birth:	_____
Occupation:	_____



**17. THE RESIDUE (continued)**

- (c) To my husband / wife / partner named at Question 2 above, but if he/she has died before me, to the person(s)/organisation(s) named in the box below. If not in equal shares, then show the share each is to take.


**18.** If none of the above choices is appropriate

Please set out below who is to receive the residue and, if more than one person or organisation is involved, in what shares?

(a)	Name:	_____		
	Date of Birth:	_____		
	Address:	_____		
		Share:	_____	
(b)	Name:	_____		
	Date of Birth:	_____		
	Address:	_____		
		Share:	_____	

Who is to benefit if the recipient dies before you?

(a)	Name:	_____		
	Date of Birth:	_____		
	Address:	_____		
		Share:	_____	
(b)	Name:	_____		
	Date of Birth:	_____		
	Address:	_____		
		Share:	_____	

**5. CHILDREN OF YOUR HUSBAND/WIFE/PARTNER'S PREVIOUS MARRIAGES OR RELATIONSHIPS** - full names, dates of birth, and address if different from yours

Name:	_____
Date of Birth:	_____
Address:	_____
	_____
Name:	_____
Date of Birth:	_____
Address:	_____
	_____
Name:	_____
Date of Birth:	_____
Address:	_____
	_____

**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.

**YOUR HOME & OTHER ASSETS**

**6. YOUR HOME** - is your home:

- (a) Owned
- (i) in your name alone?
- (ii) in joint names with your husband/wife/partner?
- (iii) in the name of your husband/wife/partner alone?
- (b) Rented?
- (c) Other—eg. Provided by a relative?

**YES**      **NO**  
(Please ✓ box)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**7.** If your answer to Question 6 was (c), please give more details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Do you have a Business?**  
(Please ✓ box)

**YES**

**NO**

If yes, state type of business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the Business:**  
(Please ✓ box)

**A Company?**

**A Partnership?**

**In your sole name?**

**9. YOUR MAIN ASSETS**

Please list your main assets below and give approximate values:

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_  
e) \_\_\_\_\_  
f) \_\_\_\_\_  
g) \_\_\_\_\_

**16. GIFTS OF ARTICLES (continued)**

(b) Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Article: \_\_\_\_\_  
(c) Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Article: \_\_\_\_\_  
(d) Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Article: \_\_\_\_\_

**17. THE RESIDUE**

This is all that you own, except jointly owned property and the gifts made in Questions 15 and 16. Please state below who is to receive the residue on your death and who is to receive it if they die before you. If there are gifts to your children, we may suggest a provision that if any of them dies before you, leaving children of his/her own, those children (your Grandchildren) will inherit their parent's share.

The following are the more common provisions made. If you wish to use one of these, tick the appropriate box—if not, please go to Question 18.

(a) Everything to my husband / wife / partner named at Question 2 above, outright, but if he/she has died, then to my children named at Question 4 above, equally;

(b) Everything to my children named at Question 4 above, equally and any other children of mine;

You may choose the age at which your children will receive their entitlement. Insert choice from 18, 21 or 25 years in this box:

**15. CASH GIFTS (continued)**

(b) Name: _____	Age: _____
Date of Birth: _____	
Address: _____	
(c) Name: _____	Age: _____
Date of Birth: _____	
Address: _____	
(d) Name: _____	Age: _____
Date of Birth: _____	
Address: _____	

**16. GIFTS OF ARTICLES**

Please give the names and addresses of 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.

(a) Name: _____	
Date of Birth: _____	
Address: _____	
Article: _____	

**10. JOINT ASSETS**

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)

ASSET	VALUE	CO-OWNER

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

**11. Do you own any Assets abroad?**

If yes, please give details:

ASSET TYPE	VALUE	LOCATION

**FUNERAL, EXECUTORS, GUARDIANS**

**12. FUNERAL**

You may specify in your Will if you wish to be:  
(Please ✓ box)

Buried                       Cremated                       No preference

**Please note:**

- ◆ You should make these wishes known to your immediate family as well and not rely on what is in your Will
- ◆ If you wish to leave any part of your body for medical purposes, tell your family and your doctor and carry a donor card

**13. 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.

List below up to four chosen Executors:

(a) Name:	_____
Date of Birth:	_____
Address:	_____ _____ _____
(b) Name:	_____
Date of Birth:	_____
Address:	_____ _____ _____
(c) Name:	_____
Date of Birth:	_____
Address:	_____ _____ _____
(d) Name:	_____
Date of Birth:	_____
Address:	_____ _____ _____

Would you like a Partner in the firm to act as your Executor? **YES**  **NO**   
(Please ✓ box)

**14. 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 parent 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.

(a) Name:	_____
Date of Birth:	_____
Address:	_____ _____ _____
(b) Name:	_____
Date of Birth:	_____
Address:	_____ _____ _____

**BENEFICIARIES**

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. There will be known as "beneficiaries".

**15. 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.

(a) Name:	_____	Age:	_____
Date of Birth:	_____		
Address:	_____ _____ _____		