

Wills Check list – 2 Client

Please enter all information in **CAPITALS**

If you require additional space for any answer please turn to back page

Please give your full name (including middle names and any other names used professionally or informally) and full address

Client 1 – Full Name

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Phone Home / Work

_____ Work _____

Mobile

Email Address

Client 2 – Full Name

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Phone Home / Work

_____ Work _____

Mobile

Email Address

Client 1 - Marital Status

Please reveal any prior marriages and their current status. i.e. Divorced / Legal Separation.

Date of Birth

Client 2 - Marital Status

Please reveal any prior marriages and their current status. i.e. Divorced / Legal Separation.

Date of Birth

Executors

Executors are the people you nominate to organise your financial affairs after your death. For Couples-Married or otherwise it is common for the Survivor of the couple to be the sole/one of the executors for the deceased. Executors can be your friends or family and can also be beneficiaries of the Will. They must be over the age of 18 years.

Please firstly state whether the survivor of you would wish to be the Executor for the other and then name the substitute Executors and provide their full names and their addresses (we recommend a minimum of two and the maximum is four).

Your Survivor (as Executor)

Executor 1 Name and Address

Name

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Relationship

Executor 2 Name and Address

Name

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Relationship



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Children

Please confirm names and addresses of your children (if any). Please also supply their DOB if under 18 years old. If None please state N/A.

Childs Name 1

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Date of Birth

Childs Name 2

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Date of Birth

Childs Name 3

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____

Date of Birth

Guardians

Please confirm the name(s) and address(s) for the person/people that you would like to be responsible for any infant children you may have at the date of your death. It is advisable, but not essential, that your executors and your guardians are not the same people.

Name

Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address

_____ Post Code _____



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Dependants

Other than any children that you may have please provide details of any person who you are financially responsible for or to whose finances you contribute to. i.e. Step children or other relatives. If none please state N/A.

Name Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address _____

_____ Post Code _____

Gifts

Please supply details of any gifts that you would want to make. These gifts can be of money or personal items such as jewellery or furniture. Please give details of the items and the full name and address of the recipient or state N/A if you have no particular gifts you wish to make.

Name Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address _____

_____ Post Code _____

Gifts _____

Residue

After any individual gifts have been made the Will is required to have a clause giving away the 'residue' or remainder of your assets. Please name the person/persons who you would wish to receive your assets. Please also give their address/addresses and DOB if under 18. If you have more than one residuary beneficiary you may like to give them a specific percentage (%) of your remaining estate. If you do wish to do this please state beside their name the amount of the percentage.

Please note that if you intend to leave your residuary estate to only one person you must consider what would happen if that person died before you and you should nominate a substitute beneficiary/s.

Name Mr/Mrs/Miss/Ms/Dr/Other _____

Home Address _____

_____ Post Code _____

Date of Birth _____



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Financial Affairs

Please list the assets that you own at present including an approximate valuation i.e Bank a/c's £.....
Shares £..... Property £..... Please also confirm whether you own these assets in your sole name
or jointly with another person.

Please note that in most cases if you own an asset jointly with another person this will usually mean that if
you die first the asset will automatically become the property of the surviving owner and you will not be
entitled to nominate it to someone else in your Will.

Additional Information

**Please ensure when returning your questionnaire that you enclose copies of a
passport or driver's licence and a copy of a bank statement or utility bill dated
within the last 3 months in order to establish both your ID and address.**