

BLYTHE LIGGINS – TRUSTS AND PROBATE DEPARTMENT
WILL INSTRUCTIONS PRO FORMA

SECTION 1: ABOUT YOU

(a) Full names	
Former or other name: (if you hold any assets in this name)	
(b) (i) Residential Address:	
(ii) e-mail address:	
(c) Telephone number:	
Home:	
Office:	
Mobile:	
(d) Occupation:	
(e) Date of Birth:	
(f) Male/Female:	
(g) Marital Status: (eg. Married, civil partner, divorced, widow, engaged)	
Name of spouse/civil partner/partner/fiancé(e)	

Please note that all Wills become invalid upon marriage/civil partnership unless it is stated in your Will that the Will is made in contemplation of your marriage/civil partnership

Is your Will to be made in contemplation of marriage/civil partnership? Yes
No

Wish to discuss further

(h) Your assets

Please indicate whether you own or have an interest in any of the following:

House/land/investment property

Do you own the property with another person?

No

Yes

Name of other owner(s):

Do you own the property as: Joint Tenants Tenants in Common

Do not know

What is the approximate value of your property/properties? _____

Bank account

Do you hold the account with another person?

No

Yes

Name of other account holder: _____

Shares

Do you own the shares with another person?

No

Yes

Name of other account holder: _____

What is the approximate total value of your cash savings/shares?

Foreign Assets

Do you own any assets abroad? If so, please list

Have you already made a separate will in respect of that overseas property?

No

Yes

Superannuation or Death in Service Benefit Policy

Have you nominated a "beneficiary" of your policy?

No

Yes

Name of beneficiary: _____

Have you provided a substitute (should your intended beneficiary not survive you by say 28 days)?

No

Yes

Name of substitute beneficiary: _____

Life Insurance Policy

Who is the owner of the policy? _____

Who is the life assured?
i.e. the person whose life is insured? _____

Is there a nominated beneficiary of the policy? _____

Family Trust

Who are the trustees of the trust? _____

Who is the Settlor of the trust? _____

Who are the beneficiaries? _____

Private Company

Are you a (majority) shareholder of the Company? _____

How many shares do you own? _____

How many shares are issued? _____

Are you a director of the company? _____

Are you the sole director? _____

SECTION 2:**ABOUT YOUR CHILDREN/DEPENDENTS****(a) Children**

Do you have any children?

 No children (proceed to (b)) Yes:

Child's name:	_____		
Child's date of birth:	_____		
Does the child live with you:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Step Child	<input type="checkbox"/> Adopted Child
Child's name:	_____		
Child's date of birth:	_____		
Does the child live with you:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Step Child	<input type="checkbox"/> Adopted Child
Child's name:	_____		
Date of birth:	_____		
Does the child live with you:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Step Child	<input type="checkbox"/> Adopted Child
Child's name:	_____		
Child's date of birth:	_____		
Does the child live with you:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Step Child	<input type="checkbox"/> Adopted Child
Child's name:	_____		
Child's date of birth:	_____		
Does the child live with you:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Step Child	<input type="checkbox"/> Adopted Child

(b) Dependents

Is anyone financially dependant on you?

No (proceed to Section 3)

Yes:

Spouse/Civil
Partner/Partner/Fiancé(e)

Child. Name(s): _____

Other
Name(s): _____

Relationship to you: _____

Age of dependent: _____

Reason for dependency _____

SECTION 3: TESTAMENTARY GUARDIAN

You can appoint one or more guardians to look after your children following your death and you can appoint an alternate guardian in case the first appointed guardian is unable to act.

Name of Guardian(s): _____

Residential Address: _____

Relationship to you: _____

Phone Number: _____

Name of Alternate Guardian(s): _____

Residential Address: _____

Relationship to you: _____

Phone Number: _____

When do you want the guardian's appointment to take effect?

On your death but only if your child and other parent is also deceased

On your death regardless of whether or not your child's other parent is still alive (e.g following a divorce, legal separation or incapacity of the other parent).

SECTION 4: EXECUTORS

We advise you to name one or more people to act as the executors of your Will, whose role is to administer the estate. You can appoint up to 4 people to be the executors of your estate and during our meeting we will be able to advise you whether we think that one will be sufficient or whether you should consider more. You can also appoint alternate executors in case one or more of your executors is unable or unwilling to act as your executor(s).

Please list below the details of you would provisionally like to consider as your executors

(a) Executor(s) Details:

(1) Full Name _____

Address _____

Relationship to you _____

(2) Full Name _____

Address _____

Relationship to you _____

(3) Full Name _____

Address _____

Relationship to you _____

(4) Full Name _____

Address _____

Relationship to you _____

(b) Alternate Executor(s) Details:

(a) Full Name _____

Address _____

Relationship to you _____

(a) Full Name _____

Address _____

Relationship to you _____

Name: _____

Address: _____

Relationship to you: _____

Share (e.g.. equal share or %): _____

Name: _____

Address: _____

Relationship to you: _____

Share (e.g.. equal share or %): _____

Instead of naming a beneficiary you may simply like to leave the residue of your estate to a class of person: e.g. "such of my children as survive me" or "such of my grandchildren as survive me"

If one of your beneficiaries dies before you but is survived by a child or children, do you want that child or children to take his/her/their parent's share in your estate or do you want someone else to receive it?

Their children Someone else. If so, who?

At what age do you want any infant beneficiaries to receive their share from your estate? e.g. 18, 21, 25

Years of age

A beneficiary under 18 cannot personally or directly receive money from an estate – your executors who will also be your trustees can however advance monies to an infant beneficiary for that beneficiary's education, maintenance etc.

SECTION 6: DONATION OF ORGANS OF BODY

Do you wish to donate your organs for transplantation purposes? Yes No

Do you wish to donate your body to science/medical research? Yes No

SECTION 7: FUNERAL WISHES

Do you wish to include any specific instructions in your Will regarding your funeral and/or burial/cremation?

Details: _____

SECTION 8: MISCELLANEOUS

Do any of the following apply to you?

- You have poor eyesight and will require someone to read the Will to you
- You have difficulty reading English and will require someone to interpret the Will for you

If yes, what is your preferred language? _____

(NB: There may be an additional charge to supply an interpreter)

- You suffer from dementia, Alzheimer's disease and/or any other condition that affects your memory

Do you have a Power of Attorney?

Yes

No

If not, do you wish to consider making one

Yes

No

Do you have an Advance Health Directive, commonly called a Living Will?

Yes

No

If not, do you wish to make one?

Yes

No

SIGNED: _____

DATE: _____

This questionnaire is intended as a fact finding leaflet only and to aid us in the advice that we give. It is not intended to be a substitute for proper legal advice.

For directions or further details about Blythe Liggins, please look on our website www.blytheliggins.co.uk or telephone our switchboard on 01926 831231.