

**WILL QUESTIONNAIRE**

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**BACKGROUND INFORMATION**

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.

Daytime telephone number: Click or tap here to enter text.

Were you born in England/Wales? Yes: [ ]  No: [ ]

If not, what year did you come to live here? Click or tap here to enter text.

Date of birth Click or tap here to enter text.

Have you made a Will before Yes: [ ]  No: [ ]

(if yes: please supply a copy, confirm where it is stored Click or tap here to enter text. and confirm if it is registered with The [National Will Register](https://www.nationalwillregister.co.uk/) (previously Certainty) Yes: [ ]  No: [ ] )

Name of spouse/partner: Click or tap here to enter text.

Date of birth of spouse/partner: Click or tap here to enter text.

Year of marriage: Click or tap here to enter text.

For each child of present marriage, please supply:

Full name: Click or tap here to enter text.

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

Address if over 18: Click or tap here to enter text.

Full name: Click or tap here to enter text.

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

Address if over 18: Click or tap here to enter text.

Have you or your spouse been married before? Yes: [ ]  No: [ ]

Additional Information: Click or tap here to enter text.

**BACKGROUND INFORMATION CONTINUED**

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: Click or tap here to enter text.

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

Address if over 18: Click or tap here to enter text.

**SPOUSE**

Full name: Click or tap here to enter text.

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

Address if over 18: Click or tap here to enter text.

**FUNERAL WISHES**

It is helpful to your family if you outline your wishes for your funeral. 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? Click or tap here to enter text.

What sort of service would you like (e.g. C of E)? Click or tap here to enter text.

Would you prefer a non-religious service? Yes: [ ]  No: [ ]

Would you prefer:

Burial: [ ]  Cremation: [ ]  Other: [ ]  (please provide details below) If other: Click or tap here to enter text.

If cremation, is there somewhere you would like your ashes to be scattered? Click or tap here to enter text.

Additional Information: Click or tap here to enter text.

**APPOINTMENT OF EXECUTORS**

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: Click or tap here to enter text.

Address: Click or tap here to enter text.

**Second Executor (for additional/substitute Executors please use the bottom of this form)**

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Would you like this firm to act as one of your executors? Yes: [ ]  No: [ ]

**APPOINTMENT OF GUARDIANS**

*Your Guardians are the people who will care for your children if they are under the age of 18 at your death. They must be at least 18 years old and, preferably, not someone who is a lot older than you.*

Name and address of guardians

**First Guardian**

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

**Second Guardian (for additional Guardians please use the bottom of this form)**

Full name: Click or tap here to enter text.

Address: Click or tap here to enter text.

**GIFTS**

Do you want to make any gifts of items (typically jewellery, paintings, etc.) to any person? If so, please supply the following information (for additional gifts please use the bottom of this form):

Description of item: Click or tap here to enter text.

Name of beneficiary: Click or tap here to enter text.

Address of beneficiary: Click or tap here to enter text.

Do you want to make any cash gifts (typically gifts to grandchildren or to charity)? If so, please supply the following information (for additional gifts please use the extra page at the bottom of the form):

Yes: [ ]  No: [ ]

Amount: £Click or tap here to enter text.

Name of beneficiary: Click or tap here to enter text.

Address of beneficiary: Click or tap here to enter text.

**YOUR ESTATE**

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

Name**:** Click or tap here to enter text.

Address (if not given above): Click or tap here to enter text.

Share of residue: Click or tap here to enter text.

Name**:** Click or tap here to enter text.

Address (if not given above): Click or tap here to enter text.

Share of residue: Click or tap here to enter text.

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

**Name:** Click or tap here to enter text.

Address (if not given above): Click or tap here to enter text.

Share of residue: Click or tap here to enter text.

**Name:** Click or tap here to enter text.

Address (if not given above): Click or tap here to enter text.

Share of residue: Click or tap here to enter text.

**(for additional beneficiaries please use the bottom of this form)**

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

18 [ ]  21 [ ]  25 [ ]  Other [ ]  (please specify): Click or tap here to enter text.

Are any of your beneficiaries on means tested benefits:

(If yes, please provide information in the “Any Other Information” box at the end of this form)

Yes: [ ]  No: [ ]

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** |  |
| **Assets** | **You** | **Your Spouse** | **Tick if Owned Jointly** |
| House | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Contents | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Car | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Jewellery | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Cash deposits in sole name | Click or tap here to enter text. | Click or tap here to enter text. | [ ]  |
| Cash deposits in joint names | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Premium bonds | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| National Savings Certificates | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Stock-market basedinvestments (including unit trusts, PEPs and ISAs) | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Partnership share or value of asole business | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Unquoted stocks and shares(e.g. in a private company) | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Foreign property | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Other Assets (please specify) | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| **Liabilities** | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Mortgage | Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Other | Click or tap here to enter text. | Click or tap here to enter text. |[ ]

**LIFE ASSURANCE POLICIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sum Assured** | **Premium** | **Is policy linked to specific debt?** | **Is it held in Trust?**  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**PENSION DEATH BENEFITS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension Scheme/Policy** | **Amount of Death****Benefit** | **Is Death Benefit****in Trust?** | **Nomination Form****Completed?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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:

Yes: [ ]  No: [ ]

|  |  |  |
| --- | --- | --- |
| **Date** | **Recipient** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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

Yes: [ ]  No: [ ]

Is there any other information you think we should have?

Yes: [ ]  No: [ ]

If Yes - Click or tap here to enter text.

**Additional Information Pages**

|  |
| --- |
| **Additional Executors** |
| **Name** | **Address** | **Substitute?** |
| Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Click or tap here to enter text. | Click or tap here to enter text. |[ ]
| Click or tap here to enter text. | Click or tap here to enter text. |[ ]

|  |
| --- |
| **Additional Guardians** |
| **Name** | **Address** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Additional Gifts** |
| **Name** | **Amount** | **Address** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Additional Beneficiaries** |
| **Name** | **Share** | **Address** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Any Other Information:** Click or tap here to enter text. |