



Hepburn
Delaney
S O L I C I T O R S

Will Questionnaire

Hepburn Delaney
7 The Progression Centre
Mark Road
Hemel Hempstead
HP2 7DW

About you

Person 1	
Title:	
Surname:	
First Name(s):	
Address: <i>If you have lived at your current address for less than 12 months please provide your previous address</i>	Current address: Previous address:
Date of Birth:	
National Insurance No:	
Telephone Nos:	Home: <input style="width: 80%;" type="text"/>
	Work: <input style="width: 80%;" type="text"/>
	Mobile: <input style="width: 80%;" type="text"/>
Email address:	<input style="width: 100%;" type="text"/>
Are you happy for documents to be sent via email?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Person 2	
Title:	
Surname:	
First Name(s):	
Address: <i>If you have lived at your current address for less than 12 months please provide your previous address</i>	Current address: Previous address:
Date of Birth:	
National Insurance No:	

Telephone Nos:	Home:	
	Work:	
	Mobile:	
Email address:		
Are you happy for documents to be sent via email?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally married to Person 1?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If married, please confirm the date of your marriage.		
If you are not married, do you intend to marry in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you entered into any pre or post nuptial agreement? If so, please provide copies.		

Additional information

	Person 1	Person 2
Have you ever been married or in a civil partnership before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, did your marriage or civil partnership end in death or divorce?	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	Death <input type="checkbox"/> Divorce <input type="checkbox"/>
Date of death or divorce?		
If you are divorced/separated do you pay or receive any maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an existing Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do Hepburn Delaney hold your Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, where is it stored?		

Do you want Hepburn Delaney to store your new Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any existing Powers of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do Hepburn Delaney hold your Title Deeds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, where are they stored?		
Have you made any substantial gifts in the past 7 years? (over £3,000.00)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you expecting to inherit any money in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an interest in a trust fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you born in England?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, where were you born?		
Have you always lived in England?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, when did you move to England?		
Do you consider England to be your permanent home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any property abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the location?
Have you made a Will in relation to it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please confirm the date and location of where that Will is stored.	Date..... Location.....	Date..... Location.....

Children and dependants

Please provide details of your children:			
	Name	Address	Date of Birth
1.			
2.			
3.			
4.			
5.			
Are all the above the children of both of you? If no please detail		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is anyone else financially dependent upon you? If yes, please provide details.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Financial Details

Please provide details of your assets and liabilities below. Please specify whether each asset or liability is owned solely or jointly. In respect of sole assets and liabilities please state whose name this is in.

Assets	Person 1 Value	Person 2 Value	Joint
Your Home			
Other property			
Contents of your home			
Stocks and shares			
Shares in a family company			
Business assets			
Agricultural assets			
Unit Trusts			
PEPs / TESSAs / ISAs			
National Savings Certificates			
Premium Bonds			
Bank/building society accounts			
Personal pension (capital value)			
Death in service benefit			
Whole life insurance			
Term assurance			
Endowment insurance			
Other assets			
Total Assets			

Liability	Value
Outstanding mortgage	
Bank loans	
Overdraft	
Credit cards	
Other liabilities	
Total liabilities	

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Executors and Trustees

Your Executors and Trustees are the people who will deal with distributing your estate to the beneficiaries after payment of any debts, they will also look after any money that you leave to a child until they are old enough to receive it.

Please provide details of the people you wish to act as your Executors and Trustees.

It is usual to appoint your partner/spouse in the first instance and then other people as alternatives. Please note that Hepburn Delaney can be appointed as your Executors.

Executors in the first instance:		
1.	Full Name	
	Relationship	
	Address	

2.	Full Name	
	Relationship	
	Address	

Alternative Executors:		
1.	Full Name	
	Relationship	
	Address	
2	Full Name	
	Relationship	
	Address	

Funeral arrangements

Do you wish to be:	Buried <input type="checkbox"/>	Cremated <input type="checkbox"/>
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Please state any specific wishes in relation to your funeral below. Please note that your family may not read your Will until after your funeral so you should also notify them of any specific wishes.

Guardians

If your children are under 18 we would recommend that you appoint a guardian to take care of them when the second of you dies.

Please provide details of the person/people you would like to be guardians:	
Name	
Address	

Name	
Address	

Specific Gifts

If you would like to make any specific gifts of money or jewellery please provide details below. In respect of specific items please provide sufficient information so that the items can be easily identified. Please note that these gifts can be inserted so that they are made when you die or so that they are only made if your partner/spouse has died before you.

Gifts to be made on the first death

	Name of beneficiary	Address	Sum of money/gift
1.			
2.			
3.			
4.			

Gifts to be made on the second death

	Name of beneficiary	Address	Sum of money/gift
1.			
2.			
3.			
4.			

Residuary Estate

Please specify who you would like to receive the residue of your estate. The residue is any money, cash and assets left after the payment of any debts and any gifts as specified above.

Would you like your estate to pass to your spouse/partner? Yes No

If no, who would you like to receive the residue of your estate?

	Name	Address
1.		
2.		
3.		
4.		
5.		

If the above beneficiaries die before you, who would you like to receive the residue of your estate in substitution?

	Name	Address
1.		
2.		
3.		
4.		
5.		

If you are leaving your estate to children who are currently under the age of eighteen when would you like them to receive their share?

18	<input type="checkbox"/>	21	<input type="checkbox"/>	25	<input type="checkbox"/>	Other	
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Other matters

Do you have any problems with understanding English?	
Do any of your beneficiaries have any disabilities?	
Do you have any problems with reading?	
Do you have any special requirements should you need to attend an appointment at the office? If so, please provide details below.	

How did you find out about Hepburn Delaney?

Please supply any other information that you think may be relevant below:

Signed

Signed

Name

Name

Date

Date

Please note that if we do not receive your instructions to proceed with the drafting of your Will within 12 months of receiving this completed Questionnaire from you then we will destroy all correspondence and documentation that we hold in respect of this matter.