## THE WILLS REGISTER CONFIDENTIAL QUESTIONNAIRE

Questionnaire ID: 521427
Helpline 01303 248644



Please indicate here if this is to be an individual or two Mirror Wills

Individual/Mirror\*

\* Delete as appropriate

### **FOREIGN PROPERTY**

Please advise us if you own any foreign property and if you have a foreign will to dispose of that property that you do not wish to revoke.

Please note that The Wills Register service does not extend to supervising the signing and witnessing of the will. Although any independent adults, who are not benefiting under the Will or married to someone who benefits, may act as witnesses, it is recommended that a will made by an elderly testator should be witnessed by a doctor satisfied that the testator has the required capacity and understanding.

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The information you provide on this form constitutes the basis of our instruction for drawing up your will.

Please read the questions and accompanying notes carefully before answering.

## Please answer in BLOCK CAPITALS. Include FULL NAMES throughout the Questionnaire (i.e. Christian Names and Surnames)

All questions must be answered, (write "NO" "NONE" or "NOT APPLICABLE" if appropriate).

| SECTION 1  | YOUR PERSONAL DETAILS  |
|--|--|
| (a) Your surname   |  |
| (b) Your full forenames  |  |
| (c) Any other name by which you are known  |  |
| (d) Sex  | Male/Female*   |
| (e) Your address   |  |
|  | Postcode   |
| (f) Your telephone number  |  |
| (g) Your date of birth   |  |
| (h) Your marital status  | Single, Married, In a civil partnership,<br>Divorced, Widowed*                         |
| SECTION 2  | <b>DETAILS OF YOUR SPOUSE/PARTNER</b> (write " <b>NOT APPLICABLE</b> " if appropriate) |
| (a) Surname  |  |
| (b) Full forenames   |  |
| (c) Any other name by which known  |  |
| (d) Sex  | Male/Female*   |
| (e) Address  |  |
|  | Postcode   |
| (f) Date of birth  |  |
| (g) Do you expect to marry your partner in the near future?                          | Yes/No/Not applicable*   |
| (h) Do you expect to enter a civil partnership with your partner in the near future? | Yes/No/Not applicable*   |

| SECTION 3   |   | S OF YOUR CHILL<br>OT APPLICABLE |                    |  |  |
|---|---|----------------------------------|--------------------|--|--|
| (a) Number of children  |   |                                  |                    |  |  |
| (b)   |   |                                  |                    |  |  |
| Full names  | Address   | Date of Birth                    | **see below        |  |  |
|   |   |                                  |                    |  |  |
|   |   |                                  |                    |  |  |
|   |   |                                  |                    |  |  |
|   |   |                                  |                    |  |  |
|   |   |                                  |                    |  |  |
|   |   |                                  |                    |  |  |
|   |   |                                  |                    |  |  |
| ** For eac  | ** For each child please indicate which spouse or partner is parent |                                  |                    |  |  |
| (c)   |   | TE AND ADOPTED                   | CHILDREN           |  |  |
| Do you wish to exclude illegitimate and adopted children from benefiting under your will? |   |                                  | olicable. *        |  |  |
| •   |   | * Dele                           | ete as appropriate |  |  |
| SECTION 4   |   | OTHER DEPI                       | ENDENTS            |  |  |
| (a) Are there any person  |   | Yes/No.*                         |                    |  |  |
| mentioned in section 2 and 3 who might consider themselves to be dependent on you?        |   |                                  |                    |  |  |
| (b) If yes please provide   | details   |                                  |                    |  |  |
| Full names  |   | Address                          |                    |  |  |
|   |   |                                  |                    |  |  |
|   |   | * Dele                           | ete as appropriate |  |  |

# (a) Do you wish to appoint your spouse/partner as one of your Executors? Please enter full names and address of those you wish to appoint as executors to act jointly with the surviving spouse/partner if applicable. Name Address The Executor Company Yes/No Postcode Postcode \* Delete as appropriate

## SUBSTITUTE EXECUTORS If any of the above die before you or are unable or unwilling to act as your Executors when you die who do you wish to appoint in their place? The following will only act as executors in substitution and in order of priority. Name Address The Executor Company Yes/No Postcode 2ND The Executor Company Yes/No Postcode

| SECTION 6   | FUNERAL WISHES                  |
|---|---------------------------------|
| (a) Do you wish to make any funeral directions in your will?  | Yes/No*                         |
| IF YES  |                                 |
| <ul> <li>(b) Do you wish</li> <li>a. To be buried</li> <li>or</li> <li>b. To be cremated</li> <li>or</li> <li>c. To donate your body for the treatment of others and for medical education or research</li> </ul> | Tick box*                       |
|   | * Delete or Tick as appropriate |

| SECTI | ON 7     |   | GUARD         | IANS OF M        | INOR CHILD      | REN        |
|-------|----------|---|---------------|------------------|-----------------|------------|
|       | Please r | read notes the relating to g            | uardians care | efully before of | completing this | section.   |
|       |          | Do you wish to appoint guyour children? | nardians for  | Yes/No/No        | ot applicable*  |            |
|       | Full na  | ames of Guardians                       | Address       |                  |                 | 1          |
| AND   |          |   |               | Postcode         |                 |            |
|       |          |   |               | Postcode         |                 |            |
|       |          |   | I             |                  | * Delete as a   | ppropriate |

| SECTION 8  |   | SPECII  | FIC LE   | GACIES                     |
|------------|---|---------|----------|----------------------------|
|            | you wish to give any specific acies?  | Yes     | /No      | IF NO TURN TO<br>SECTION 9 |
| IF.        | YES   |         |          |                            |
| if y       | you wish these to take effect only our spouse/partner does not vive you? i.e. only after the 2 <sup>nd</sup> oth. |         | Yes/N    | o/Not applicable*          |
| (c)<br>(i) | Full Description of Item being given  | Name an | nd Addre | ess of Beneficiary         |
|            |   |         |          |                            |
|            |   |         |          |                            |
| (ii)       |   |         |          |                            |
|            |   |         |          |                            |
| (iii)      |   |         |          |                            |
|            |   |         |          |                            |
| (iv)       |   |         |          |                            |
| (iv)       |   |         |          |                            |
|            |   |         |          |                            |
| (v)        |   |         |          |                            |
|            |   |         |          |                            |
| (vi)       |   |         |          |                            |
|            |   |         |          |                            |
| (vii)      |   |         |          |                            |
| (VII)      |   |         |          |                            |
|            |   |         |          |                            |
|            |   |         |          | * Delete as appropriate    |

| SECTION 9 |   | CASH LEGACIES                    |
|-----------|---|----------------------------------|
|           | o you wish to give any cash<br>gacies?  | Yes/No* IF NO TURN TO SECTION 10 |
| IF        | YES   |                                  |
| if<br>su  | your spouse/partner does not rvive you? i.e. only after the 2 <sup>nd</sup> eath. | Yes/No/Not applicable*           |
| (c)       | Amount in Words   | Name and Address of Beneficiary  |
| (i)       |   |                                  |
| (ii)      |   |                                  |
| (iii)     |   |                                  |
| (iv)      |   |                                  |
| (v)       |   |                                  |
| (vi)      |   |                                  |
| (vii)     |   |                                  |
|           |   | * Delete as appropriate          |

### **SECTION 10(A)**

(a) Do you wish to leave all your Residuary Estate to your spouse/partner?

### **IF YES**

(b) If your spouse/partner dies before you, do you want your Residuary Estate to go to all your children, in equal shares, including those born in the future?

### **IF YES**

(c) If your spouse/partner has children from a previous relationship do you want these to benefit to the same extent as your own children?

### **IF YES**

Which spouse/partner has children from a former relationship?

### **GIFT OF RESIDUARY ESTATE**

Yes/No/Not applicable\*

IF NO/NOT APPLICABLE TURN TO SECTION 10(B)

Yes/No/Not applicable\*

IF NO/NOT APPLICABLE TURN TO SECTION 10(C)

Yes/No/Not applicable\*

IMPORTANT PLEASE ANSWER NOT APPLICABLE IF NEITHER SPOUSE HAS CHILDREN FROM A FORMER RELATIONSHIP

IF NO/NOT APPLICABLE TURN TO SECTION 11

TURN TO SECTION 11

\* Delete as appropriate

| CTION 10(B) GIF   | TOF RESIDUARY ESTATE cont  |
|---|--|
| (a) Do you want to leave your Residuary Estate to all your children (including those born in the future) in equal shares?                   | Yes/No/Not applicable*  IF NO/NOT APPLICABLE TURN TO SECTION 10(C)   |
| IF YES  |  |
| (b) If your spouse/partner has children from a previous relationship, do you want these to benefit to the same extent as your own children? | Yes/No/Not applicable*  IMPORTANT PLEASE ANSWER NOT APPLICABLE IF NEITHER SPOUSE HAS CHILDREN FROM A FORMER RELATIONSHIP |
| HE VEC  | IF NO/NOT APPLICABLE TURN TO SECTION 11  |
| IF YES  |  |
| Which spouse/partner has children from a former relationship?   |  |
|   | * Delete as appropri   |
|   |  |

| SECTION 10(C)  | GIFT OF RESIDUARY ESTATE cont                                     |
|--|---|
| Do you want to leave your Residuar<br>Estate to all members of a single<br>category of relatives in equal shares | IF NO TURN TO   |
| If yes please indicate which category Tick (   | <u>ONE</u> box  |
| Your brothers and sisters  | <b>N.B.</b> This section is only                                  |
| Your parents   | applicable if this questionnaire is being used for a Single Will. |
| Your nephews and nieces  | If for Mirror Wills fill in details                               |
| Your first cousins   | in 10(D)  |
| Your uncles and aunts  |   |
|  | * Delete as appropriate   |

|      |         | <b>~</b> 1 |
|------|---------|------------|
| Name | Address | Share**    |
|      |         |            |
|      |         |            |
|      |         |            |
|      |         |            |
|      |         |            |
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|      |         |            |
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### **SECTION 11**

### THE ULTIMATE GIFT OVER CLAUSE

You may wish to make provision to deal with the possibility of *none* of the beneficiaries whom you have previously specified surviving you. In this section you should set out the name of the charity or individuals who should benefit in this event.

If you do not wish to make any such provision please write 'None' in the space provided.

| SECT | TION 11 | THE ULTIMAT  | TE GIFT OVER CLAUSE              |
|------|---------|--|----------------------------------|
|      |         | none of the persons you have specified in Residuary Estate to go to: | in Section 10 surviving you,     |
|      | Name    | Address  | Share**                          |
| (i)  |         |  |                                  |
|      |         |  |                                  |
| (ii) |         |  |                                  |
|      |         |  |                                  |
|      |         |  |                                  |
| (ii) |         |  |                                  |
|      |         |  |                                  |
| (iv) |         |  |                                  |
|      |         |  |                                  |
|      |         |  |                                  |
| (v)  |         |  |                                  |
|      |         |  |                                  |
|      |         | ** Share must be expressed as a fi                                   | raction and totalled to equal 1. |

### THE WILLS REGISTER AGREEMENT

- 1. I/we understand that the Wills Register will draft my/our last Will & Testament solely from the information I/we have supplied in this questionnaire.
- 2. I/we have personally completed this questionnaire and confirm that it is an accurate record of my/our testamentary wishes.
- 3. I/we have read the notes accompanying this questionnaire.

| 4. | I/we enclose my/our payment in the sum of | £ | in respect of the |
|----|---|---|-------------------|
|    | drafting fee.                             |   |                   |

| <i>ararang</i> 1001 |      |
|---------------------|------|
|                     |      |
| Signed              | Date |
|                     |      |
|                     |      |
| Signed              | Date |

THE QUESTIONNAIRE REMAINS THE PROPERTY OF THE WILLS REGISTER THE WILLS REGISTER is a trading name of South Eastern Estates Ltd. P.O. Box 331, Folkestone Kent CT20 2GH

Registration Number 1917371. Established 1985.

### WHERE TO STORE YOUR WILL

By taking advantage of the unique 'Will Care Lifelong Service' you not only enjoy all the benefits of the Will Safe Storage facility, but you will also have the ability to rewrite your Will at any time in the future free of charge.\*

If you are single and subsequently marry, your new Will and your spouse's Will is free of charge.

The Will Care Lifelong service should be a serious consideration for all. You can only see so far ahead when making a Will and circumstances do change.

For single or mirror Wills the cost of the Will Care Lifelong Service is only £14.95 per annum.

Simply complete the standing order mandate and return it with your completed Will questionnaire.

\* (A small service charge may be levied if more than once every two years)

| STANDING ORDER MANDATE   |   |
|--|---|
| TO THE MANAGER:  |   |
|  |   |
| Please make the payments detailed below and debit my/our       | r account until further notice in writing |
| NAME OF ACCOUNT TO BE DEBITED:                                 |   |
| ACCOUNT NO: DA   | ATE:20                                    |
| SORT CODE:   |   |
| SIGNATURES:  |   |
| ON THE: AN ANNUAL PAYMENT OF £22.95 (twenty two pounds 95)     |   |
| FIRST PAYMENT TO BE MADE ON:                                   |   |
| PLEASE PAY BARCLAYS BANK PLC, 93 LEWISHAM HIGH ST, LONDON S    | SE13 6BB. Sorting Code 20-49-81           |
| FOR THE CREDIT OF THE EXECUTOR COMPANY LTD. Account No. 304498 | 822                                       |
| QUOTING THE FOLLOWING REFERENCE                                |   |

THE WILLS REGISTER
P.O. Box 331
Folkestone
Kent
CT20 2GH