

# *The power of planning* **Making a Will**

**Information Questionnaire**

## Part 1 – Personal Details

Please complete this questionnaire giving full names (including all middle names) and full addresses in **BLOCK CAPITALS** for everyone you wish to mention. For example ELIZABETH ANNE WINDSOR not Betty A Windsor.

How did you hear about us?

You

Your Partner

Please tick Yes here to state that you are happy for us to contact you and send you other marketing information that will be of interest to you?

Yes

No

Yes

No

You

Your Partner

Title (Mr, Mrs, Ms etc.)

Full name (include all middle names)

Are you known by any other name and are there any assets in this name?

Address

Date of birth

Email address

Are you happy for us to correspond and send drafts by email address

Yes

No

Yes

No

Contact numbers

Home:

Mobile:

Work:

Home:

Mobile:

Work:

Occupation

Current relationship status

Married

Cohabiting

Civil Partnership

Date of marriage/Start of cohabitation

1

2

3

Your children from this relationship  
(Please include details of all children and state full names and dates of birth and address where not the same as yours.)

	You		Your Partner	
Do you have any children from other relationships? (Please include details of all children including natural, adopted, step-children and state full names and dates of birth and address where not the same as yours.)	Yes	No	Yes	No
	1		1	
	2		2	
	3		3	
Do you intend to benefit grandchildren? (If so, please provide details during your meeting with your solicitor.)	Yes	No	Yes	No

	You		Your Partner	
	Yes	No	Yes	No
Have you been married before?	Date of divorce:		Date of divorce:	
	Date of death:		Date of death:	
Is there a spouse or ex-spouse who has not re-married?	Yes	No	Yes	No
	Name:		Name:	

	You		Your Partner	
Do you suffer from any illness or disability that might impact on your capacity to make a Will? (If yes, please supply details of your GP or Consultant.)	Yes	No	Yes	No
	GP/Consultant details:		GP/Consultant details:	
Do you suffer from any disability that would make reading or signing your Will difficult?	Yes	No	Yes	No
	Special requirements:		Special requirements:	

	You		Your Partner	
	Yes	No	Yes	No
Existing Wills (Include details of whereabouts and please supply a copy.)	Whereabouts of Will:		Whereabouts of Will:	
Do you want Franklins to store your new Will?	Yes	No	Yes	No
Do you wish to be buried or cremated?	Buried	Green	Buried	Green
	Cremated		Cremated	

## Part 2 – Your Will

<b>Executors</b>  <p>Whom do you wish to appoint as Executors? (You must appoint Executors to administer your estate and carry out your instructions in your Will. Being an Executor is time-consuming and onerous. You can appoint your spouse on their own, otherwise, it is wise to have at least two, especially if children are named as beneficiaries. We will be pleased to act as your Executors, either alone or with a family member or friend. Please state full names, addresses and relationship to you. If you each wish to appoint different Executors we can discuss this and the implications of it at our meeting.)</p>	<b>Executor</b>	Each other	Other	Franklins
	Name:			
	Address:			
	Relationship:			
<b>Substitute</b>  <p>Whom do you wish to appoint as guardians and substitute for minor children (under 18)?</p>	<b>Substitute</b>	Other	Franklins	
	Name:			
	Address:			
	Relationship to you:			
<b>1st Choice</b>  <p>Whom do you wish to appoint as guardians and substitute for minor children (under 18)?</p>	<b>1st Choice</b>	Other	Franklins	
	Name:			
	Address:			
	Relationship to you:			
<b>Substitute</b>  <p>Whom do you wish to appoint as guardians and substitute for minor children (under 18)?</p>	<b>Substitute</b>	Other	Franklins	
	Name:			
	Address:			
	Relationship to you:			

	<b>You</b>	<b>Your Partner</b>
<p>Do you want to make gifts of specific things or sums of money? (Please give details of the gift and the full name and address of the beneficiary. Alternatively, please tick the box if you would like a reference in the Will and a separate list that can be updated as necessary with a letter of wishes.)</p>	Separate list	Separate list
	Gift and beneficiary details:	Gift and beneficiary details:
	Charity name:	Charity name:

## Both of you

	Yes	No		
The Residual Estate - Do you want your partner to inherit the whole estate (subject to gifts specified)? <i>(Please give full names, addresses and relationship to you of any beneficiary not already mentioned in this questionnaire.)</i>	<p>Name: _____</p> <p>Address: _____</p> <p>Relationship to you: _____</p>			
Substitute Residual Beneficiaries	<p>Name: _____</p> <p>Address: _____</p>			
Children				
Other				
	<p>Relationship to you: _____</p>			
Trusts: Any child will inherit at the age of 18 years. Do you wish to state an older age?	Yes	No		
	If yes, please tick	21	25	Other
Are you concerned about the survivor remarrying or changing their Will?	Yes	No		
Are you concerned or have queries about any of the following? <i>(These would fall under trusts, discretionary trusts and disabled discretionary trusts and are likely to require more detailed discussion with us at appointment.)</i>	<p>Areas of concern:</p> <p>Divorce, bankruptcy of beneficiary or immaturity of beneficiary</p> <p>Care home fees</p> <p>You have a disabled beneficiary</p> <p>Other: _____</p>			

	You		Your Partner	
	Yes	No	Yes	No
Do you have any foreign property or assets? <i>(If yes, please supply details and copy of foreign Will.)</i>	<p>Details: _____</p>		<p>Details: _____</p>	
Have you made any gifts in the last 7 years (if over £3,000 in any one tax year)? <i>(If yes, please supply details.)</i>	Yes	No	Yes	No
Have you made any trusts in the last 14 years? <i>(If yes, please supply details.)</i>	<p>Details: _____</p>		<p>Details: _____</p>	
Are you a British Citizen, have you always lived in England or Wales and do you intend to remain here? <i>(If, No to any, further discussion is required.)</i>	Yes	No	Yes	No

### Part 3 – Summary of Value of Assets

Approximate values only required.	Sole-ownership	Joint-ownership	Please provide a brief description of assets	Market value	For us to complete after discussion
<b>Assets</b>					
Home					
Other properties or land					
Cash savings					
Shares and other investments					
Life insurance / Death in Service					
Pensions					
Business interests (Detailed discussion required)					
Other assets					
<b>Liabilities</b>					
Home					
Mortgage/s					
Bank loans					
Overdraft					
Credit card debts					
Total liabilities					
Net Estate (For us to complete)					

Please sign and date

Signature:	Signature:
Print name:	Print name:
Date:	Date:

# For expert legal advice, we're here to help.

*Franklins was set up by Michael Franklin and Keith Wyld in 1982. Since then, we have grown to be one of the leading law firms in the region, occupying offices in both Milton Keynes and Northampton, employing over 100 staff.*

**We offer clients expert legal advice on business and personal matters, including:**

- Conveyancing
- Business Services
- Wills & Probate
- Dispute Resolution
- Family Law
- Commercial Property
- Employment Law
- Intellectual Property

## Why choose Franklins?

- **Established:** We have been working with the local communities in Milton Keynes and Northampton since 1982.
- **Expertise:** Whether you need legal expertise for personal or business matters, we have dedicated teams who can help.
- **Committed to excellence:** We maintain several quality accreditations to ensure a consistently high standard of service, including the ISO 9001 and Lexcel.
- **Highly recommended:** We're proud to be rated Excellent on Trustpilot and regularly receive repeat business and referrals from thousands of satisfied clients.
- **Peace of mind:** We are one of the only law firms to hold the Cyber Essential Plus accreditation. This helps ensure that our systems and the data we hold are protected and secure.





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