

**WILL QUESTIONNAIRE**

**Please tell us what you would like to include in your will. If you are not sure at this stage, we can discuss your options when we meet but please so try to give as much information as possible.**

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| YOUR DETAILS  |
| **PERSON 1** | **PERSON 2**  |
| Name:  | Name:  |
| Address: Telephone Number: Email: Occupation: | Address: Telephone Number: Email:Occupation:  |
| Date of birth:  | Date of birth:  |
| Have you already made a will or codicil?Yes/NoIf yes, please give date of Will/codicil: | Have you already made a will or codicil?Yes/NoIf yes, please give date of Will/codicil: |
| Are you married or in a Civil Partnership? Yes/noHave you been married before? Yes/NoHow did the marriage end?Have you married or formed a civil partnership since you made your last will? Yes/NoAre you expecting to get married or enter into a civil partnership in the near future?Yes/No | Are you married or in a Civil Partnership? Yes/noHave you been married before? Yes/NoHow did the marriage end?Have you married or formed a civil partnership since you made your last will? Yes/NoAre you expecting to get married or enter into a civil partnership in the near future?Yes/No |

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| **DOMICILE** – domicile can affect your tax status |
| Are you domiciled in the UK?Yes/NoIf no, where are you domiciled? | Are you domiciled in the UK?Yes/NoIf no, where are you domiciled? |

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| **FUNERAL WISHES OR DISPOSAL OF BODY** – Please select ALL of the following options you have chosen  |
| * Buried
* Cremated
* Woodland or ecological burial
* Disposal of body for scientific research
* Disposal of body for transplants or corneal grafting

Please give any other instructions:  | * Buried
* Cremated
* Woodland or ecological burial
* Disposal of body for scientific research
* Disposal of body for transplants or corneal grafting

Please give any other instructions:  |

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| **EXECUTORS** – these are the people responsible for arranging your funeral and distributing your estate |
| It is common for couples to appoint each other on the first death and substitute executors on the second death.Do you wish to appoint each other on the first death? YES/NO |
| Executor One: Name: Address: Relationship to you:  | Executor One: Name: Address: Relationship to you: |
| Executor Two: Name: Address: Relationship to you: | Executor Two: Name: Address: Relationship to you: |

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

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| Substitute Executor One: Name: Address: Relationship to you: | Substitute Executor One: Name: Address: Relationship to you: |
| Substitute Executor Two: Name: Address: Relationship to you: | Substitute Executor Two: Name: Address: Relationship to you: |

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| **TRUSTEES – these are the people responsible for managing and 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: Name: Address: Relationship to you: | Trustee One: Name: Address: Relationship to you: |
| Trustee Two: Name: Address: Relationship to you: | Trustee Two: Name: Address: Relationship to you: |

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| **GUARDIANS** – who would you like to act as the guardian(s) for any children under 18 years should both you and the other parent die? (You should discuss this with the other parent and proposed guardian) |
| Full name: Address: Relationship to you: | Full name: Address: Relationship to you:  |

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| **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 gift ALL your personal possessions?Yes/NoIf yes, to whom: 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: * Your estate
* The person receiving the gift
 | Do you wish to gift ALL your personal possessions?Yes/NoIf yes, to whom: 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: * Your estate
* The person receiving the gift
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| **PROVISION FOR YOUR PETS –** do you want to make provision for what will happen to a pet after you have died? Please select one of the following options:  |
| * 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
* Instruct executors to euthanise the pet
* Other:
 | * 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
* Instruct executors to euthanise the pet
* Other:
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| **CASH GIFTS –** do you want to make any cash gifts? – Please notify us if you have given any gifts during your lifetime. |
| Name: Address: Amount: Substitute to children if person dies before you?Yes/No | Name: Address: Amount: Substitute to children if person dies before you?Yes/No  |
| Name: Address: Amount: Substitute to children if person dies before you?Yes/No  | Name: Address: Amount: Substitute to children if person dies before you?Yes/No  |

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| **GIFTS TO CHARITY –** your beneficiaries may be able to claim a 10% reduction in inheritance tax if you give 10% or more or your estate to charity. We can discuss this in more detail when we meet if this if of interest to you. |
| Name of charity: Charity registration number: Address: Amount (£ or %): | Name of charity: Charity registration number: Address: Amount (£ or %): |

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| **GIFT OF LAND AND BUILDINGS –** it is possible to gift your property, or your share of a property, as a specific gift.  |
| Details of property: Your share of the property (%): Name of beneficiary: Address: 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

Do you want the beneficiary to pay any inheritance tax on the gift or should the tax be paid from your estate? * Beneficiary
* Estate
 | Details of property: Your share of the property (%): Name of beneficiary: Address: 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

Do you want the beneficiary to pay any inheritance tax on the gift or should the tax be paid from your estate? * Beneficiary
* Estate
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| **GIFT OF RESIDUARY ESTATE –** your ‘Residuary Estate’ is what is left after all the other gifts, tax, funeral and administrative expenses are paid. Who do you want to inherit what is left?We can discuss your specific requirements at the meeting to determine the most efficient way of gifting your estate.  |
| Name:Address: Relationship to you: Age to receive gift: 18/21/25 Specify percentage to receive (%):Gift to be given: * Outright; or
* On trust

Substitute to children if person dies before you?Yes/No  | Name:Address: Relationship to you: Age to receive gift: 18/21/25 Specify percentage to receive (%):Gift to be given: * Outright; or
* On trust

Substitute to children if person dies before you?Yes/No  |
| Name:Address: Relationship to you: Age to receive gift: 18/21/25 Specify percentage to receive (%):Gift to be given: * Outright; or
* On trust

Substitute to children if person dies before you?Yes/No | Name:Address: Relationship to you: Age to receive gift: 18/21/25 Specify percentage to receive (%):Gift to be given: * Outright; or
* On trust

Substitute to children if person dies before you?Yes/No  |

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| **ASSET PROTECTION –** are any of your beneficiaries likely to become divorced, bankrupt in the near future? There are steps you can take to protect their inheritance. |
| Yes/NoIf yes, we can discuss your options when we meet. | Yes/NoIf yes, we can discuss your options when we meet. |

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| **CHILDREN FROM A PREVIOUS RELATIONSHIP –** do you want to ensure that any children from a previous relationship are provided for when you die? |
| Yes/NoIf yes, we can discuss your options when we meet. | Yes/NoIf 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 including in the document, your will may be affected. |
| Yes/No | Yes/No |

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| **Please provide details of anything else you think we ought to know:**  |
| **Please note any additional questions you would like to raise at our meeting:**  |

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

**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.

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| **Assets** | **Value** **PERSON 1** | **Value** **PERSON 2** |
| Main ResidenceAddressIs property jointed owned? | YES/NO | YES/NO |
| Other propertyAddress |  |  |
| Household contents |  |  |
| Bank/building society accounts |  |  |
| PEP’s and/or ISA’s |  |  |
| Stocks and shares |  |  |
| National savings and premium bonds |  |  |
| Unit trusts |  |  |
| Life insurance policies  |  |  |
| Pension scheme death benefits/Death in service benefits |  |  |
| Foreign assets(please provide details) |  |  |
| Agricultural property |  |  |
| Business property/interest |  |  |
| Property held in trust under which you are a beneficiary |  |  |
| Property held on trust which you have a general/specific power of appointment |  |  |
| **TOTAL**  |  |  |

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| **LIABILITIES** | Outstanding amount £ | Outstanding amount £ |
| Mortgages |  |  |
| Bank loans  |  |  |
| Overdraft |  |  |
| Credit card debt |  |  |
| Other |  |  |
| **TOTAL**  |  |  |