

RAGLAN HOUSE

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HARROGATE

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Incorporating Davidson Broadbent Solicitors

Will Questionnaire

### Please complete this form by typing or writing your answers to those questions which are relevant to your particular circumstances and return the completed form by email, post or by hand.

### PART A – ABOUT YOU

| QUESTIONS | YOUR ANSWERS |
| --- | --- |
| 1. Please tell us your full name, including any middle names and your title: (e.g. “Mr John William Smith”) |  |
| 2. Please tell us your full postal address, including your postcode: (e.g. “5 Old Street, York, North Yorkshire, YO1 2AB”) |  |
| 3. Please tell us your email address: (The email address you wish us to contact you at) |  |
| 4. Please tell us any telephone numbers we can use to contact you if we have any questions about your Will:  |  |
| 5. Please tell us your age and date of birth: |  |
| 6. Please tell us your marital/family status: (i.e. are you single, married, divorced, widowed, cohabiting or in a civil partnership?) |  |
| 7. If you are aware of any imminent changes in your family circumstances, please tell us: (e.g. getting married or divorced or expecting a child, suffered a recent bereavement etc.)Have you sold a property after 8 July 2015. Can you please confirm the sale price and the date of disposal. |  |
| 8. Do you have an existing Will in the UK? Please let us see a copy of this where possible.Please confirm if you have previously prepared and executed a mutual Will? |  |
| 9. Are you a UK national? (If not, please tell us your nationality). What is your domicile i.e. the country that you treat as your permanent home, you live in and have a substantial connection withNote. If you are not a UK national or domiciled in the UK, but own property or assets in England or Wales, you can still make a Will with us.  |  |
| 10. Do you own any property abroad or are you in the process of acquiring any property abroad? (If so, please provide details).Note. If you own property abroad, you can still make a Will with us but you should make a separate Will in the country concerned to deal with that property and this new Will should be limited to your estate in the UK. |  |
| 11. Do you have a Will abroad? Please provide details. |  |
| 12. List of Assets and Liabilities and estimated values and confirmation of whether liabilities are secured or unsecured.Please note any assets which fall outside of your estate such as life assurance policies and death in service benefits and confirm whether these have been nominated to a particular beneficiary or not.Please also confirm whether you have any interests under a trust or any powers of appointment.Please also note any business interests.Is there a possibility that third parties could claim proprietary rights over your assets via a constructive trust or resulting trust or through proprietory estoppel? We can advise you as to this.Do you have a similar right over any property that appears to be owned by any third party. |  |
| 13. Do you expect to inherit any assets?If so, please confirm who from, the relationship to you of that person, the estimated amount and likely timescales. |  |
| 14. Have you established any trusts? Can you please confirm the date, the amount transferred into trust and the nature and circumstances of the trust |  |
| 15. Digital AssetsPlease note anything such as Bitcoin, non-fungible tokens or any online account which you wish to deal with specifically. |  |
| 16. Please confirm lifetime gifts that you have made in the last 7 years. Please confirm the amounts, the type of gift, what the gift was for and to whom.Please advise whether the amounts provided have utilised your annual exemption of £3,000. Please provide figures without deducting the annual exemption of £3,000.If your estate is over the available inheritance tax thresholds please note that lifetime gifting may result in your nil rate band being decreased meaning you can leave less free of inheritance tax and this may have an impact on any inheritance tax payable on your estate and any amount you can leave to non-exempt beneficiaries. |  |
| 17. Please provide details of your family tree. Please include all family members including those who you do not wish to include in your Will so we can advise you properly i.e. step children, estranged children, people you financially support etc.Please also provide us details with people you live with i.e. partners, siblings etc. |  |

**The remaining questions deal with issues in the order that they are likely to appear in a typical Will. Not all of the questions will be relevant to every person. If a question isn't relevant to you, please skip to the next question. Also, please do feel free to use the questions that we ask as a prompt for you to tell us in your own words what your want us to include in your Will. Once you have done this, you can relax and let us translate what you have said into a correctly worded, properly presented, legally valid Will.**

### PART B – FUNERAL ARRANGEMENTS AND EXECUTORS

|  |  |
| --- | --- |
| QUESTIONS | YOUR ANSWERS |
| 18. Your funeral arrangements - Please tell us if you have any special wishes about your funeral arrangements: (e.g. “I wish to be buried at York Cemetery”, “I wish to be cremated” etc.) |  |
| 19.1 Your executors - Please tell us the full name, address and relationship to you of the people you wish to deal with your estate after your death. They must be adults to be executors and it is usually best to name alternative executors to take on the responsibility if your first choice executor dies before you or with you. Also, if any of the beneficiaries named in your Will are minors, you must appoint at least two executors to act jointly as they will need to act as trustees to look after the money for them. Beneficiaries can be named as executors. (e.g. “I wish to appoint my wife Ann Smith of 5 Old Street, York, YO1 2AB to be the sole executor but if she has died I would like my sister Jane Smith of 10 New Lane Leeds LS1 2ZX and my wife's sister Susan Jones of 7 Queen Street, Lincoln, LN3 3QT to be joint executors instead”). | **Name; Address; D.O.B; Relationship (executor/s)** |
| 19.2 If your chosen executors cannot act please tell us the full name, address and relationship of any substitutes. | **Name; Address; D.O.B; Relationship (substitute executor/s)** |

**PART C – LEGAL GUARDIANS**

|  |  |
| --- | --- |
| **QUESTIONS** | **YOUR ANSWERS** |
| 20. Guardians - If you have young children and wish to appoint someone to be a legal guardian for them, please tell us the full name, relationship to you and address of this person:You can name a substitute guardian as well if you wish.(e.g. “My sister Jane Smith of 10 New Lane Leeds LS1 2ZX will be the guardian of my children”) If this isn't relevant to you, please skip to the next question | **Name; Address; D.O.B; Relationship (Guardians AND children)** |

**PART D – SPECIFIC GIFTS AND LEGACIES**

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| --- | --- |
| QUESTIONS | YOUR ANSWERS |
| 21. Specific gifts and legacies - Please provide full details of any specific gifts (items) or legacies (fixed cash sums) and say who will benefit by telling us the full name, relationship to you and address of each intended beneficiary. If any of the beneficiaries are under 18, please tell us. Note. For couples who are making Wills together, it is also helpful if you tell us whether these gifts are to take place on the first death or only after both of you have died.(e.g. "I wish to leave my watch and wedding ring to my son, Mark Smith of 5 Old Street, York, YO1 2AB, aged 28. This will pass to him on my death, even if my wife is alive" or "My wife wishes to leave her jewellery to my daughter, Katie Smith, same address, aged 14. This is also to pass on her own death, even if I am alive" or "I wish to leave £1000 and my furniture and household goods to British Heart Foundation, but only if my wife and I have both died". If this isn't relevant to you, please skip to the next question. | **Name; Address; D.O.B; Relationship (Beneficiaries)**Please let us know whether the gift will take place on your death i.e. first death, or, in the cases of couple on second death only i.e. when you have both died. |

**PART E – YOUR REMAINING ESTATE**

| QUESTIONS | YOUR ANSWERS |
| --- | --- |
| 22. Your remaining estate - Please tell us the full name, relationship to you, address and approximate age (now) of each person who you wish to receive a share of your residuary estate (i.e. what is left after your funeral expenses and any debts have been paid and also after any specific gifts or cash legacies have been handed to the people entitled to them). You may wish to leave everything to each other on the first death in the case of a couple and then on second death between children or failing that between grandchildren. You may wish to stipulate who will receive your estate in the event of a family catastrophe i.e. charities or other family members.(e.g. “My wife when I die 100%. On both our deaths or if she dies first to my two children equally at the age of 25 or failing that any grandchildren I have equally at 30. In the event we all die to the 5 listed charities”.  | **Name; Address; D.O.B; Relationship (Beneficiaries)** |
| 23. How the estate will be shared - Please tell us how the estate is to be shared between the people you have mentioned above. (e.g. “Shared equally” OR “My son Mark Smith will receive 40% and my daughter Katie Smith will receive 60%”). |  |
| 24. Holding money in trust - If any of the people you have named are minors, please tell us what age they will inherit their share outright if you die before they reach this age: Note. The usual ages specified are 18, 21 or 25 and the executors, as trustees, will hold the person’s share of the estate in trust until they attain the chosen age.(e.g. “My daughter Katie Smith's share will be held in trust until she reaches 21”). |  |
| 25. Please detail any individuals that you wish to exclude from your Will and confirm your relationship to such individual their full name, address and any background information. |  |

**PART F – MISCELLANEOUS**

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| --- | --- |
| 26. Please confirm whether you are under the care of any health care professional or mental health nurse. If the answer is yes, please give as much information as possible including details of any diagnosis,treatment and medication. |  |
| 27. If you are completing this questionnaire prior to our meeting do you have any particular needs for our meeting/thereafter i.e. are you blind, partially sighted, in need of a translator, housebound etc. Please tell us how we can make this process easier. |  |
| 28. Any other comments - If you have any other comments in response to any of our questions or anything else to add concerning your Will, please tell us here:(e.g. “I have seen information on your website about including a Protective Property Trust in my Will in case me or my wife have to go into a nursing home in the future. Please include this in my Will and deal with the change to tenants-in-common on our behalf”). Note. If you are completing this form on behalf of someone else, please tell us about it here. |  |
| **Internal use only** |  |
| Urgent InstructionsComment on urgent instructions i.e. terminally ill, mental capacity deteriorating,travelling etc. Action to be taken. |  |
| Source |  |
| Capacity/undue influence notes – did the client come in alone, was the importance of taking instructions from the testator on their own discussed. If accompanied record advice given and clients response.Risk of financial abuseBereavement/illness  |  |
| Dealing with a couple – are they married or unmarried. Did we ask whether they wanted to be seen alone or together and advise of potential conflict of interest in the future and asked whether we could discuss finances together. If conflict of interest found to exist may not be able to act for both of them. Cannot take instructions to make major changes to Will later on without the other client knowing unless the other client lacks mental capacity. |  |
| Where did the meeting take placeOffice/Home/Hospital/Hospitce or other |  |
| Third party advisors that we are required to get in touch with i.e. independent financial advisors/investment managers/accountants etc. |  |
| Remind client that documents or information on the file forms part of their estate so on death personal representatives will be entiled to view them. |  |
| Quote agreed |  |
| Timeframe agreed |  |
| Date of meeting |  |
| Discussed storage of Will and agreed action and any previous Wills. Discussed with client who is allowed to see a copy of the Will in the event that they lose mental capacity. Does the client wish to put in place a Power of Attorney or letter authorising disclosure of Will. |  |
| Are any Letters of Wishes going to be prepared. If so, on what topics and have we advised the client whether they should prepare or we should prepare and have we discussed details and storage. |  |

Please kindly sign below to confirm that you have filled in and completed this questionnaire personally.

Alternatively, if someone has filled the questionnaire in on your behalf, please sign below to confirm that you understand and approve the content of the questionnaire in that it reflects your independent instructions.

Signed:

Name:

Date: