

**WILL QUESTIONNAIRE (COUPLE)** 

All information will be treated in the strictest confidence

YOUR PERSONAL DETAILS  Details Required		
Details required		
Title		
Full name		
Full address Including postcode		
Date of birth		
Telephone number(s)		
Marital status  Please tick appropriate box(es)  Single Married Separated Divorce Widowed Partner/common law spouse		Single Married Separated Divorce Widowed Partner/common law spouse
If married, date of marriage		
Divorce or Remarriage		
Generally divorce treats a former spouse as if he or executors even if named as such. In other respects,		
If you have made a Will and then marry or remarry, valid Will can be made taking into account a planned	the Will may be cancelled and the r	rules of intestacy would apply. Howeve
Notwithstanding the above, do you have a your Will (e.g. spouse, former spouse or p		m you do not wish to benefit und
If yes, we will be pleased to advise you.	<u>'</u>	
Do you intend to marry/re-marry in the near	ar future?	
Would you like your new Will to take this i	nto account?	

s your permanent home in England or wales? If not, please state which one is your ability to read and	untry	
	ountry	
s your ability to read and	,	
your Will affected by any condition?  If yes please supply detail		
NFORMATION ABOUT	OUR CHILDREN	
Details Required		
Give the full names and d	es of birth of any children you have.	
Please indicate the gende	of your child.	
Ŭ		lationship
	Children from your present rel	iationship
Child 1	Child 2	
Gender	Gender	
DOB	DOB	
Child 3	Child 4	
Gender	Gender	
DOB	DOB	
	Children from previous relation	onship
Child 1	Child 1	
Gender	Gender	
DOB	DOB	
Child 2	Child 2	
Gender	Gender	
DOB	DOB	
Child 3	Child 3	
Gender	Gender	
DOB	DOB	
Child 4	Child 4	
Gender	Gender	
DOD	DOB	
DOB Please add more if require		

## **APPOINTMENT OF EXECUTORS**

Executors are persons whom you appoint in your Will to carry out your wishes and administer your Estate: You may consider appointing a relative or close friend with additional or substitute executors. This is a responsible position with some duties imposes by law and you may therefore consider appointing a professional executor such as a solicitor. As a firm, we would be pleased to accept an appointment solely or with other persons and can offer full services for the efficient administration of your estate. An Executor can be a beneficiary under your Will.

	jun services for the efficient duministration of your estate	e. The Exception can be a beneficiary ander your win.
14.	Whom do you wish to appoint as executor(s)?	
	Please tick the appropriate box from the following s Give the full names and addresses of all persons na (i.e my sister, brother-in-law, friend etc.)	
	☐ I wish to appoint the person(s) named below to act as my Executor(s)	☐ I wish to appoint the person(s) named below to act as my Executor(s)
	☐ I wish to appoint the person(s) Named below with THOMAS FLAVELL & SONS	☐ I wish to appoint the person(s) Named below with THOMAS FLAVELL & SONS
	☐ I wish to appoint THOMAS FLAVELL & SONS	☐ I wish to appoint THOMAS FLAVELL & SONS
	YOUR ASSETS	
15.	Do you hold any assets outside England and wales situated.	? If so, please give full details including where



## **UK ASSETS**

Some Assets may fall outside your Will:

- Pension fund trustees usually have discretion to distribute the pension scheme death benefits and your wishes should be notified to the trustees. Similar consideration may apply to death in service schemes.
- The proceeds of a life assurance policy written in trust are payable to the person name.
- Jointly owned assets may pass to the surviving owner(s)

16.

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Details	Client 1 Assets	Client 2 Assets	Joint Assets
Land & Property	£	£	£
Furniture	£	£	£
Personal Effects	£	£	£
Motor cars	£	£	£
Bank Account	£	£	£
Building society accounts	£	£	£
National savings	£	£	£
Stocks & shares	£	£	£
Personal Equity Plans	£	£	£
Tessa's	£	£	£
Life Assurance	£	£	£
Superannuation Benefits	£	£	£
Interest in another estate or	£	£	£
trust			
Cash	£	£	£
Other Assets	£	£	£
TOTAL	£	£	£
LIABILITIES	Client 1	Client 2	Joint liabilities
Mortgage outstanding	£	£	£
Credit cards	£	£	£
Other	£	£	£
	£	£	£
TOTAL	£	£	£
NET ASSETS / LIABILITIES (Assets less liabilities)	£	£	£

Please specify if, in the last 7 year value of which exceeded £3,000 in	ts of sums of money or property the total
Do you wish to leave your body for medical research?	



19.	If yes, do wish to do your body?	onate all					
20.	If no, please specify parts of your body younder.						
21.	Is it your wish to be cremated?	buried or					
	Appointment of Gu  If you have any child one parent dies, the sthe both parents may mother to the mother mother. Please indicate we will provide in your maintenance, educate	ren under the a surviving pare or die together o of his childre ate if you requi ur will for your	age of 1 nt norm or you n n he wil ire furth r Truste	8, you shou hally become hay be a sin Il not autom her advice. [ es to have p	es the legal gu gle parent. Wh atically becom	ardian, but it is o ere a man is no e their guardian	of course possible t married to the on the death of their
	If you wish to make a give the full name(s)						Guardian. Please
	Address						
	Relationship to you						
	2 <sup>nd</sup> joint Guardian <i>(if</i> <i>appropriate)</i>						
	Name						
	Address						
	Relationship to you						
	If the person(s) nam appointment? If so, p	olease give ful			to act, do you	u wish to make	a substitute
	Name						
	Address						



Relationship to		
you		
2 <sup>nd</sup> substitute		
joint Guardian (if		
appropriate)		
Name		
Address		
Deletienship to		
Relationship to		
you		
YOUR BEQUESTS		
Refore dealing with t	he residue of your Estate are t	nere any specific sums of money which you wish
to leave to a particula		lete any specific sums of money which you wish
to leave to a particula	al person of chanty!	
If so please give the	Amount(s) you wish to give an	d the full name(s) of the recipient(s) together with
	d, if appropriate, relationship(s)	
their address(es) and	a, ii appropriate, relationship(s)	to you.
Additional information r	may be submitted on a supplementa	ry shoot
	-	efore you, do you wish the gift to pass to any child
or children they may		erore you, do you wish the gift to pass to arry child
or crinicien they may	nave:	
Refore dealing with t	he residue of your Estate are t	nere any specific items (for example, jewellery)
	ave to a particular person?	icre arry specific items (for example, jewellery)
William you wish to lea	ave to a particular person:	

If so please give the descriptions of the item(s) and full name(s) of the recipient(s) together with their address(es) and, relationship(s) to you.

If you wish to leave a number of specific items, we suggest that you provide the full details in a separate list. In turn this list will be referred to in your Will. Should you wish to make any changes to the list in future, you will not have to change your Will.

24.

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26.



In the event of the person(s) named above dying before you, do you wish the gift to pass to any correlation or children they may have?  YOUR RESIDUARY ESTATE  Where you are married, or living with a partner, it is usual for your Wills to be "mirror images" when de with the Residue to ensure that all beneficiaries inherit, particularly if you were to die together. It is control as Estate to be left to a surviving spouse or partner and on the second death to any surviving children are stated as the surviving children are stated to the survivor of you all dying.  Please tick the appropriate box from the statements made below:  A. On the first death we wish the Estate to pass to the survivor of us. If he or she does not survive then we wish the Estate tip pass to our child or children named below.  NOTE: It is possible that your family may increase, we would advise that your Will should refer to child or children" which will avoid you having to make a new Will in these circumstances. If the appropriate to you please tick here  Alternatively, you should give full names of your child or children below  If you do not wish your Estate to be shared equally among those named please indicate beside each name the percental share of your Estate which they should receive.  OR  B. On the first death, we wish the Estate to pass to the survivor of us. If he or she does not survive.	your Wills to be "mirror images" when de ularly if you were to die together. It is comen the second death to any surviving child to parents, brothers, sisters etc.) in the end below:  rvivor of us. If he or she does not survive named below.  ruld advise that your Will should refer to new Will in these circumstances. If the
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OR	d please indicate beside each name the percentage
Un the first death, we wish the Estate to hase to the e	***

If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.
OR OR
C. On the first death, we do not wish the Estate to pass to the survivor of us but instead to pass to the beneficiary(ies) named below.
If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.
If all of the above-named beneficiaries die before the survivor of us, we wish the Estate to pass to the beneficiary(ies) named below.
If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.

**30.** Please state at what age you would wish any minor beneficiary to inherit if other than 18, (eg 21, 25 etc).

29.

Are any of your l	eneficiaries or poten	tial beneficiaries men	ally or physically handica	ipped? If so
1				
ls there anything	else you wish to mak	ke us aware of?		
Is there anything	else you wish to mal	ke us aware of?		
Is there anything	else you wish to mal	ke us aware of?		

Thank you for completing our Will questionnaire. Please email this form back to your advisor at your earliest opportunity in order for us to move forward.