

Charles Clarke & Co

Will Questionnaire

1. YOUR DETAILS

Marital status: ☐ Single ☐ Married ☐ Civil partnership ☐ Divorced ☐ Widowed

Full name: _____

Known by any other name: ☐ No ☐ Yes – details: _____

Residential address: _____

Occupation: _____

Contact phone number: _____ Date of birth: _____

Existing will or codicil: ☐ Yes ☐ No If yes, please bring the original documents to our office.

If you are not married or in a civil partnership, do you plan to marry or remarry in the near future? ☐ Yes ☐ No

If yes, please provide details: _____

Note: A will is usually revoked if one marries or enters a civil partnership after making it. On divorce, gifts to a former spouse or partner are revoked, as is their appointment as executor.

2. YOUR SPOUSE/CIVIL PARTNER/PARTNER

Marital status: ☐ Single ☐ Married ☐ Civil partnership ☐ Divorced ☐ Widowed

Full name: _____

Home address: ☐ Same as above or: _____

Occupation: _____

Contact phone number: _____ Date of birth: _____

3. YOUR CHILDREN AND ANY FINANCIAL DEPENDANTS

Please provide details of all your children, including children from a previous marriage or relationship, even if you do not wish them to inherit under your will.

Name	Address	Date of birth	Relationship	To inherit under your will?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Note: The term children includes illegitimate and adopted children, but not stepchildren.

4. FUNERAL WISHES

We recommend you share these funeral wishes with your family.

☐ Burial ☐ Cremation ☐ No preference ☐ Other: _____

Please provide details:

5. GUARDIAN OF MINOR CHILDREN

A guardian may be appointed for children under the age of 18 years and would normally only apply if the other parent has already died.

Are you married to the other parent of the children? ☐ Yes ☐ No

Were you married to the other parent when the children were born? ☐ Yes ☐ No

Are there any family orders in place which relate to the children? ☐ Yes ☐ No

Guardian name: _____

Address: _____

Relationship to you: _____

6. EXECUTORS

The executors you appoint will take charge of your estate until it can be distributed to your beneficiaries.

☐ Spouse/Civil Partner/Partner/ noted above and/OR – OTHER – FRIEND/SIBLING

Name: _____

Address: _____

Relationship to you: _____

Name: _____

Address: _____

Relationship to you: _____

7. SPECIFIC GIFTS OF CASH OR ITEMS

the gift will fail if you subsequently sell or replace any specific items.

Name of beneficiary: _____

Address: _____

Gift: _____

Age of beneficiary: _____ Relationship to you: _____

Name of beneficiary: _____

Address: _____

Gift: _____

Age of beneficiary: _____ Relationship to you: _____

Name of beneficiary: _____

Address: _____

Gift: _____

Age of beneficiary: _____ Relationship to you: _____

8. GIFTS OF RESIDUE

The residue is what remains of the estate after all debts, expenses, and administrative fees have been paid and any specific gifts have been made.

The following are the more commonly made provisions. Please tick the appropriate box if you wish any of them to apply:

☐ Residue to my spouse/civil partner/partner outright, but if they have died before me:

☐ Then to my children in equal shares

☐ Include children of my spouse/civil partner/partner

You may choose the age at which your children will receive their entitlement: ☐ 18 ☐ 21 ☐ 25

☐ Residue to my children, including any I may have in the future, in equal shares:

☐ Include children of my spouse/civil partner/partner

You may choose the age at which your children will receive their entitlement: ☐ 18 ☐ 21 ☐ 25

☐ If one or more of your children dies before you, leaving children of their own, do you wish them to receive their parent's share? ☐ Yes ☐ No

☐ To my spouse/civil partner/partner, but if they have died before me, to the persons or organisation named below:

Name of beneficiary: _____

Address: _____

% share to be inherited: _____

Age of beneficiary: _____ Relationship to you: _____

If they die before you, then to: _____

Name of beneficiary: _____

Address: _____

% share to be inherited: _____

Age of beneficiary: _____ Relationship to you: _____

If they die before you, then to: _____

Name of beneficiary: _____
Address: _____
% share to be inherited: _____
Age of beneficiary: _____ **Relationship to you:** _____
If they die before you, then to: _____

9. INHERITANCE ACT CLAIMS

Following your death, do you anticipate any person challenging your will because they might believe you have not made reasonable financial provision for them? If so, provide details.

Name: _____
Relationship: _____
Details: _____

Name: _____
Relationship: _____
Details: _____

Name: _____
Relationship: _____
Details: _____

10. LIST OF ASSETS

Information provided here will assist us in advising you on any issues that may arise, such as inheritance tax.

Property

Details of any property, such as houses and land that you own.

- Address/description of the property: _____

 What is the value of the property? _____
 Is there an outstanding mortgage? ☐ Yes ☐ No
 Does anyone jointly own the property with you? ☐ Yes ☐ No
 If yes, details: _____

- Address/description of the property: _____

 What is the value of the property? _____

Is there an outstanding mortgage? ☐ Yes ☐ No

Does anyone jointly own the property with you? ☐ Yes ☐ No

If yes, details:

Other assets

Details of other property, such as savings, investments, pensions, insurance policies, businesses, and the like.

1. Description:

Value:

Does anyone jointly own this asset with you? ☐ Yes ☐ No

If yes, details:

2. Description:

Value:

Does anyone jointly own this asset with you? ☐ Yes ☐ No

If yes, details:

3. Description:

Value:

Does anyone jointly own this asset with you? ☐ Yes ☐ No

If yes, details:

SPACE TO ADD ANY ADDITIONAL INFORMATION AND/OR QUESTIONS YOU WOULD LIKE TO RAISE