



Will Questionnaire

Family, Wealth & Inheritance



About you

PERSON 1			
TITLE	Surname		First Name(s)
Any other names by which you are known or in which you hold assets			
ADDRESS If you have lived at your current address for less than 12 months please also provide your previous address.	Current address ↓		Previous address ↓
DATE OF BIRTH			
NATIONAL INSURANCE NO.			
TELEPHONE NOS	Home	Work	Mobile
EMAIL ADDRESS			
PASSPORT Do you have a current (in date) passport?	Yes	No	
DRIVING LICENCE Do you have a current (in date) photocard driving licence?	Yes	No	
ARE YOU HAPPY IF WE SEND DOCUMENTS VIA EMAIL?	Yes	No	
TRUSTS Do you wish to receive advice on how trusts may be used to protect your assets, for example to plan for the cost of care?	Yes	No	
APPOINTMENT LOCATION Which is your preferred location for an appointment?			

PTO.



About you

PERSON 2			
TITLE	Surname		First Name(s)
Any other names by which you are known or in which you hold assets			
ADDRESS If you have lived at your current address for less than 12 months please provide your previous address.	Current address ↓		Previous address ↓
DATE OF BIRTH			
NATIONAL INSURANCE NO.			
TELEPHONE NOS	Home ↓	Work ↓	Mobile ↓
EMAIL ADDRESS			
PASSPORT Do you have a current (in date) passport?	Yes	No	
DRIVING LICENCE Do you have a current (in date) photocard driving licence?	Yes	No	
ARE YOU HAPPY IF WE SEND DOCUMENTS VIA EMAIL?	Yes	No	
TRUSTS Do you wish to receive advice on how trusts may be used to protect your assets, for example to plan for the cost of care?	Yes	No	
ARE YOU LEGALLY MARRIED TO PERSON 1?	Yes	No	
If not, please confirm your relationship to person 1			
IF MARRIED: Please confirm the date of your marriage.			
IF NOT MARRIED: Do you intend to marry in the future?			
IS THERE A PRE OR POST NUPTIAL AGREEMENT? If so, please provide copies.	Yes	No	

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Additional information

	PERSON 1		PERSON 2	
Have you ever been married or in a civil partnership before?	Yes	No	Yes	No
If yes, did your marriage or civil partnership end in death or divorce?	Yes	No	Yes	No
Date of death or divorce? If you are divorced or separated please confirm the name of your former spouse/partner.				
If you are divorced/separated do you pay or receive any maintenance?	Yes	No	Yes	No
Do you have an existing Will?	Yes	No	Yes	No
If yes, is your Will registered with Certainty	Yes	No	Yes	No
Date of last Will				
If yes, do Hepburn Delaney hold your Will?	Yes	No	Yes	No
If not, where is it stored?				
Have you made a power of attorney appointing attorneys to act on your behalf?	Yes	No	Yes	No
Do Hepburn Delaney hold your Title Deeds?	Yes	No	Yes	No
If not, where are they stored?				
Have you made any substantial gifts in the past 7 years? (over £3,000.00)	Yes	No	Yes	No
Are you expecting to inherit any money in the future?	Yes	No	Yes	No
Were you born in England?	Yes	No	Yes	No
If no, where were you born?				
Have you always lived in England?	Yes	No	Yes	No
If no, when did you move to England?				
Do you consider England to be your permanent home?	Yes	No	Yes	No
Do you own any property abroad?	Yes	No	Yes	No
If yes, what is the location?				
Have you made a Will in relation to it?	Yes	No	Yes	No
If yes, please confirm the date.	Date: ↓		Date: ↓	
If yes, please confirm the location where that Will is stored.	Location: ↓		Location: ↓	

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Children and dependants

Please provide details of your children.

	FULL 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 No	
IS ANYONE ELSE FINANCIALLY DEPENDENT UPON YOU? If yes, please provide details.		Yes No	

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Financial Details

Please provide details of your assets and liabilities below.

ASSETS	PERSON 1 VALUE	PERSON 2 VALUE	JOINT
YOUR HOME			
OTHER PROPERTY			
CONTENTS OF YOUR HOME			
PERSONAL POSSESSIONS/ WATCHES/JEWELLERY			
CARS/VEHICLES			
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			

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LIABILITY	PERSON 1 VALUE	PERSON 2 VALUE	JOINT
OUTSTANDING MORTGAGE			
BANK LOANS			
OVERDRAFT			
CREDIT CARDS			
OTHER LIABILITIES			
TOTAL LIABILITIES			
NET ESTATE			

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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 TO YOU
	ADDRESS ↓	

2	FULL NAME	RELATIONSHIP TO YOU
	ADDRESS ↓	

ALTERNATIVE EXECUTORS:

1	FULL NAME	RELATIONSHIP TO YOU
	ADDRESS ↓	

2	FULL NAME	RELATIONSHIP TO YOU
	ADDRESS ↓	

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Funeral arrangements

DO YOU WISH TO BE:	Buried	Cremated
<p>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.</p>		

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:		
1	FULL NAME	RELATIONSHIP TO YOU
	ADDRESS ↓	
2	FULL NAME	RELATIONSHIP TO YOU
	ADDRESS ↓	

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Specific Gifts

If you would like to make any specific gifts of money or jewellery please provide details. Please provide sufficient information of specific items so they can be easily identified. These gifts can be made when you die or only made if your partner/spouse has died before you.

GIFTS TO BE MADE ON THE FIRST DEATH

1	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	
2	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	
3	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	
4	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	

GIFTS TO BE MADE ON THE SECOND DEATH

1	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	
2	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	
3	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	
4	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS ↓	SUM OF MONEY/GIFT ↓	



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

1	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		
2	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		
3	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		
4	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		

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

1	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		
2	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		
3	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		
4	NAME OF BENEFICIARY	RELATIONSHIP TO YOU	DATE OF BIRTH/AGE
	ADDRESS		

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	21	25	Other
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Additional Information

DO YOU REQUIRE AN INTERPRETER OR ANY OTHER ASSISTANCE?
(e.g. sign language, literacy assistant)

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:

Signatures

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.