

MAKING A WILL



CONVEYANCING & WILLS

QUESTIONNAIRE

DO NOT COMPLETE this form BEFORE READING the "Important Information About Making Your Will".

All information provided will be treated as strictly confidential.

Please complete in BLOCK CAPITALS, giving full names, addresses and the relationship to you of each person mentioned.

PLEASE TICK THE APPROPRIATE BOX WHERE NECESSARY

FACTS ABOUT YOU AND YOUR FAMILY

	YOURSELF	YOUR PARTNER
1. Full name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>
2. Permanent address in England and Wales only.	<input type="text"/> postcode <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"/> postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Date of birth	<input type="text"/>	<input type="text"/>
4. Telephone number	Home <input type="text"/> Work <input type="text"/>	Home <input type="text"/> Work <input type="text"/>
5. Marital status (please tick any one or more boxes which are applicable)	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Civil Partnership <input type="checkbox"/>	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Civil Partnership <input type="checkbox"/>
6. Date of marriage	<input type="text"/>	
7. Date fixed for your wedding/formation of civil partnership	<input type="text"/>	
8. Have you been married before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you have any children? If yes, state full names, dates of birth and addresses (if different from yours). If you are not the biological or adoptive parent of the child, please state your relationship to them.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
10. Is there anyone who is financially dependent on you that you DO NOT want to benefit from your Will? (e.g. former partner or children). If Yes, give name(s) AND full reasons. Please use a separate sheet if necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>

PLEASE ATTACH EXTRA SHEETS IF NECESSARY

FULL REASONS SHOULD BE GIVEN IF YOU WISH TO EXCLUDE ANYONE WHO IS FINANCIALLY DEPENDENT ON YOU.
IF THAT PERSON MAKES A CLAIM AGAINST YOUR ESTATE, YOUR REASONS FOR EXCLUDING THEM WILL BE CONSIDERED IN COURT.

QUESTIONNAIRE

Thompsons Solicitors can act as sole executor or as a co-executor with a friend or member of the family. The administration of the estate is not part of the Will service. As executors we will be happy to offer the support and advice that is so vital for the efficient administration of the estate at a fee which will be agreed at the time of your death with your executors. If your partner is your sole beneficiary or most of your assets are held jointly, we would recommend that you appoint him/her as one of your executors.

	YOURSELF	YOUR PARTNER
<p>11. Who do you wish to appoint as executors? (Please note – if you are naming children as beneficiaries under your Will, you should name two executors in addition to your partner, assuming that you wish your partner to be an executor). Please read the options (a) to (d) below and then tick one box to the right.</p> <p>(a) I wish my partner to act as my executor, but if they die before me I wish the two persons named to the right to act as my executors.</p> <p>(b) I wish Thompsons Solicitors to act as my sole executor.</p> <p>(c) I wish Thompsons Solicitors to act with the persons named to the right as my joint executors.</p> <p>(d) I wish the persons named to the right to act as my executors.</p> <p>If you have chosen option (a), (c) or (d) please state full names, addresses and relationships of your chosen executors in the box to the right.</p>	<p>(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/></p>	<p>(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/></p>
<p>12. Who do you wish to appoint as guardians after your partner has died? Please name the people whom you would like to look after any children under 18 years of age you may have at the time of your death. Please limit guardians to two.</p>		
<p>13. No child will inherit before the age of 18. In the meantime their share will be looked after by Trustees until they reach 18. Do you wish to state a different age, beyond 18, at which a child should inherit (e.g. 21, 25)? If Yes, tick the appropriate box and state the age to the right.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>14. Do you want to make gifts of specific things or sums of money? If so please state details of gifts and full names and addresses of intended beneficiaries. Please remember to give a full description to avoid any misunderstandings later. You must include the beneficiaries' full names, addresses and their relationship to you.</p> <p>Please use a separate sheet if necessary.</p>		

PLEASE ATTACH EXTRA SHEETS IF NECESSARY

PLEASE REMEMBER TO GIVE FULL NAMES AND ADDRESSES

QUESTIONNAIRE

RESIDUARY GIFTS

YOURSELF

YOUR PARTNER

15. (a) Do you wish your partner to inherit the whole estate (subject to the gifts in 14 above if any)?

Yes No

Yes No

(b) If your partner has died before you or at the same time, whom do you wish to inherit your estate and in what proportions? (e.g. children)

(c) If you do not want your partner to inherit the whole estate (subject to the gifts in 14 above) whom do you wish to inherit your estate? (e.g. children)

16. Do you wish to donate any organs of your body for transplantation or therapeutic purposes (including organ transplant)? This does not cover medical research which can only be arranged prior to death with a teaching hospital.

Yes No

Yes No

Please note: it is advisable to tell those close to you about your funeral wishes and whether you wish to donate any of your organs, since sometimes the Will is only looked at after the funeral.

17. (a) Do you wish to be buried or cremated?

Buried Cremated No preference

Buried Cremated No preference

(b) Where? Please provide details.

18. Do you have any disability which makes reading or signing your Will difficult? If yes, please give details. Please use a separate sheet if necessary.

TRADE UNION MEMBERSHIP

19. If you are a member of a trade union, please confirm which union you belong to:

Membership number: _____

Union Sector:
Union Area:
Union Branch:

Union Sector:
Union Area:
Union Branch:

20. The postal Will service may not be appropriate for you but if you have a genuine medical reason for needing a Will urgently please tick this box. Wills cannot be prepared urgently because of holidays, separation or divorce under the postal scheme. Please state reason. Please use a separate sheet if necessary.

DECLARATION

I declare that the above information is correct and that I wish my Will to be drawn up in these terms.

Signed:

Dated:

PLEASE ATTACH EXTRA SHEETS IF NECESSARY

PLEASE REMEMBER TO GIVE ALL INFORMATION IN BLOCK CAPITALS

FINANCIAL CHECKLIST TO VALUE YOUR ESTATE

This information is received in strict confidence and will not be disclosed to anyone outside of Thompsons.
WE MAY NOT BE ABLE TO PREPARE YOUR WILL WITHOUT THIS INFORMATION.

PROPERTY AND CAPITAL ASSETS	YOURSELF		YOUR PARTNER	
(approximate values in £s only required)	Your share of Joint Property	Sole Property	Your share of Joint Property	Sole Property
Own home	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other houses, land or buildings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Household contents	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Cars, boats, etc.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Jewellery	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Fine art/antiques	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Lump sums due (i.e. damages, inheritance, redundancy)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Bank and building society accounts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
National savings and premium bonds	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Stocks and shares	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Unit Trusts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Life policies (please indicate whether they cover any mortgages or other loans)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Death benefits under a pension arrangement	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Assets of any sort held outside England and Wales (please state where held). If you have a Will relating to foreign property please enclose a copy.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

LIABILITIES				
Home mortgage	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2nd mortgage or further advance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Bank loans	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Overdraft	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Credit card debt	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other debts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Liabilities	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

NET ESTATE				
Total Assets	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Less Total Liabilities	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
CURRENT VALUE OF YOUR ESTATE	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please insert details of any lifetime gifts made within the last 14 years (if over £3000 in any one tax year) on a separate sheet.

HAVE YOU GIVEN FULL NAMES AND ADDRESSES?

THOMPSONS SOLICITORS' WILL MAKING SERVICE

Now send this form to: Thompsons Solicitors, WILLS DEPT, The New Union House, 2 Harbour Avenue, Plymouth, Devon PL4 0BJ

SAMPLE QUESTIONNAIRE

QUESTIONNAIRE

DO NOT COMPLETE this form BEFORE READING the "Important Information About Making Your Will".
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Please complete in BLOCK CAPITALS, giving full names, addresses and the relationship to you of each person mentioned.
PLEASE TICK THE APPROPRIATE BOX WHERE NECESSARY

FACTS ABOUT YOU AND YOUR FAMILY

	YOURSELF	YOUR PARTNER
1. Full name	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> JAMES PATRICK WELLER	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> ANNE LOUISE WELLER
2. Permanent address in England and Wales only.	37 SUNRISE HILL LEYTON LONDON postcode E 1 1 0 6 P I Q	37 SUNRISE HILL LEYTON LONDON postcode E 1 1 0 6 P I Q
3. Date of birth	10/04/54	28/02/62
4. Telephone number	Home 020 8539 1554 Work 020 7554 9231	Home 020 8539 1554 Work 020 7637 8541
5. Marital status (please tick any one or more boxes which are applicable)	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Civil Partnership <input type="checkbox"/>	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Civil Partnership <input type="checkbox"/>
6. Date of marriage	23/02/97	
7. Date fixed for your wedding/formation of civil partnership:	N/A	
8. Have you been married before?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9. Do you have any children? If yes, state full names, dates of birth and addresses (if different from yours). If you are not the biological or adoptive parent of the child, please state your relationship to him.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> THOMAS ARCHIBALD WELLER 06/01/95	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> THOMAS ARCHIBALD WELLER 06/01/95 (STEP MUM)
10. Is there anyone who is financially dependent on you that you DO NOT want to benefit from your Will (e.g. former partner or children). If Yes, give name(s) AND full reasons. Please use a separate sheet if necessary.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

PLEASE ATTACH EXTRA SHEETS IF NECESSARY

FULL REASONS SHOULD BE GIVEN IF YOU WISH TO EXCLUDE ANYONE WHO IS FINANCIALLY DEPENDENT ON YOU.
IF THAT PERSON MAKES A CLAIM AGAINST YOUR ESTATE, YOUR REASONS FOR EXCLUDING THEM WILL BE CONSIDERED IN COURT.

QUESTIONNAIRE

Thompsons Solicitors can act as sole executor or as a co-executor with a friend or member of the family. The administration of the estate is not part of the Will service. As executors we will be happy to offer the support and advice that is so vital for the efficient administration of the estate at a fee which will be agreed at the time of your death with your executors. If your partner is your sole beneficiary or most of your assets are held jointly, we would recommend that you appoint him/her as one of your executors.

	YOURSELF	YOUR PARTNER
11. Who do you wish to appoint as executors? (Please note - if you are naming children as beneficiaries under your Will, you should name two executors in addition to your partner, assuming that you wish your partner to be an executor). Please read the options (a) to (d) below and then tick one box to the right. (a) I wish my partner to act as my executor, but if they die before me I wish the two persons named to the right to act as my executors. (b) I wish Thompsons Solicitors to act as my sole executor. (c) I wish Thompsons Solicitors to act with the persons named to the right as my joint executors. (d) I wish the persons named to the right to act as my executors. If you have chosen option (a), (c) or (d) please state full names, addresses and relationships of your chosen executors in the box to the right.	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input checked="" type="checkbox"/> (d) <input type="checkbox"/> ANNE LOUISE WELLER (MY WIFE)	(a) <input checked="" type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> 1. GARY PAUL 25 TROUTBECK RD MANCHESTER M25 2QA (MY BROTHER) 2. CHARLOTTE SUMMERS 11 CHELMSFORD RD LEYTONSTONE E11 6HL (MY SISTER)
12. Who do you wish to appoint as guardians after your partner has died? Please name the people whom you would like to look after any children under 18 years of age you may have at the time of your death. Please limit guardians to two.	AS ABOVE	GARY PAUL OR CHARLOTTE SUMMERS AS ABOVE
13. No child will inherit before the age of 18. In the meantime their share will be looked after by Trustees until they reach 18. Do you wish to state a different age, beyond 18, at which a child should inherit (e.g. 21, 25)? If Yes, tick the appropriate box and state the age to the right.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> AGE 21	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> AGE 21
14. Do you want to make gifts of specific things or sums of money? If so please state details of gifts and full names and addresses of intended beneficiaries. Please remember to give a full description to avoid any misunderstandings later. You must include the beneficiaries' full names, addresses and their relationship to you. Please use a separate sheet if necessary.	MY CAMERA AND PHOTOGRAPHIC EQUIPMENT TO MY SON THOMAS ARCHIBALD WELLER	MY DIAMOND AND RUBY CLUSTER RING (FORMERLY MY MOTHERS) TO MY SISTER CHARLOTTE. OIL PAINTING OF MY FATHER TO MY BROTHER GARY.

PLEASE ATTACH EXTRA SHEETS IF NECESSARY

PLEASE REMEMBER TO GIVE FULL NAMES AND ADDRESSES

QUESTIONNAIRE

RESIDUARY GIFTS

	YOURSELF	YOUR PARTNER
15. (a) Do you wish your partner to inherit the whole estate (subject to the gifts in 14 above if any)? (b) If your partner has died before you or at the same time, whom do you wish to inherit your estate and in what proportions? (e.g. children). (c) If you do not want your partner to inherit the whole estate (subject to the gifts in 14 above) whom do you wish to inherit your estate? (e.g. children).	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHILDREN EQUALLY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHILDREN EQUALLY
16. Do you wish to donate any organs of your body for transplantation or disposal purposes (including organ retention)? This does not cover medical research which can only be arranged prior to death with a teaching hospital.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
17. (a) Do you wish to be buried or cremated? (b) Where? Please provide details.	Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> No preference <input type="checkbox"/> I HAVE ATTACHED FULL INSTRUCTIONS	Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> No preference <input type="checkbox"/> I HAVE ATTACHED DETAILS
18. Do you have any disability which makes reading or signing your Will difficult? If yes, please give details. Please use a separate sheet if necessary.		
19. If you are a member of a trade union, please confirm which union you belong to: Membership number: 123456	Union Sector: ADMIN SUPPORT Union Area: SOUTH EAST Union Branch: HAVERING	Union Sector: N/A Union Area: N/A Union Branch: N/A
20. The postal Will service may not be appropriate for you but if you have a genuine medical reason for needing a Will urgently please tick this box. Wills must be prepared urgently because of holidays, separation or divorce under the postal scheme. Please state reason. Please use a separate sheet if necessary.	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I declare that the above information is correct and that I wish my Will to be drawn up in these terms.

Signed: James Weller A Weller
Dated: 21/12/05 21/12/05

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PLEASE REMEMBER TO GIVE ALL INFORMATION IN BLOCK CAPITALS

FINANCIAL CHECKLIST TO VALUE YOUR ESTATE

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WE MAY NOT BE ABLE TO PREPARE YOUR WILL WITHOUT THIS INFORMATION.

PROPERTY AND CAPITAL ASSETS (approximate values in £ only required)	YOURSELF		YOUR PARTNER	
	Your share of Joint Property	Sole Property	Your share of Joint Property	Sole Property
Own home	£ 100,000	£	£ 100,000	£
Other houses, land or buildings	£	£	£	£
Household contents	£ 4,000	£	£ 4,000	£
Cars, boats, etc.	£ 7,000	£	£ 1,000	£
Jewellery	£	£	£ 2,000	£
Fine art/antiques	£	£	£ 3,000	£
Lump sums due (i.e. damages, inheritance, redundancy)	£	£	£	£
Bank and building society accounts	£	£ 3,000	£	£ 1,500
National savings and premium bonds	£	£	£	£
Stocks and shares	£	£	£	£
Unit Trusts	£	£	£	£
Life policies (please indicate whether they cover any mortgages or other loans)	£ 80,000*	£ 100,000	£ 80,000*	£
Death benefits under a pension arrangement	£	£ 100,000	£	£
Assets of any sort held outside England and Wales (please state where held). If you have a Will relating to foreign property please enclose a copy.	£	£	£	£
Other assets	£	£	£	£
Total Assets	£	£	£	£
LIABILITIES				
Home mortgage	£ 45,000	£	£ 45,000	£
2nd mortgage or further advance	£	£	£	£
Bank loans	£	£	£	£
Overdraft	£	£	£	£
Credit card debt	£	£	£	£
Other debts	£	£	£	£
Total Liabilities	£	£	£	£
NET ESTATE				
Total Assets	£	£	£	£
Less Total Liabilities	£	£	£	£
CURRENT VALUE OF YOUR ESTATE	£	£	£	£

*COVER MORTGAGE JOINT LIFE, FIRST DEATH

Please insert details of any lifetime gifts made within the last 14 years (if over £1000 in any one tax year) on a separate sheet.

HAVE YOU GIVEN FULL NAMES AND ADDRESSES?
THOMPSONS SOLICITORS' WILL MAKING SERVICE

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