

WILL QUESTIONNAIRE



Thank you for instructing Rice-Jones & Smiths. In order for us to prepare your draft will please complete and return this questionnaire to:

David Kain Rice-Jones & Smiths 7 Ely Place London EC1N 6RY

Or by email to david@londonrjs.co.uk

If you need any further space please attach additional sheets of papers as necessary. Upon receipt we will prepare your draft will, if you are unsure of how to answer any question please do not hesitate to contact us.



1. PERSONA	AL DETAILS		
Your full name	e .		
Your partner's	full name		
Your full address			
Postcode			
Your contact t number(s)	elephone Daytime		
	Evening		
	Mobile		
	E-mail		
Are you reside	ent in the UK	Y	'ES/NO*
Date of birth	You		
	Your partner		
Place of birth	You		
	Your partner		
Occupation	You		
	Your partner		
Marital status			
Single / Co-ha	abiting / Married or Regis	tered Civil Partnership / D	ivorced / Widowed*
Have you bee	n married before?		YES/NO*
Are you intend your Civil Part	ding to be married or to r nership?	egister	YES/NO*



Do you have any children?	YES/NO*	
If so, please list their full names, addresses and age children or adopted children are included.	s. Please also indicate whether	step
Do you have any grandchildren?	YES/NO*	
If so, please list their full names, addresses and ages.		
Is there anyone else who is financially dependent on you?	YES/NO*	
If so, please list their full names and ages.		
2. PERSONAL DETAILS		
2.1. Your Funeral		
Please indicate if you have any particular wishes e.g. Cremation/Burial/Type of service.		
2.2. Organ Donation		

You:

Partner:

YES/NO*

YES/NO*

Do you wish to donate organs of your body for transplantation of therapeutic purposes?



2.3. Executors

Who would you like to carry out the provisions of your Will? If your Partner is to become entitled to your whole estate, it is normal practice to appoint them to act as your sole executor. It is recommended that you also appoint two substitutional executors should your Partner be unable to act.

Your executors may be family or friends. Alternatively many clients choose to appoint professional executors such as Solicitors. Please indicate below if you would like us to advise you upon this.

Do you	ı wish to appoint you Partner	as your sole ex	ecutor?	You: Partner:	YES/NO* YES/NO*
Please execut	list full names, addresse ors:	s and relation	ship to yo	u of alternative	of substitutional
2.4.	<u>Guardians</u>				
	have any children under th ted to look after them.	e age of eighte	een, then c	one or more gua	rdians should be
Please	list their full names, address	ses and relations	ship to you:		
2.5.	Your Estate				
Do you	wish to leave any of the following	owing:-			
a)	Gifts of specific items eg. furniture, jewellery				
Please	describe each gift and list e	ach beneficiary'	s full name	and address.	
	ntively, you may prefer to list at any time without the need				



b)	Cash legacies			
		l each beneficiary's full name, a c amount to a favourite charity		e if under eighteen
Who	m would you like to inherit t	the whole or the remainder of y	our estate?	
Do y	ou wish your partner to inhe	erit the rest of your estate?	You: Partner:	YES/NO* YES/NO*
In th	e event of your partner pre	e-deceasing you or if you do n	ot wish your pa	artner to inherit the
you		cate the full names, addresses so specify at what age any c		
you	wish to inherit. Please al			
you	wish to inherit. Please al			
you inher	wish to inherit. Please alsit eg. 18, 21, 25. y of the named beneficiarie		hild named as	a beneficiary shal
you inher	wish to inherit. Please alsit eg. 18, 21, 25.	so specify at what age any c	hild named as	a beneficiary shal
you inher	wish to inherit. Please alsit eg. 18, 21, 25. y of the named beneficiarie	so specify at what age any c	hild named as	a beneficiary shal
If so,	wish to inherit. Please also it eg. 18, 21, 25. y of the named beneficiarie it in their place? at what age? rtain circumstances where	es die before you leaving childr	en, would you l	a beneficiary shal
If an inher	wish to inherit. Please also it eg. 18, 21, 25. y of the named beneficiarie it in their place? at what age? rtain circumstances where ssary to include a longstop	es die before you leaving childr YES/NO 18 / 21 / 25* Other: all the named beneficiaries has provision. This may be a gift to	en, would you l	a beneficiary shal
If an inher	wish to inherit. Please also it eg. 18, 21, 25. y of the named beneficiarie it in their place? at what age? rtain circumstances where ssary to include a longstop erred, to a charity.	es die before you leaving childr YES/NO 18 / 21 / 25* Other: all the named beneficiaries has provision. This may be a gift to	en, would you l	a beneficiary shal



3. YOUR ASSETS

Please complete the attached schedule **as fully as possible**, before returning your completed questionnaire to us. This is so that we may advise you of your estate's potential Inheritance Tax liability.

SCHEDULE OF ASSETS

<u>Asset</u>	<u>In Your</u> <u>Name</u>	<u>In Partner's</u> <u>Name</u>	<u>In Joint</u> <u>Names</u>
<u>Value</u>	£	£	£
House			
Contents (market value not insurance/replacement value)			
Shares			
Bank & Building Society Accounts			
Foreign Assets			
Other Property eg. Business Assets Investment Value of Life Policies please also complete sum insured below			



Liabilities

Mortgage		
Others		

4. LIFE INSURANCE

Please complete the details of any life insurance you hold:

Name of	Name of	Start	End	Sum	
Insured	Company	Date	Date	Assured	
You / Partner / Joint					Level / Decreasing / Not Known Written into Trust: Yes / No / Not Known
You / Partner / Joint					Level / Decreasing / Not Known Written into Trust: Yes / No / Not Known
You / Partner / Joint					Level / Decreasing / Not Known Written into Trust: Yes / No / Not Known
You / Partner / Joint					Level / Decreasing / Not Known Written into Trust: Yes / No / Not Known
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You / Partner / Joint					Level / Decreasing / Not Known Written into Trust: Yes / No / Not Known