



WILLS QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL: TO BE COMPLETED AND SENT TO FAIRMONT LEGAL LTD ONLY

WILL WRITING SERVICE

WHAT DO YOU NEED TO DO?

Please use this questionnaire to notify us of all the information you require to be addressed in your Will. Not all questions will apply to you however please complete all relevant sections to the best of your ability.

Please provide as much information as possible so that we can consider your instructions and ensure that the advice we provide is accurate. In preparing your Will, we only rely on the information you provide and we will not contact any third parties to verify that information. It is therefore your responsibility to satisfy yourself that the information in this questionnaire is true and complete, to the best of your knowledge and belief.

Once completed, please send the questionnaire to wills@fairmontlegal.co.uk and one of our specialist Will writing Solicitors will contact you to discuss your next steps.

If you wish to speak to a member of our Will's team, please contact us via 01204 866597, wills@fairmontlegal.co.uk or our Contact Us page.

SECTION 1 – PERSONAL DETAILS

Your Details

1. Full Name:

2. Address:

3. Telephone:

4. Email:

Your Spouse's Details:

Full Name:

Address:

Telephone:

Email:

Date of Birth:

Occupation:

7. Marital Status:

- Single Contemplating Marriage Engaged Married
 Re-married Widowed Separated Divorced

9. Were you married in the United Kingdom?

- Yes No

10. Are you a UK resident?

- Yes No

11. Have you made any previous Wills?

- Yes No *(If yes, please provide a copy)*

12. What is the estimated value of estate?

- Less than £325k Above £325k Above £2m

13. Any physical illness/disabilities/mental health issues?

14. Do you have any children from previous marriage?

- Yes, (state number of children) No

15. Do you have any health issues requiring urgent preparation of will?

SECTION 2 – HEIRS

2.1) Children:

	Full Name	Male/ Female	DOB	Address	No of Children	Indicate if adopted, step, illegitimate or deceased
1.						
2.						
3.						
4.						
5.						

2.2) Parents/Grandparents:

		Full name	Address	Living/Deceased?
1	Father			
2	Mother			
3	Paternal Grand Father			
4	Paternal Grandmother			
5	Maternal Grandfather			
6	Maternal Grandmother			

2.3) Siblings:

	Brother or sister	Full name	Address	Living/Deceased?	Half/Full	If half: maternal/paternal
1						
2						
3						
4						
5						

SECTION 3 - EXECUTOR DETAILS

An executor is a person who will be responsible for dealing with your estate upon your passing. We recommend that you nominate at least 2 people to act as executors and a maximum of 4. An executor can be a beneficiary of a Will.

	Name	Address	Relationship to you
1.			
2.			

SECTION 4 - GUARDIANSHIP

If you have children under the age of 18, you may wish to appoint someone to be a guardian of your children if both parents have passed away. If you wish to appoint a guardian, please state their details below.

	Name	Address	Relationship to you
1.			
2.			

SECTION 5 – ASSETS

	Estate	Details		Est. Value	Jointly held? (Y/N)
A	Cash in bank accounts:	Bank:	AC NO:		
		Bank:	AC NO:		
		Bank:	AC NO:		
		Bank:	AC NO:		
		Bank:	AC NO:		
B	Cash entrusted to the following:	Name:	Amount:		
		Name:	Amount:		
		Name:	Amount:		

C	Cash Loaned to the following	Name:	Amount:		
		Name:	Amount:		
		Name:	Amount:		
D	Investments	Business:	Percentage:		
		Business:	Percentage:		
		Business:	Percentage:		
E	Shares:	Business:	Percentage:		
		Business:	Percentage:		
		Business:	Percentage:		
G	Properties (Please state any outstanding mortgage or finance)	Location/Details:			
		Location/Details:			
		Location/Details:			
		Location/Details:			
H	Gold Amount (weight/value):				
I	Silver Amount (weight/value):				
J	Other Assets:				

**SECTION 5A - ADDITIONAL INFORMATION OR ASSETS
YOU WISH TO INCLUDE AS PART OF YOUR ESTATE:**

SECTION 6 - SPECIFIC WISHES

SECTION 7 - DECLARATION

I confirm that that the information provided above is correct to the best of my understanding knowledge and belief.

Signed:

Print Name:

Date:



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