

PROBATE QUESTIONNAIRE

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ABOUT THE DECEASED

Please supply the following information about the person who has died

Full Name of the Deceased: Click or tap here to enter text.

Previous Name(s): Click or tap here to enter text.

Date of Death: Click or tap here to enter text.

(Please supply three original Death Certificates)

Date of Birth: Click or tap here to enter text.

National Insurance Number: Click or tap here to enter text.

Tax Office: Click or tap here to enter text.

Tax Reference Number: Click or tap here to enter text.

(If the Deceased was a widow/widower, please supply his/her marriage certificate so that we can make a copy)

Number of children of the Deceased: Click or tap here to enter text.

Number of grandchildren of the Deceased: Click or tap here to enter text.

Was the Deceased born in England/Wales?

Yes □ No □

If no, what year did he/she come to live here? Click or tap here to enter text.

EXECUTORS/ADMINISTRATORS

In respect of each executor, please supply the following information. If there is no Will, please supply the same information for each person who will be dealing with the estate (administrator):

Executor/Administrator 1:

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

National Insurance No: Click or tap here to enter text.

Executor/Administrator 2:

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

National Insurance No: Click or tap here to enter text.

Executor/Administrator 3:

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

National Insurance No: Click or tap here to enter text.

Executor/Administrator 4:

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

National Insurance No: Click or tap here to enter text.

BENEFICIARIES

Please advise if any of the beneficiaries named in the Will died before the Deceased:

Click or tap here to enter text.

Please supply current addresses for all the beneficiaries, unless these appear in the Will:

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Please supply contact details for the Deceased's accountants/financial adviser/stockbroker (if any):

Contact: Click or tap here to enter text.

Organisation: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact: Click or tap here to enter text.

Organisation: Click or tap here to enter text.

Address: Click or tap here to enter text.

THE DECEASED'S ASSETS

Please supply statements and passbooks for the Deceased's bank and building society accounts, whether in the Deceased's SOLE name or held JOINTLY with any other person.

Please list the accounts below:

Bank/Building Society	Account/Roll Number	Solely/Jointly

Please supply certificates/statements and the most recent dividend/distribution slips for the Deceased's shares or other investments. If you think the Deceased might have had any other shares or investments, please tell us:

Click or tap here to enter text.

Please supply original National Savings certificates and premium bonds/holder card.

Click or tap here to enter text.

Was any cash found in the Deceased's possession? If so, how much?

Click or tap here to enter text.

If the Deceased had a car, please advise:

MAKE	MODEL	YEAR OF MANUFACTURE	REGISTRATION NUMBER	VALUE
Please N	ote: You shou	ld check you are insur	ed before driving the	e Deceased's car.

Did the Deceased have any jewellery or watches? If so, what is its/their value?

Click or tap here to enter text.

Please note that if any individual item is worth more than £500, a professional valuation should be obtained. Items of value should not be left in the Deceased's empty property

Did the Deceased have any other items of value e.g. clothes, handbags, hobby equipment? If so, please provide a description and estimated value:				
Click or tap here to enter text.				
THE DECEASED'S HOME				
Was it owned solely or in joint names?				
Solely □ Joint names □				
Where are the title deeds?				
Click or tap here to enter text.				
Estimated value: Click or tap here to enter text.				
Please provide an estimated value of the contents, ie carpets and curtains, furniture, audio-visual equipment and other valuables. If the Deceased had artwork or antiques then a professional valuation would be advisable.				
Click or tap here to enter text.				
Did the Deceased own any other property?				
Yes 🖂 No 🖂				
If so, on the continuation page at the end of this form, please provide the address of the property and the same information as we have required for the Deceased's home.				
Please provide details of any business assets:				
Click or tap here to enter text.				
Please provide details of any foreign assets:				
Click or tap here to enter text.				
Was the Deceased expecting to receive any money at the time of his/her death?				
Yes				
If yes, please provide details:				
Click or tap here to enter text.				
Was the Deceased the beneficiary of any Trust?				
Yes D No D				
If yes, we will need to see the Trust Deed.				
Did the Deceased make any gifts of more than £1,000 in the 7 years prior to his/her death?				
Yes □ No □				
If yes, please provide details of:				
The name of the recipient and his/her relationship to the Deceased:				

Click or tap here to enter text.

The amount of the gift (if cash) or contact the second cash.	description of th	e asset involved:	
Click or tap here to enter text.			
So far as possible, the date of the game and the game are some are	gift:		
Click or tap here to enter text.			
Did the Deceased inherit any money in the	5 years prior to	his/her death?	
Yes □ No □			
Did the Deceased have life assurance?			
Yes □ No □			
If yes, please advise the life assurance con	npany and polic	y number	
Company: Click or tap here to enter text.			
Policy Number: Click or tap here to enter t	ext.		
Please provide the policy documents			
THE DECEASED'S ASSETS CONTINUED	ס		
If the Deceased died before reaching pens employers. Therefore, please advise us of			crued pension rights with previou
Cimpleyers. Therefore, pieuse advise as of	Тполтог стгргоу		
NAME OF EMPLOYER	DATE OF SE	RVICE	DATE OF SERVICE
NAME OF EMPLOYER	DATE OF SE	RVICE	DATE OF SERVICE TO
NAME OF EMPLOYER		RVICE	
NAME OF EMPLOYER		RVICE	
NAME OF EMPLOYER		RVICE	
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	FROM:		
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LIABILITIES AND FUNERAL EXPENSES

Please provide us with the funeral invoice. We can liaise with the Deceased's bank to arrange payment of the invoice by them if there are sufficient funds in the Deceased's account.

Please let us have all the invoices for costs associated with the funeral eg flowers, funeral tea, death notice. All these can be set against the value of the estate for Inheritance Tax purposes.

Please supply copies of all outstanding bills e.g. credit cards, utility bills etc.

Did the Deceas	ed leave any other liabilities or are you aware of any potential claim against the estate?
Yes 🖂	No [□]
If yes, please pr	rovide details below:

Click or tap here to enter text.

YOUR CONTACT DETAILS

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

MYERSON SOLICITORS LLP CONTACTS

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CONTINUATION PAGE FOR ANY ADDITIONAL INFORMATION

Click or tap here to enter text.