



Making a Will

Information Questionnaire

Wills – Questionnaire

This questionnaire gives us the information required to draw up your will. The form is detailed, but the information is required to ensure that we fully understand and comply with your wishes. If you are unable to answer any of the questions complete the form in as much detail as possible and a member of our team will contact you to discuss your case in further detail.

SECTION 1 – Personal Details

	You		Spouse/Partner	
Title: (Mr, Mrs, Ms etc.)	<input type="text"/>		<input type="text"/>	
Full Name:	<input type="text"/>		<input type="text"/>	
Date of Birth:	<input type="text"/>		<input type="text"/>	
Address:	<input type="text"/>		<input type="text"/>	
Nationality/ Domicile:	<input type="text"/>		<input type="text"/>	
Telephone number:	<input type="text"/>		<input type="text"/>	
Email address:	<input type="text"/>		<input type="text"/>	
Occupation:	<input type="text"/>		<input type="text"/>	
Marital status:	Married	Single	Married	Single
	Divorced	Widowed	Divorced	Widowed
	Separated	Cohabiting	Separated	Cohabiting
	Civil Partners		Civil Partners	
Disposal of body:	Burial	Cremation	Burial	Cremation
	Other	No preference	Other	No preference
	Donation for medical research		Donation for medical research	

SECTION 2 – Your Assets

Please complete the schedule below as fully as possible in order that we can advise you in relation to your will

	In Your Name (£)	In Partner's Name (£)	In Joint Name (£)
Main residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Mortgage on above (-)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life cover/endowment policy linked to above mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agricultural property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other land/buildings	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Mortgage on any above (-)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life cover/endowment policy linked to above mortgages	<input type="text"/>	<input type="text"/>	<input type="text"/>
Own/family business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/building society accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Bank overdrafts (-)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quoted shares	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unquoted shares	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit trusts/investment trusts	<input type="text"/>	<input type="text"/>	<input type="text"/>
ISA's	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance policies - Life	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance policies - Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance policies - Investment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other savings/investments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chattels (inc. jewellery & vehicles)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Major debts, or other liabilities (-)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overseas assets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property in trusts under which you are a beneficiary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lifetime gifts made by you (please give dates)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Liabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3 – Pensions

Do you have a private pension?	Yes	No	If yes, what is the fund value?	<input type="text"/>
Have you nominated someone to receive your pension in the event of your death?	Yes	No	If yes please indicate who?	<input type="text"/>

SECTION 4 – Foreign property

Do you have a foreign will?	Yes	No
Do you own any foreign property?	Yes	No

Type	Location	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5 – Children

	Child 1	Child 2	Child 3
Title:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Status: <small>natural, adopted, stepchild</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Child 4	Child 5	Child 6
Title:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Status: <small>natural, adopted, stepchild</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6 – Grandchildren

<p>Full Name: (inc. Title)</p> <p>Date of Birth:</p> <p>Name of Parent:</p> <p>Address:</p>	<p>Grandchild 1</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 2</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 3</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Full Name: (inc. Title)</p> <p>Date of Birth:</p> <p>Name of Parent:</p> <p>Address:</p>	<p>Grandchild 4</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 5</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 6</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Full Name: (inc. Title)</p> <p>Date of Birth:</p> <p>Name of Parent:</p> <p>Address:</p>	<p>Grandchild 7</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 8</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 9</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Full Name: (inc. Title)</p> <p>Date of Birth:</p> <p>Name of Parent:</p> <p>Address:</p>	<p>Grandchild 10</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 11</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Grandchild 12</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Is there anyone who may expect to benefit from your will who you do not wish to leave anything to?</p> <p>Yes No If yes, please provide details.</p> <input type="text"/>			

SECTION 7 – Choice of Executors

Please indicate who you would like to appoint as executors. Your executors are responsible for the administration of your estate following your death. You should consider appointing at least two executors. They can be family members or friends, or you can appoint Warners to act as an Executor.

	Executor 1	Executor 2	Executor 3
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/Joint/ Substitute*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Executor 4	Executor 5	Executor 6
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/Joint/ Substitute*	<input type="text"/>	<input type="text"/>	<input type="text"/>
I would like to appoint Warners to act as an Executor			Yes No

SECTION 8 – Choice of guardians for minor children

Please indicate who you would like to appoint as guardians for any minors (who are under the age of 18 when you sign your will).

	Guardian 1	Guardian 2	Guardian 3
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Guardian 4	Guardian 5	Guardian 6
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9 – Cash Gifts (if any)

	Gift 1	Gift 2	Gift 3
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount (£):	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gift 4	Gift 5	Gift 6
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount (£):	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 10 – Specific Gifts (if any)

Do you want to put a clause in the will which leaves all of your personal possessions to your executors to distribute in accordance with a letter of wishes?	Yes	No	If no, please provide details of specific gifts below
	Gift 1	Gift 2	Gift 3
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item description:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gift 4	Gift 5	Gift 6
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item description:	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 11 – Gifts to Charity (if any)

	Gift 1	Gift 2	Gift 3
Name of Charity:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charity Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Charity:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount (£):	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gift 4	Gift 5	Gift 6
Name of Charity:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charity Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Charity:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount (£):	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 12 – The rest of your estate

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: (if under 18)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount/ Proportion:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary 4	Beneficiary 5	Beneficiary 6
Full Name: (inc. Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: (if under 18)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount/ Proportion:	<input type="text"/>	<input type="text"/>	<input type="text"/>
If one of your beneficiaries dies, do you want the gift to pass to their children?			Yes No

How did you hear about Warners?

Do you have any specific visual, communication or mobility requirements? Yes No

Do you have an Enduring or Lasting Power of Attorney? Yes No

If not, would you like more information about Powers of Attorney? Yes No

Do you have an Independent Financial Advisor? Yes No

If not, would you like more information? Yes No

Do you have an Accountant? Yes No

If not, would you like more information? Yes No

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