



## WILL QUESTIONNAIRE

The Data Protection Act requires us to advise you that your particulars are held on our database. We may, from time to time, use these details to send you information which we think might be of interest to you.

**All information provided is completely confidential and none of the persons named in this Questionnaire will be contacted.**

**PLEASE COMPLETE ALL APPLICABLE SECTIONS  
IN BLOCK CAPITALS**

**If you have insufficient space to enter all details, please use the  
Additional Information Sheet provided at the end of this Questionnaire**

### Your Details

1. Your Full Names

2. Permanent Address  
(including Postcode)

3. Date of Birth

4. Telephone

Home:
Work:
Mobile:
Email:

5. Status

Single

Married

Civil Partner

Divorced

Widowed



**Your Spouse/Civil Partner**

6. Full Names of Spouse/  
Civil Partner

7. Date of Birth

8. Date of Marriage/  
Civil Partnership

9. Do you have Children from this Marriage/Civil Partnership?  Yes  No

If **Yes**, please state details below

**Your Children**

(i) Full Names

Address  
*(including postcode)*

Date of Birth

(ii) Full Names

Address  
*(including postcode)*

Date of Birth



**Your Children**

(iii) Full Names

Address  
(including postcode)

Date of Birth

(iv) Full Names

Address  
(including postcode)

Date of Birth

10. (a) Is there anyone who may consider they are financially dependant on you that you do not wish to benefit from your Will? (eg former Spouse/Civil Partner to whom you are making maintenance payments)

Yes

No

If **Yes**, please state **Full Name(s) AND the reason** below

(i) Full Names

Reason

(ii) Full Names

Reason



**Details of any Children NOT to benefit under your Will**

10. (b) Have you any children who you are **not** benefiting under this Will?

Yes

No

If **Yes**, please give Full Names, dates of birth **AND** full reason

Full Names

Reason

Date of Birth

Full Names

Reason

Date of Birth

Full Names

Reason

Date of Birth

**IF YOU DECIDE TO OMIT A CLOSE FAMILY MEMBER FROM YOUR WILL  
IT IS ADVISABLE TO PROVIDE DETAILS AS TO WHY, WHICH WILL BE CONSIDERED  
BY THE COURT, IF A CLAIM IS MADE BY THAT PERSON**



**Details of any former Spouse/Civil Partner**

11. Have you been Married or in a Civil Partnership previously?

Yes

No

If, Yes, please state:

Full Names of former  
Spouse/Civil Partner

Have you any Children from this Marriage/Civil Partnership?

Yes

No

If Yes, are they to benefit under your Will?

Yes

No

If Yes, please state their full details below

Full Names

Address  
*(including postcode)*

Date of Birth

Full Names

Address  
*(including postcode)*

Date of Birth



**Other Details**

12. Does the net value of your estate exceed the Inheritance Tax threshold?  Yes  No

Tax Year 2007/2008 - £300,000  
Tax Year 2008/2009 - £312,000  
Tax Year 2009/2010 - £325,000

13. Have you made a Will before?  Yes  No

14. Have you made an Enduring Power of Attorney/  
Lasting Power of Attorney?  Yes  No

15. Have you made any substantial gifts within the last 7 years which  
in total have exceeded £3,000 in any one tax year?  Yes  No

If Yes, please state details below

*Details:*

16. Have you reserved any benefit from any cash or assets which  
you have gifted during your lifetime?  Yes  No

If Yes, please state details below

*Details:*



**Choice of Executors**

17. Do you wish to appoint your Spouse/Civil Partner sole Executor?

Yes

No

If Yes, please state below who you wish to appoint as your Executors if your Spouse/Civil Partner predeceases you

If No, please state below who you wish to appoint as your Executors (*maximum 4*)

(i) Full Names

Address  
(including postcode)

Relationship  
to you

(ii) Full Names

Address  
(including postcode)

Relationship  
to you

(iii) Full Names

Address  
(including postcode)

Relationship  
to you



**Choice of Executors**

(iv) Full Names

Address  
(including postcode)

Relationship  
to you

**Funeral Wishes**

18. Do you have any specific Funeral Wishes?

Yes

No

19. If Yes, please specify

Burial

Cremation

**Please state any other specific requests eg Crematorium/Churchyard/Cemetery/burial in family plot (please provide details of graveyard and/or plot number)/donations for medical research/organ transplant:**

*Details:*

**Legacies**

20. Do you wish to make gifts of legacies (cash sums) under your Will to Friends, Relatives, Charities or others?

Yes

No

If Yes, please state full names, addresses and amounts on the following page. We will assume that all legacies and bequests are to be given free of any liability to tax unless otherwise stipulated.

If the beneficiary is under 18, please state date of birth. If the beneficiary is a minor please state whether their parent or guardian may give your Executors a full receipt which is usually advisable.

Yes

No



**Beneficiaries to receive Legacies (Question 20)**

(i) Beneficiary's  
Full Names

Address  
*(including postcode)*

Date of Birth  
*(If under 18) &*  
Relationship to you

Amount £

(ii) Beneficiary's  
Full Names

Address  
*(including postcode)*

Date of Birth  
*(If under 18) &*  
Relationship to you

Amount £

(iii) Beneficiary's  
Full Names

Address  
*(including postcode)*

Date of Birth  
*(If under 18) &*  
Relationship to you

Amount £



**Personal Chattels**

21. Do you wish to make gifts of specific items under your Will?  Yes  No  
*(eg motor car/jewellery or items of special family or sentimental importance)*

***Please be very clear and specific about the description of each item to avoid any misunderstandings later. For example, if you say "my watch" this could mean the one you wear every day, or, a valuable gift watch which you seldom use.***

(i) Beneficiary's Full Names

Address *(including postcode)*

Relationship to you

Full Description Of item(s)

(ii) Beneficiary's Full Names

Address *(including postcode)*

Relationship to you

Full Description of item(s)



**Personal Chattels**

(iii) Beneficiary's  
Full Names

Address  
(including postcode)

Relationship  
to you

Full Description  
of item(s)

22. Do you wish to leave **ALL** your Personal Chattels  
(*ie furniture, china, motor car etc.*) to an individual(s) or charity(ies),  
or, the remainder subject to the gifts at Question 21

Yes

No

(i) Beneficiary's  
Full Names

Address  
(including postcode)

Relationship  
to you

Full Description  
of item(s)



**Personal Chattels**

(ii) Beneficiary's  
Full Names

Address  
(including postcode)

Relationship  
to you

Full Description  
of item(s)

**IF YOU DO NOT WISH TO LEAVE ANY SPECIFIC ITEM(S), OR ALL YOUR PERSONAL POSSESSIONS TO A BENEFICIARY(IES), THEY WILL PASS TO THE RESIDUARY BENEFICIARY(IES) OF YOUR ESTATE AS STATED IN QUESTION 23**

**Residuary Gifts**

23. (i) Do you wish your Spouse/Civil Partner to inherit the remainder of your estate?  Yes  No
- (ii) If No, or, if your Spouse/Civil Partner predeceases you, do you wish the remainder of your estate to pass to all your children equally?  Yes  No
- (iii) If Yes, and if any, or, all, of your children die before you, do you wish their share to pass to their children equally?  Yes  No
- (iv) What age must a beneficiary(ies) attain before being entitled to a share of your estate  18  21  25

If you do not stipulate an age, a beneficiary will become entitled at 18

24. If you have answered No to Question 23(ii) please provide details of your residuary beneficiary(ies) below, stating the relevant percentage of your estate each person is to inherit.



**Residuary Gifts**

(i) Beneficiary's  
Full Name

Address  
*(including postcode)*

Date of Birth  
*(if under 18) &*  
Relationship to you

Percentage (%)

(ii) Beneficiary's  
Full Names

Address  
*(including postcode)*

Date of Birth  
*(if under 18) &*  
Relationship to you

Percentage (%)



(iii) Beneficiary's  
Full Names

Address  
*(including postcode)*

Date of Birth  
*(if under 18)*  
Relationship  
to you

Percentage (%)

(iv) Beneficiary's  
Full Names

Address  
*(including postcode)*

Date of Birth  
*(if under 18)*  
Relationship  
to you

Percentage (%)

If you have named more than one beneficiary, please ensure the percentage adds up to **100**

**Please also see Question 25**



**Alternative Provision**

25. If you have named only one residuary beneficiary at Questions 23 and 24, it is important that you make provision for an alternative beneficiary(ies) in the unfortunate event of the beneficiary dying before you.

If you have young children then you might consider what you would wish to happen, if, for example, the immediate family was “wiped out” in a car accident. In that eventuality, you may wish to leave or divide everything between other(s) (*e.g. family, friends and/or Charity*).

(i) Beneficiary’s  
Full Names

Address  
(including postcode)

Date of Birth  
(if under 18) &  
Relationship to you

Percentage (%)

(ii) Beneficiary’s  
Full Names

Address  
(including postcode)

Date of Birth  
(if under 18) &  
Relationship to you



**Guardianship**

26. If you have children under the age of 18, you may wish to name a guardian in case any of your minor children are left without any living parent/their single parent.

Full Names

Address  
(including postcode)

Relationship  
to you

**PLEASE NOTE**

If you are unable to decide, you are able to appoint a guardian separately, provided that it is in writing, signed and dated by you.

27. Is an identical Will to be prepared for your Spouse/Civil Partner?

Yes

No

**NEXT STEP**

**Please return the completed Questionnaire either by**

**Post to**

**Watkins Stewart & Ross, 18 Lower Brook Street, Ipswich, Suffolk IP4 1AL**

Is there any other information which you consider to be relevant?  
If so, please give details on the Additional Information Sheet.



**ADDITIONAL INFORMATION SHEET**

A large, empty rectangular box with a thin black border, intended for providing additional information.