

Will Questionnaire

To help us prepare a Will for you, please complete as fully as possible the following questionnaire. Please continue on a separate sheet if necessary, indicating the section to which the additional information relates. Once completed, please return the form to us by email (or, if necessary by post) at the address given at the end.

We recognise that the form is detailed, but such information is required to ensure that we fully understand and comply with your wishes. If, however, you are unable to answer any of the questions do not worry, simply 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.

You can save this file at any time and return to it later (your data will not be lost).

Once completed, please return the form to us by clicking on the “submit form” button at the top of this page. Alternatively, you can save the file and then attach it to an email (send your email to privateclient@gabb.co.uk).

Thank you

Section A: Personal and family details

1. Your details

Title

Full Name

Address

Telephone (daytime)

Telephone (home)

Occupation

Date of Birth

Daytime tel. no

Home tel. no

Country of Residence

Nationality

Status

2. Your spouse or partner

2.1 Full name

2.2 Address
(if different from yours)

2.3 If not married/in a civil partnership, do you
intend to get married/enter into a civil
partnership?

If yes, please give details)

2.4 If you have been married previously how did
that marriage end?

3. Details of any children and/or step-children

Child/step-child Full name

Date of Birth

Address

Child/step-child Full name

Date of Birth

Address

Child/step-child Full name

Date of Birth

Address

Child/step-child Full name

Date of Birth

Address

Child/step-child Full name

Date of Birth

Address

4. Details of any grandchildren and/or step-grandchildren

Grandchild/step-grandchildren

Full name

Date of Birth

Parents

Address

Grandchild/step-grandchildren

Full name

Date of Birth

Parents

Address

Grandchild/step-grandchildren

Full name

Date of Birth

Parents

Address

Grandchild/step-grandchildren

Full name

Date of Birth

Parents

Address

Section B: Your property and assets

5. Your estate

Your house

- 5.1.1 Do you live in rented property?
(if “yes” skip to 5.2 on the next page)
- 5.1.2 Do you own your house?
- 5.1.3 If yes, do you own it jointly
with another person?
- (Please give name of co-owner)
- 5.1.4 If owned jointly, do you own it as
- 5.1.6 Please give approximate
value of your house
- 5.1.7 Please give approximate value of any
mortgage
- 5.1.8 Please state if mortgage covered by insurance
e.g. life cover or mortgage protection plan
- 5.1.9 If yes, please give details

	Details of assets, liabilities and approximate values	Indicate whether in your sole name or joint names
5.2	Significant debts	
5.3	Investments	
5.4	Bank and building society accounts	
5.5	National Savings accounts	
5.6	Life policies/pensions	
5.7	Business property and interests; shares in unquoted/family companies	
5.8	Agricultural property	
5.9	Foreign property	
5.9.1	Property in trusts of which you are a beneficiary and/or over which you have a general power of appointment	
5.9.2	Any lifetime gifts made exceeding £3,000 in any one tax year (please indicate amount, to whom and when made)	
5.9.3	Do you expect to receive any inheritances in the near future? (please indicate from whom and likely amount, if known)	

Section C: Your current Will

6. Do you have a Will at the moment?
- 6.1 Date(s) of your current Will and any codicils
- 6.2 Where is your current Will kept?

Section D: Instructions for your new Will

7. Funeral wishes and organ donation

If you have any particular wishes concerning your funeral and/or organ donation, please give details if you wish to record them in your Will.

8. Guardians

If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies to you, please supply the guardians' full names and address(es) and check that they are willing to act.

Guardian One

Full name

Address

Has confirmed willingness to act as guardian?

Guardian Two

Full name

Address

Has confirmed willingness to act as guardian?

9. Executors

Your executors will wind up your affairs following your death and administer your Will. Please supply their full names and address(es) and check that they are willing to act. You can appoint between one and four executors. We would advise that you appoint a minimum of two executors and provide for at least one substitute executor if either of your first choices is unable to act.

Executor One

Full name

Address

Has confirmed willingness to act as executor?

Executor Two

Full name

Address

Has confirmed willingness to act as executor?

Executor Three/ Substitute Executor

Full name

Address

Has confirmed willingness to act as executor?

Executor Four/ Substitute Executor

Full name

Address

Has confirmed willingness to act as executor?

NB One of more of the partners of Gabb and Co can be appointed as an executor if you would like a professional executor to be involved. There is no additional charge for this service.

If you wish to leave a gift to a guardian or executor, please include the details in section 10 and 11 and indicate whether the gift is conditional on acceptance of the appointment.

10. Gifts of specific items

Item

Full name of beneficiary

Address

Any conditions

Item

Full name of beneficiary

Address

Any conditions

Item

Full name of beneficiary

Address

Any conditions

Item

Full name of beneficiary

Address

Any conditions

11. Legacies i.e. gifts of specific sums of money

Full name of beneficiary

Address

Amount £

Full name of beneficiary

Address

Amount £

Full name of beneficiary

Address

Amount £

Full name of beneficiary

Address

Amount £

12. The rest of your estate

How would you like the rest of your estate (your residuary estate) to pass on your death?

If you are single

Full name of beneficiary(s)

Interest: outright/at a particular age, life interest

Proportion of residuary estate

If you die before your spouse/partner

Full name of beneficiary(s)

Interest: outright/at a particular age, life interest

Proportion of residuary estate

If you die after your spouse/partner

Full name of beneficiary(s)

Interest: outright/at a particular age, life interest

Proportion of residuary estate

13. Who will inherit your estate if none of those listed above do not survive you?
14. Have you left out anybody who might expect to receive something when you die e.g. a partner or child? If so, please give brief details
15. Do you have a Lasting Power of Attorney or an Enduring Power of Attorney?

Section E: General

16. Please give contact details of other professional advisers (accountant, broker, IFA) whom we may contact

17. New clients

If you are a new client to Gabb and Co, our regulatory body, the Solicitors Regulation Authority, requires us to confirm your identity. Please supply us with one document from each of the following lists

17.1 Identity Documents Supplied:

Current signed passport

Current UK/EU Photo card driving licence

Bus pass or other current photo ID card

17.2 Evidence of Address:

- 17.3 A utility bill issued within the last 3 months (but not a mobile phone bill)

- 17.4 Local Authority Tax bill (valid for the current year)

- 17.5 Bank, Building Society or Credit Union Statement containing your current address and issued within the last 3 months

- 17.6 Inland Revenue Tax Notification (valid for current year)

18. Would you like us to send you information on:

- 18.1 Tax-efficient Wills for married couples

- 18.2 Use of Wills for mitigating potential future liabilities for the payment of nursing home fees

- 18.3 Lasting Powers of Attorney (by which you can appoint somebody to look after your affairs if you are unable to for any reason)

- 18.4 Administering an estate (dealing with somebody's affairs once they have died)

- 18.5 Deputyships (for people who are unable to look after their own affairs but have not made an Enduring or Lasting Power of Attorney)

19. We would like to send you a brochure which provides information on the full range of services offered by our firm.

20. Date of completion of this form

21. Completed by

22. Additional Information

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