



Will Questionnaire

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BACKGROUND INFORMATION

1. Full Name: _____

2. Address: _____

3. Email: _____

4. Daytime telephone number: _____

5. Were you born in England/Wales? YES _____ NO _____

6. If not, what year did you come to live here? _____

7. Name of spouse/partner: _____

8. Year of marriage: _____

9. For each child of present marriage, please supply:

Full name: _____

Date of birth: _____

Address if over 18: _____

Full name: _____

Date of birth: _____

Address if over 18: _____

Full name: _____

Date of birth: _____

Address if over 18: _____

10. Have you or your spouse been married before? YES _____ NO _____

Additional Information:

BACKGROUND INFORMATION CONTINUED

11. If you have children from other relationships, please supply the following information for each child of a previous relationship of yourself or your spouse:

SELF

Full Name: _____

Date of birth: _____

Address if over 18: _____

Full Name: _____

Date of birth: _____

Address if over 18: _____

SPOUSE

Full Name: _____

Date of birth: _____

Address if over 18: _____

Full Name: _____

Date of birth: _____

Address if over 18: _____

APPOINTMENT OF EXECUTORS AND GUARDIANS

12. Please supply the names and addresses of the people you would like to act as your Executors.

Your Executors are the people who will deal with the paperwork relating to your assets and debts after you die. They can also be beneficiaries of your estate. They must be at least 18 years old and, preferably, not someone who is a lot older than you. You can have between one and four Executors and you can appoint substitutes to step in if any one or more of your Executors died or otherwise could not act.

First Executor

Full name: _____

Address: _____

Post Code: _____

Second Executor

Full name: _____

Address: _____

Post Code: _____

Third Executor

Full name: _____

Address: _____

Post Code: _____

Fourth Executor

Full name: _____

Address: _____

Post Code: _____

Would you like this firm to act as one of your executors? YES _____ NO _____

Please note: There is no additional charge for this service.

APPOINTMENT OF EXECUTORS AND GUARDIANS CONTINUED

13. Name and address of guardians (only relevant if there are children under the age of 18):

First Guardian

Full name: _____

Address: _____

Post Code: _____

Second Guardian

Full name: _____

Address: _____

Post Code: _____

FUNERAL WISHES

14. It is helpful to your family if you outline your wishes for your funeral. For instance, would you prefer

Burial _____ Cremation _____ Other _____ (please provide details below)

If cremation, is there somewhere you would like your ashes to be scattered?

Where would you wish the funeral service to be held:

Church or other place of worship _____ Crematorium _____

Do you have any particular place in mind? _____

What sort of service would you like (e.g. C of E)? _____

Would you prefer a non-religious service? YES _____ NO _____

Additional Information:

GIFTS

15. Do you want to make any cash gifts (typically gifts to grandchildren or to charity)? If so, please supply the following information:

Amount: £ _____

Name of beneficiary: _____

Address of beneficiary: _____

Amount: £ _____

Name of beneficiary: _____

Address of beneficiary: _____

16. Do you want to make any gifts of items (typically jewellery, paintings etc) to any person? If so, please supply:

Description of item: _____

Name of beneficiary: _____

Address of beneficiary: _____

Description of item: _____

Name of beneficiary: _____

Address of beneficiary: _____

YOUR ESTATE

17. Who would you like to inherit the rest of your estate? Please set out:

Name:

Address (if not given above):

Share of residue:

Name:

Address (if not given above):

Share of residue:

Name:

Address (if not given above):

Share of residue:

Should the above person(s) not survive you, who should inherit then?

Name:

Address (if not given above):

Share of residue:

YOUR ESTATE CONTINUED

Name:

Address (if not given above):

Share of residue:

Name:

Address (if not given above):

Share of residue:

18. At what age do you wish children to inherit residue? The usual ages are 18, 21 or 25.

19. Who will receive residue should your intended beneficiaries die before you?

Name:

Address:

Share of residue:

20. Please complete the following schedules on the attached pages to help your solicitor assess the inheritance tax position. We only need outline information.

ASSETS AND LIABILITIES

	APPROXIMATE VALUE		
	You	Your Spouse	
Assets			Tick if Owned Jointly
House			
Contents			
Car			
Jewellery			
Cash deposits in sole name			
Cash deposits in joint names			
Premium bonds			
National Savings Certificates			
Stock-market based investments (including unit trusts, PEPs and ISAs)			
Partnership share or value of a sole business			
Unquoted stocks and shares (eg in a private company)			
Foreign property			
Other Assets (please specify)			
Liabilities			
Mortgage			
Other			

LIFE ASSURANCE POLICIES

Sum Assured	Premium	Is policy linked to specific debt?	Whether or not in Trust

PENSION DEATH BENEFITS

Pension Scheme/Policy	Amount of Death Benefit	Is Death Benefit in Trust?	Nomination Form Completed?

19. Have you made any gifts of more than £1,000 in the last 7 years (except gifts to your spouse or civil partner)? If so, in respect of each such gift, please advise:

Date	Recipient	Amount

20. Are you the beneficiary of any trust? If so, please supply details.

21. Is there any other information you think we should have?

Contacts

If you have any queries please do not hesitate to contact a member of our dedicated team.

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