

PEACOCK & CO

Solicitors

WILL QUESTIONNAIRE

Peacock & Co.
peacock-law.co.uk

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PERSONAL DETAILS	YOUR DETAILS	YOUR PARTNER'S DETAILS
Mr/Mrs/Ms/Miss/Dr/Other		
Surname		
Forename(s)		
Name by which you are known (if different from above)		
Address		
Any property not located within the UK (please list, including location)		
Home telephone number Mobile number		
Email address		
Occupation		
Date of Birth		
How did you hear about us?		

MARITAL STATUS	You	Your Partner
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Are you married/in a civil partnership?		
Have you been divorced?		
Have you been widowed?		
Have you re-married?		
Do you intend to marry or enter into a civil partnership in the near future?		

CHILDREN Name	Age	Date of Birth	Your child or Partner's child	Shared child

OTHER	You	Your Partner	Comment

Do you maintain or give financial help to anyone not to be mentioned in your Will?			
Do you have a current Will? If so, please provide a copy of the same.			
Do you require any special assistance or special facilities (e.g. an interpreter/in relation to mobility)?			
Do you want your Will to cover worldwide assets? (If you have property in another country you may need to make a separate Will for those assets and limit this Will to exclude those assets).			
Do you have a Lasting Power of Attorney? If so, please provide a copy of the same.			
Are you domiciled in the UK? Domicile can affect your Inheritance Tax status. If you aren't sure, we can discuss this when we meet.			

GUARDIANS
If you have young children, please give the details of the individuals you wish to

look after them if you die before they reach 18. Please ensure that you obtain the consent of those individuals listed below.	
Name of first Guardian	
Address	
Relationship (if any)	
To act solely or jointly?	

Name of second Guardian	
Address	
Relationship (if any)	
To act solely or jointly?	

Are you acting as a guardian for someone else's children? Yes/No	
If yes, you can appoint your successor in your Will. Please give details if this applies to you.	
Full name of minor(s) for whom you are a guardian:	
Full name of successor guardian(s):	

FUNERAL WISHES
Please indicate your funeral wishes:
<input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other (please specify below)

Please give any other specific wishes/instructions below (e.g. nature of ceremony, music to be played, where the service is to be held, etc.):

EXECUTORS

Please name the people (ideally between two and four) that you would like to carry out the wishes in your Will. You could choose individuals (family/friends) or professionals (your solicitor/accountant). An Executor can also be a beneficiary under your Will. It is advisable to obtain your Executors' consent. If you only have one or two Executors, it is sensible to name a 'substitute' also.

Name of first Executor	
Address	

Relationship (if any)	
To act solely or jointly?	
Name of second Executor (or substitute)	
Address	
Relationship (if any)	
To act solely or jointly?	
Name of third Executor (or substitute)	
Address	
Relationship (if any)	
To act solely or jointly?	
Name of fourth Executor (or substitute)	
Address	
Relationship (if any)	
To act solely or jointly?	

SPECIFIC GIFTS OF YOUR POSSESSIONS

Please briefly describe any gifts and provide details of your intended beneficiaries. These are usually free from tax, but please indicate if you consider that tax should be paid by the recipient. Gifts can be made in a variety of ways, for example, by reference to a letter to be read after your death (known as a 'Letter of Wishes'); or you can state that you wish your beneficiaries to take turns themselves to choose items from your belongings; or that you want all your belongings to go to one, or a number of people in your residuary estate.

The various options have different advantages and disadvantages so please do contact us if you are unsure whether you would like to leave any specific gifts. You should not let decisions in this regard unduly delay matters. If necessary,

please use a continuation sheet.

Item and description	
Full name of recipient	
Address	
Date of Birth (if under 18)	

Item and description	
Full name of recipient	
Address	
Date of Birth (if under 18)	

Item and description	
Full name of recipient	
Address	
Date of Birth (if under 18)	

PECUNIARY LEGACIES (CASH GIFTS)

Please state any fixed sums of money you wish to give to individuals or charities. In the case of a charity, please provide the full name, address and charity registration number.

Amount (in words)	
Full name of recipient (and charity number if applicable)	
Address	
Date of Birth (if under 18)	

Amount (in words)	
Full name of recipient (and charity number if applicable)	
Address	
Date of Birth (if under 18)	

Amount (in words)	
Full name of recipient (and charity number if applicable)	
Address	
Date of Birth (if under 18)	

RESIDUARY LEGACIES

The residue of your estate consists of everything else you own. The value is calculated after your funeral costs and expenses (e.g. final utility bills, tax due and the cost of administering your estate) have been paid, and any gifts of money and possessions have been made. When deciding how to allocate your residuary estate, it may help to divide it into percentages (please ensure that any percentages add up to 100%). Please note a share of residue will not be eroded by inflation and therefore may be more valuable than a gift of a fixed amount of money.

Please select from the following options or provide further details below.	Yes	No	Age at which you want your children or grandchildren to inherit (e.g.18/21/25). Please note that if you do not specify an age the default age of 18 may apply.
Everything to my spouse/partner, but if they have died, then to my children equally (or to my grandchildren if my children predecease me), or			
Everything to my children equally (or to my grandchildren if they predecease me), or			
Everything to my spouse/partner, but if they have died then to the following beneficiaries:			
Other (please specify below)			

Full name	
Percentage share	
Address	

Full name	
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Percentage share	
Address	

Full name	
Percentage share	
Address	

Full name	
Percentage share	
Address	

If any of the individuals named above die before you, or the named charities cease to exist, please state what you would like to happen to the gift they would have received (e.g. would you like it to be passed to their children, or distributed amongst your remaining beneficiaries).

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YOUR ASSETS	
Do you have a Financial Advisor?	

What is the approximate value of your assets?	Up to £300,000 £300,00 to £600,000 £600,000 to £850,000 £850,000 to £1 Million Over £1 Million		
Do you have assets abroad?			
Have you ever lived abroad or are you thinking of moving abroad?			
Are you or your partner a beneficiary of a trust?			
ASSET SCHEDULE			
Your Home			
How do you own your home? <input type="checkbox"/> Sole owner <input type="checkbox"/> Joint owner (joint tenants) <input type="checkbox"/> Joint owner (tenants in common)	What is the value of your home or your share of your home?		
Name of joint owner			
Do you own any other properties? If so, how do you own them? <input type="checkbox"/> Sole owner <input type="checkbox"/> Joint owner (joint tenants) <input type="checkbox"/> Joint owner (tenants in common)	What is the value of the property or your share in the property?		
Name of joint owner			
Have you made a separate Will in the country where any other property is located, or have you sought local legal advice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER ASSETS			
	Approximate Value		
	You	Your Spouse/ Partner	Tick if jointly owned

Contents of your home			
Car			
Jewellery			
Cash at Bank			
Cash at Building Society			
Quoted stocks and shares			
Partnership share or value of a sole business			
PEPs			
TESSA			
ISAs			
Unquoted stocks and shares (e.g. in a private company)			
Other assets, (e.g. investment property - please specify)			
Trust property			
Foreign assets			
Business and agricultural property			

LIFETIME GIFTS AND LOANS				
Have you made any gifts (over £3,000 a year)? Please list date, amount and recipient:				
Have you made any loans that have not been repaid (including loans to family members)? If so would you wish to release anyone from an obligation to repay any debts they owe you at your date of death?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Loan	Amount	Date	Written agreement	Terms (Interest, when repayable):

LIABILITIES		
	Amount	Tick if in joint names
Mortgage(s)		
Loans/Overdraft/Credit Cards		

LIFE ASSURANCE POLICIES					
Life Insurance Company	Policy Number	Sum Assured	Premiums	Purpose of Policy	In Trust?

PENSION DEATH BENEFITS				
Pension Scheme/Policy	Amount of Death Benefit	Widow's/Widower's Pension	Is Death Benefit in Trust?	Nomination Form Completed?

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