**Hamilton Davies LLP**

**WILL MAKING QUESTIONNAIRE**

This questionnaire is designed to save time for both you and us. Please use it to consider and note down your thoughts and queries. Do not worry if you cannot answer all the questions. If in doubt please put “Discuss” in the space provided. Where a name is asked for please give the full forename(s) and surname, and underline the forename which is more commonly used. If there is not enough room please use a separate sheet.

**YOU AND YOUR FAMILY**

1. **Your Details**

|  |  |
| --- | --- |
| Forenames |  |
| Surname |  | Date of Birth |
| Maiden Name |  |
| Address |  |
|  |  | Postcode: |
| Home telephone No. |  | Mobile: |
| Work telephone No. |  |
| Occupation |  | Email: |

Do you have a Will in place? **Yes** **[ ]  No** **[ ]**

If yes, who holds the original? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you known by any other names and do you own any assets in a different name? **Yes [ ]  No [ ]**

If yes, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Your Husband/Wife/Partner/Civil Partner**

|  |  |
| --- | --- |
| Forenames |  |
| Surname |  | Date of Birth: |
| Maiden name  |  |
| Occupation |  | Email: |

3. **Marriage/Partnership Details**

(a) Are you married to your partner **Yes [ ]  No [ ]**

(b) Are you intending to marry/re-marry in the near future. **Yes [ ]  No** [ ]

 Please note that marriage/remarriage will cancel previous Will

(c) Has either of you been married before? **Yes [ ]  No** [ ]

(d) Are you domiciled in the UK **Yes [ ]  No** [ ]

(e) If applicable, is your partner domiciled in the UK **Yes [ ]  No [ ]**

4*.* **Your Children (including your children from a previous marriage or relationship)**

|  |  |
| --- | --- |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |
|  |  |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |

1. **Children of your Husband/Wife/Partner’s previous marriage or relationships**

|  |  |
| --- | --- |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |
| *Name* |  |
| *Date of Birth* |  |
| *Address* |  |
|  |  |

***Please note:***

1. *Illegitimate and adopted children (but not stepchildren) generally have the same rights of inheritance as other children*
2. *Children excluded from benefit under your Will may have a right to claim a share of your property in certain circumstances. Please ask for advice, if appropriate*

**YOUR HOME & OTHER ASSETS**

1. **Your Home - is your home**:

(a)Owned? **Yes [ ]  No [ ]**

Is yes, please state if it is held: in your name alone

 in joint names with your husband/wife/partner?

 in the name of your husband/wife/partner alone?

 if there is a mortgage, please state the amount

 is the mortgage covered by a life policy **Yes [ ]  No [ ]**

|  |
| --- |
|  |

OR is it

(b)Rented? **Yes [ ]  No [ ]**

(c) Other - eg provided by a relative? **Yes [ ]  No [ ]**

1. **If your answer was (c) please give more details**

|  |
| --- |
|  |
|  |
|  |

1. **Do you have a Business?** **Yes [ ]  No [ ]**

If yes:- state type of business

|  |
| --- |
|  |
|  |

and, is it a: Company [ ]  Partnership [ ]  In your sole name [ ]

Do you have any arrangements within the company or partnership for dealing with the death of a director, shareholder or partner? If so, please set out details below

|  |
| --- |
|  |
|  |

1. **Your main Assets in sole name**

Please list your main assets below and give approximate values. If you and your partner are both making wills please indicate in whose name each asset is held.

|  |
| --- |
| *Asset Value* |
|  |
|  |
|  |
|  |

**Assets in joint names**

|  |  |  |
| --- | --- | --- |
| *Asset*  |  *Value* |  *Co-owner* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

10. Do you have any digital assets?  **Yes [ ]  No [ ]**

11. **Do you own any Assets Abroad? Yes [ ]  No [ ]**

If yes, please give details:

|  |  |  |
| --- | --- | --- |
| *Asset Type* | *Value* | *Location* |
|  |  |  |
|  |  |  |

**If you have assets abroad we advise you to restrict your UK Will to assets held in the UK.**

**We also advise you to make a Will in the country you have assets, relating to those assets ensuring you do not revoke your UK Will.**

**FUNERAL, EXECUTORS, GUARDIANS**

1. **Funeral**

You may specify in your Will if you wish to be:

Buried [ ]  Cremated [ ]  No preference [ ]

***Please note****:*

*\*You should make these wishes known to your immediate family as well and not rely on what is in your Will*

*\*If you wish to leave any part of your body for medical purposes tell your family and your doctor and carry a donor card*

1. **Executors**

It is wise to have at least two and you may appoint your husband/wife/partner as one. You should name other substitute executors to act if any chosen executor is unable to act. Partners of our firm will be pleased to act as your executors, either alone or jointly with other chosen executors.

|  |  |
| --- | --- |
|  *(a) Name* |  |
|  *Date of Birth* |  | Relationship:  |
|  *Address* |  |
|  |  |
| *(b) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |
| *(c) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |
| ***List any other substitute executors***  |
|  *Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |

Would you like a Director of Hamilton Davies LLP to act as your executor? **Yes [ ]  No [ ]**

1. **Guardians**

You may want to appoint one or two people to act as guardian(s) for children under 18. The appointment will usually only apply if you and the child’s other parent are both dead. The position may be different if you are a single parent. Discuss this with us at your appointment. Guardianship involves a lot of responsibility and you should ask people to agree to act before appointing them. When appointing guardians please consider the age, experience, relationship with the child, location to avoid disruption, suitability of residence, etc

|  |  |
| --- | --- |
| *(a) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |
| *(b) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |

**BENEFICIARIES**

The main part of your estate is called “the residue”. (This is dealt with at question 17). Before giving away the residue you may wish to make certain gifts of cash or personal belongings to individual children, grandchildren, friends or to charities. These will be known as “beneficiaries”.

1. **Cash Gifts**

Please give the name and address of the beneficiary and the amount to be given, with the age of anyone who is under 18.

|  |  |
| --- | --- |
| *(a) Name* | Age  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  | **Amount of gift £** |
| *(b) Name* | Age |
|  *Date of Birth* |  | Relationship**:** |
|  *Address* |  |
|  | **Amount of gift £** |
| *(c) Name* | Age |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  | **Amount of gift £** |
| *(d) Name* | Age |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  | **Amount of gift £** |

**I would like to leave the above cash gifts on my death Yes [ ]  No [ ]**

**I would like to leave the above cash gifts on my spouse's death Yes [ ]  No [ ]**

**Gifts of Articles**

Please give the names and addresses of people to whom you wish to leave specific items, and a full description of the article, to enable it to be identified. Please note that if you sell or replace one of these items, the beneficiary will get nothing - he or she will not be given the substituted item or the cash equivalent.

|  |  |
| --- | --- |
| (a) Name |  |
|  Date of Birth |  | Relationship |
|  Address |  |
|  |  |
|  Article |  |
| (b) Name |  |
|  Date of Birth |  | Relationship |
|  Address |  |
|  |  |
|  Article |  |

**I would like to leave the above items on my death Yes [ ]  No [ ]**

**I would like to leave the above items on my spouse's death Yes [ ]  No [ ]**

1. **The Residue**

This is all that you own except jointly owned property and the gifts made in questions 15 and 16. Any assets that you jointly own will automatically pass to the survivor irrespective of your Will. Please state below who is to receive the residue on your death and who is to receive it if they die before you. If there are gifts to your children, we may suggest a provision that if any of them dies before you leaving children of his/her own, those children (your grandchildren) will inherit their parent’s share. The following are the more common provisions made. If you wish to use one of these tick the appropriate box; if not, please go to question 18.

**Life Interest** (*for charges in respect of this option please refer to covering letter*)

If you choose this option then all or part of your estate (according to your instructions) will be held by your Executors (acting as Trustees) and is generally known as the Trust Fund. Your Executors will invest the Trust Fund and the beneficiary will be entitled only to the interest produced by the investments. When the beneficiary dies the investments are paid in accordance with **YOUR** Will rather than that of the beneficiary. Often such an arrangement will be made to provide the use of a home. This option can be chosen by spouses or civil partners who wish to protect at least part of their estate in the event of remarriage by the surviving spouse and by those who have been married before who wish to see their assets pass to their own family eventually.

|  |  |  |
| --- | --- | --- |
|  (a) | Everything to my husband/wife/partner named at question 2 above, outright, but if he/she has died then to my children, named at question 4 above, equally. If any of them dies before me leaving children of his/her own, those children will inherit their parent’s share. |  |
|  |  |  |
| (b) | Everything to my children, named at question 4 above, equally and any other children of mine. If any of them dies before me leaving children of his/her own, those children will inherit their parent’s share. |  |
|  |  |  |
|  | You may choose the age at which your children will receive their entitlement. Insert choice from 18, 21 or 25 years in this box: |  |
|  |  |  |
| (c) | To my husband/wife/partner named at question 2 above on trust for life and thereafter to my children, named at question 4 above, equally;  |  |
|  | (we can discuss this option in full at our meeting) |  |
| (d) | To my husband/wife/partner named at question 2 above, but if he/she has died before me to the person(s)/organisations(s) named in the box below.  |  |
|  | If not in equal shares, then show the share each is to take: |  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

1. **If none of the above choices are appropriate**

Please set out below who is to receive the residue and, if more than one person or organisation is involved, in what shares. Please note that where 10% or more of your net estate is given to charity in your Will and if your estate is taxable, the rate for inheritance tax is reduced from 40% to 36%.

|  |  |
| --- | --- |
| *(a) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |
|  *Share:* |  |
|  |  |
|  |  |
| *(b) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |
|  *Share:* |  |

Who is to benefit if the recipient dies before you:

|  |  |
| --- | --- |
| *(a) Name* |  |
|  *Date of Birth* |  | Relationship: |
|  *Address* |  |
|  |  |
|  *Share:* |  |

**We will register your Will with Certainty unless you instruct us otherwise.**

If you are omitting a beneficiary who benefitted from your previous Will or omitting your spouse or if you have left unequal shares in your Will to your children, they can make a claim against your estate under the family provision legislation. If you have done this, please let us know your reasons for doing so. The legislation allows claims by a spouse, a former spouse, children, ‘children of the family’ and anyone whom the deceased may be maintaining, wholly or partly, at the time of the death—and, for deaths on or after 1 January 1996, also permits a claim by anyone who, though not married to the deceased, has lived *as* the deceased's spouse and in the same household for at least two years before the death.

Do you wish to discuss making a lasting power of attorney? **Yes [ ]  No [ ]**

DO YOU KNOW ANYONE ELSE WHO MIGHT WANT INFORMATION REGARDING MAKING A WILL? We can let you have a pack to pass to them with information on our services.

**WHERE DID YOU HEAR ABOUT HAMILTON DAVIES LLP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**