

COUPLE - WILLS QUESTIONNAIRE

The information on this form is confidential and once received by us, it will not be divulged to anyone other than the partners and staff of BakerLaw LLP involved with the preparation of Wills.

The questionnaire is designed to help you consider some of the points you should think about in connection with your Wills.

It will greatly assist us in preparing your Will if you answer all questions in full.

YOUR DETAILS		
PERSON 1	PERSON 2	
Full Name:	Full Name:	
(including any	(including any	
middle names)	middle names)	
Address:	Address:	
Home Telephone number:	Home Telephone number:	
Mobile Telephone number:	Mobile Telephone number:	
Email:	Email:	
Occupation:	Occupation:	
Date of birth:	Date of birth:	
Have you already made a Will or codicil?	Have you already made a Will or codicil?	
Yes/No	Yes/No	
If yes, please give date of Will/codicil:	If yes, please give date of Will/codicil:	
Please provide a copy of your current Will prior to our meeting, or bring a copy with you. This is required as your current Will may affect your options and our advice.		

Are you married or in a Civil Partnership? Yes/no

Have you been married before? Yes/No

If yes, how did the marriage end?

If you have been divorced, please provide a copy of your financial Consent Order from that divorce prior to our meeting, or bring a copy with you. This is required as it may affect your options and our advice.

Have you married or formed a civil partnership since you made your last Will?

Yes/No

Are you expecting to get married or enter into a civil partnership in the near future?

Yes/No

Are you now, or have you ever been financially connected to someone else –

for example through marriage, joint ownership of property, or cohabitation? (This could affect your estate and how it is dealt with after your death).

Yes/No

If **yes**, please provide their full name, and address (if available) and brief details of your connection.

Are you married or in a Civil Partnership? Yes/no

Have you been married before? Yes/No

If yes, how did the marriage end?

If you have been divorced, please provide a copy of your financial Consent Order from that divorce prior to our meeting, or bring a copy with you. This is required as it may affect your options and our advice.

Have you married or formed a civil partnership since you made your last Will?

Yes/No

Are you expecting to get married or enter into a civil partnership in the near future?

Yes/No

Are you now, or have you ever been financially connected to someone else – for example through marriage, joint ownership of property, or cohabitation? (This could affect

of property, or cohabitation? (This could affect your estate and how it is dealt with after your death).

Yes/No

If **yes**, please provide their full name, and address (if available) and brief details of your connection.

CHILDREN Do you have any children? Yes/No Do you have any children? Yes/No If Yes, please provide their full names, If Yes, please provide their full names, addresses and ages (including dates of birth). addresses and ages (including dates of birth). **Child One: Child One:** Full Name: Full Name: Address: Address: Age & DOB: Age & DOB: **Child Two: Child Two:** Full Name: Full Name: Address: Address: Age & DOB: Age & DOB: **Child Three: Child Three:** Full Name: Full Name: Address: Address: Age & DOB: Age & DOB: **Child Four: Child Four:** Full Name: Full Name: Address: Address: Age & DOB: Age & DOB:

DOMICILE – domicile can affect your tax status			
Are you domiciled in the UK?	Are you domiciled in the UK?		
Yes/No	Yes/No		
If no, where are you domiciled?	If no, where are you domiciled?		
have chosen	' – Please select ALL of the following options you		
☐ Buried	□ Buried		
□ Cremated	□ Cremated		
☐ Woodland or ecological burial	☐ Woodland or ecological burial		
☐ Disposal of body for scientific research	☐ Disposal of body for scientific research		
Disposal of body for transplants or corneal grafting	Disposal of body for transplants or corneal grafting		
Please give any other instructions:	Please give any other instructions:		
EXECUTORS – these are the people responsible	e for arranging your funeral and distributing your		
estate			
Executor One:	Executor One:		
Full Name:	Full Name:		
Address:	Address:		
Relationship to Person 1:	Relationship to Person 2:		
Executor Two: Executor Two:			
Full Name:	Full Name:		
Address:	Address:		
Relationship to Person 1:	Relationship to Person 2:		

If the above are unable or unwilling to act who should replace them as executors?

Substitute Executor One:	Substitute Executor One:
Full Name:	Full Name:
Address:	Address:
Relationship to Person 1:	Relationship to Person 2:
Substitute Executor Two:	Substitute Executor Two:
Full Name:	Full Name:
Address:	Address:
Relationship to Person 1:	Relationship to you:

TRUSTEES — these are the people responsible for managing any trusts that arise in your Will and holding funds for children until they reach 18 or another specified age (it is advisable to have at least two trustees and to include a trustee who will remain impartial) — the Executors can also be Trustees

Trustee One:	Trustee One:
Full Name:	Full Name:
Address:	Address:
Relationship to Person 1:	Relationship to Person 2:
Trustee Two:	Trustee Two:
Full Name:	Full Name:
Address:	Address:
Relationship to Person 1:	Relationship to Person 2:

you and the other parent die? (You should discuss with the other parent and proposed guardian)

Full name:

Address:

Address:

Relationship to you:

Relationship to you:

GUARDIANS – who would you like to act as guardian(s) for any children under 18 years if both

PERSONAL POSSESSIONS - it is possible to set out in your Will specific gifts of personal items or you can ask your executor to deal with them in accordance with a separate letter of wishes (and if they are not gifted either way they will form part of your 'Residuary Estate')

Do you wish to give all your personal possessions to your Executors, for them to distribute in line with any written note of wishes that you leave?

Yes/No

If no, do you wish to gift ALL your personal possessions to the same person/people? Yes/No

If **yes**, to whom (please include names, addresses and their relationship to you):

If **no**, are there specific personal possessions you wish to be gifted in your Will? Please provide details:

Do you wish to give all your personal possessions to your Executors, for them to distribute in line with any written note of wishes that you leave?

Yes/No

If no, do you wish to gift ALL your personal possessions to the same person/people? Yes/No

If **yes**, to whom (please include names, addresses and their relationship to you):

If **no**, are there specific personal possessions you wish to be gifted in your Will? Please provide details:

Who should pay for the cost of packing, shipping and insurance, if relevant? Please select one of the following:		Who should pay for the cost of packing, shipping and insurance, if relevant? Please select one of the following:	
_			
	Your estate The person receiving the gift		Your estate The person receiving the gift
	The person receiving the gift		The person receiving the gift
	/ISION FOR YOUR PETS — do you want t you have died? Please select one of the folk		
arear y			
	Give pet to animal charity together with donation for its upkeep		Give pet to animal charity together with donation for its upkeep
	Give pet to a friend or a member of your family with a gift to cover its upkeep		Give pet to a friend or a member of your family with a gift to cover its upkeep
	Instruct executors to euthanise the pet (this option may not be available, as many vets will refuse to euthanise a healthy pet)		Instruct executors to euthanise the pet (this option may not be available, as many vets will refuse to euthanise a healthy pet)
	Other:		Other:
	I GIFTS – do you want to make any cash g Juring your lifetime.	ifts? – F	Please notify us if you have given any
Ŭ			
Full Na	ame:	Full Name:	
Addre	SS:	Address:	
Relationship to you:		Relationship to you:	
Amoui	nt:	Amount:	
Substi	itute to children if person dies before you?	Substitute to children if person dies before you?	
Yes/N	0	Yes/No	0

Full Name:	Full Name:	
Address:	Address:	
Relationship to Person 1:	Relationship to Person 2:	
Amount:	Amount:	
Substitute to children if person dies before you?	Substitute to children if person dies before you?	
Yes/No	Yes/No	
GIFTS TO CHARITY – your beneficiaries may be inheritance tax if you give 10% or more of your 6		
detail when we meet if this is of interest to you.		
Name of charity:	Name of charity:	
Charity registration number:	Charity registration number:	
Address:	Address:	
Amount (£ or %):	Amount (£ or %):	
CTET OF LAND AND BUT DINCE. It is result	- t: 0	
GIFT OF LAND AND BUILDINGS – it is possib property, as a specific gift. If you wish your prop		
your estate, then leave this section blank.		
Details of property:	Details of property:	
Your share of the property (%):	Your share of the property (%):	
Full Name of beneficiary:	Full Name of beneficiary:	
Address:	Address:	
Relationship to Person 1:	Relationship to Person 2:	

If the property is mortgaged or has any charges registered against it do you want the beneficiary to pay off the debts or should it be paid from the estate? Beneficiary	If the property is mortgaged or has any charges registered against it do you want the beneficiary to pay off the debts or should it be paid from the estate? Beneficiary		
☐ Estate	☐ Estate		
Do you want the beneficiary to pay any inheritance tax on the gift or should the tax be paid from your estate?	Do you want the beneficiary to pay any inheritance tax on the gift or should the tax be paid from your estate?		
☐ Beneficiary	☐ Beneficiary		
□ Estate	☐ Estate		
GIFT OF RESIDUARY ESTATE – your 'Residuatax, funeral and administrative expenses are paid			
We can discuss your specific requirements at the gifting your estate.	meeting to determine the most efficient way of		
Whole estate to spouse? It is common for couples to leave their estates to each other on the first death and then to substitute beneficiaries on the second death.			
1) Do you wish to leave your estates to each other on the first death? YES/NO			
2) If NO – please complete details below of who you would like to benefit when you pass away.			
If YES – then, on the second death (ie when the survivor of you passes away) who would you like your estate to pass to? Please complete their details below.			
Full Name:	Full Name:		
Address:	Address:		
Relationship to Person 1:	Relationship to Person 2:		
Age to receive gift: 18/21/25	Age to receive gift: 18/21/25		
Specify percentage to receive (%): Specify percentage to receive (%):			

Gift to be given:	Gift to be given:		
☐ Outright; or	☐ Outright; or		
☐ On trust	☐ On trust		
Substitute to children if person dies before you?	Substitute to children if person dies before you?		
Yes/No	Yes/No		
Full Name:	Full Name:		
Address:	Address:		
Relationship to Person 1:	Relationship to Person 2:		
Age to receive gift: 18/21/25	Age to receive gift: 18/21/25		
Specify percentage to receive (%):	Specify percentage to receive (%):		
Gift to be given:	Gift to be given:		
☐ Outright; or	☐ Outright; or		
☐ On trust	☐ On trust		
	Substitute to children if person dies before you?		
Substitute to children if person dies before you?	Substitute to children if person dies before you?		
Substitute to children if person dies before you? Yes/No	Substitute to children if person dies before you? Yes/No		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all t	Yes/No		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is	Yes/No ne above beneficiaries die before you, who		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is family and 50% to the other	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is family and 50% to the other Full Name:	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the Full Name:		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is family and 50% to the other Full Name:	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the Full Name:		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is family and 50% to the other Full Name: Address:	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the Full Name: Address:		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is family and 50% to the other Full Name: Address: Relationship to Person 1:	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the Full Name: Address: Relationship to Person 2:		
Yes/No FINAL GIFT OF RESIDUARY ESTATE — if all to would you like your estate to pass to? This gift is family and 50% to the other Full Name: Address: Relationship to Person 1: Age to receive gift: 18/21/25	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the Full Name: Address: Relationship to Person 2: Age to receive gift: 18/21/25		
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FINAL GIFT OF RESIDUARY ESTATE — if all the would you like your estate to pass to? This gift is family and 50% to the other Full Name: Address: Relationship to Person 1: Age to receive gift: 18/21/25 Specify percentage to receive (%): Gift to be given:	Yes/No ne above beneficiaries die before you, who often made to charity, or 50% to one side of the Full Name: Address: Relationship to Person 2: Age to receive gift: 18/21/25 Specify percentage to receive (%): Gift to be given:		

Substitute to children if person dies before you?	Substitute to children if person dies before you?		
Yes/No	Yes/No		
ASSET PROTECTION — are any of your benefic the near future? There are steps you can take to			
Yes/No	Yes/No		
If yes, we can discuss your options when we meet.	If yes, we can discuss your options when we meet.		

CHILDREN FROM A PREVIOUS RELATIONSHIP — do you want to ensure that any children from a previous relationship are provided for when you die?

Yes/No

If yes, we can discuss your options when we meet.

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LASTING POWER OF ATTORNEY OR ENDURING POWER OF ATTORNEY - have you made an Enduring Power of Attorney or registered a Lasting Power of Attorney? If so, depending on what is included in the document, your will may be affected.

Yes/No	Yes/No

Please provide details of anything else you think we ought to know:			

FINANCIAL CHECKLIST

(to nearest £'000)

Please provide estimated valuations for each asset – it will enable us to advise you correctly in relation to inheritance tax and decide if you require tailored tax advice.

	PERSON 1		PERSON 2	
<u>ASSETS</u>	Details	Value (of Person 1's share if held jointly)	Details	Value (of Person 2's share if held jointly)
Main Residence				
Address				
Is property jointly owned?	Yes/No		Yes/No	
In order to advise you appropriately, we will obtain an up-to-date copy of the title for properties listed from the Land Registry. There will be a disbursement of £3.60 (£3 + VAT) per title.				
Other property(ies) Address(es)				

	Details	Value (of Person 1's share if held jointly)	Details	Value (of Person 2's share if held jointly)
Household contents				
Bank/building society accounts				
Investments				
Pension scheme death benefits/Death in service benefits				
Foreign assets				
Agricultural property				

	Details	Value (of Person 1's share if held jointly)	Details	Value (of Person 2's share if held jointly)
Business property/interest				
Property held on trust under which you are a beneficiary				
Property held on trust over which you have a general/specific power of appointment				
TOTAL		£		£

	PERSON 1		PERSON 2	
<u>LIABILITIES</u>	Details	Outstanding amount £	Details	Outstanding amount £
		(of Person 1's share if held jointly)		(of Person 2's share if held jointly)
Mortgages				
Bank loans				

	Details	Value (of Person 1's share if held jointly)	Details	Value (of Person 2's share if held jointly)
Overdrafts				
Credit card debts				
Other				
TOTAL		£		£

Please return this form to us by either email to privateclient@baker-law.co.uk or by post to BakerLaw LLP, Gostrey House, Farnham, Surrey, GU9 7PT.