



PLEASE ANSWER ALL APPLICABLE QUESTIONS IN FULL

YOUR DETAILS		
Full Name (including any middle names):	<u>Person 1</u>	<u>Person 2</u>
Address:		
Home Telephone number:		
Mobile Telephone Number:		
Email:		
Occupation:		
Date of birth:		
Have you already made a Will or Codicil?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please provide a copy.	
Are you married or in a civil partnership?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you been married or civil partnered before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide your ex-spouse/civil partner's full name and address:	<u>Person 1: Ex-partner</u> Full Name: Address:	<u>Person 2: Ex-partner</u> Full Name: Address:
If yes, how did the marriage/civil partnership end?	<input type="checkbox"/> DIVORCE / CIVIL PARTNERSHIP DISSOLUTION <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED, NOT DIVORCED <input type="checkbox"/> OTHER (give details below)	<input type="checkbox"/> DIVORCE / CIVIL PARTNERSHIP DISSOLUTION <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED, NOT DIVORCED <input type="checkbox"/> OTHER (give details below)
If applicable please provide a copy of your financial order to us. This is required as it may affect your options and our advice.		
Have you married or formed a civil partnership since you made your last Will?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you are <u>not</u> married/civil partnered, are you expecting to get married or enter into a civil partnership in the near future?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you now, or have you ever been financially connected to someone else? (for example through joint ownership of property, or cohabitation)	<input type="checkbox"/> NO <input type="checkbox"/> YES - my partner only. <input type="checkbox"/> YES - someone else	<input type="checkbox"/> NO <input type="checkbox"/> YES - my partner only. <input type="checkbox"/> YES - someone else.
If yes - someone else, please provide details	<u>Person 1: Financial Connection</u> Full Name: Address:	<u>Person 2: Financial Connection</u> Full Name: Address:

CHILDREN

<p>Do you have any children?</p>	<p><u>Person 1</u></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><u>Person 2</u></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If yes, please provide their:</p> <ul style="list-style-type: none"> • Full names • Addresses • Dates of birth 		<p><input type="checkbox"/> Tick if children the same as Person 1</p> <p>OR, provide details below</p>

GUARDIANS

<p>If your children are under 18 and both their parents pass away, who do you want to look after your children?</p> <p>These people are known as 'Guardians'</p>	<p>Name: Address:</p> <p>Relation to you:</p>	<p>Name: Address:</p> <p>Relation to you:</p> <p><u>OR</u></p> <p><input type="checkbox"/> Tick if you want the same Guardian as Person 1</p>
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DOMICILE

Are you domiciled in England and Wales?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, where are you domiciled?	

FUNERAL WISHES

Please select which option you would like to include in your Will.	<input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> I do not wish to include this in my Will	<input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> I do not wish to include this in my Will
	We will discuss your options in our meeting.	

EXECUTORS

These are the people responsible for arranging your funeral and distributing your estate

Who would you like to appoint as your Executor(s)?	<u>Executor One</u> Full Name: Address: Relationship to you:
	<u>Executor Two</u> Full Name: Address: Relationship to you:
	<input type="checkbox"/> I want to have more Executors
	If you want more than two Executors, please provide details on page 10.

SUBSTITUTE EXECUTORS

If the above Executors do not act, who do you want as your substitute Executors?	<p>Substitute Executor One Full Name: Address: Relationship to you:</p> <p>Substitute Executor Two Full Name: Address: Relationship to you:</p>
When should your substitute Executors step in to act?	<p><input type="checkbox"/> Only when <u>ALL</u> primary Executors cannot act</p> <p>OR</p> <p><input type="checkbox"/> As soon as any one Executor cannot act</p>

PERSONAL POSSESSIONS

Do you want to <u>specifically</u> gift any personal possessions	<input type="checkbox"/> YES <input type="checkbox"/> NO
(such as jewellery, ornaments, keepsakes etc)	We will discuss your options in our meeting.

PETS

Do you want to make provision for what will happen to pet(s) when you die?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	We will discuss your options in our meeting.

CASH GIFTS & LIFETIME GIFTS

Do you want to make any cash gifts in your Will?

- YES
 NO

If yes, please provide:

- **Amount of each gift**
- **Full name of recipient**
- **Address**
- **Date of birth**

Cash Gift 1:

Cash Gift 2:

Cash Gift 3:

Cash Gift 4:

I want to include more cash gifts

If you want more than four cash gifts, please provide details on page 10.

Please list any gifts you have made **over £250 in the last 7 years**

This includes items of value such as jewellery or paintings

Please give details of:

- **Amount of gift**
- **Date given**
- **Recipient's relation to you**

Person 1

Person 2

GIFT OF LAND AND BUILDINGS

Your property will usually be included as part of your whole estate.

Only complete this section if you want to gift it separately.

Do you wish to gift a property separately?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, move on to the next section.
If yes, please provide details:	Property address: Full Name of recipient: Recipient's address: Relationship to you:
How do you want to gift the property?	<input type="checkbox"/> To the recipient outright <u>OR</u> <input type="checkbox"/> Only to live in during their lifetime, then to: <input type="checkbox"/> My children equally <input type="checkbox"/> Someone else (provide details below) Full Name: Address: Relationship to you: We will discuss this further in our meeting.

GIFT OF RESIDUARY ESTATE

Your 'Residuary Estate' is what is left after all the other gifts, tax, funeral and administrative expenses are paid.

Who do you want to inherit your estate?

- 100% to spouse/civil partner/partner
 Then to my children in equal shares

OR

- Divide equally between my children

OR

- Other (give details below)

If Other, please give details of the following for each beneficiary:

- **Percentage of gift**
- **Full Name**
- **Address**
- **Date of birth**
- **Relationship to you**

Beneficiary 1:

Beneficiary 2:

Beneficiary 3:

Beneficiary 4:

- I want to include more residuary beneficiaries

If you want more than four beneficiaries, please provide details on page 10.

If any of the above beneficiaries die before you,

Do you want their gift to pass to their children instead?

- YES
 NO

FINAL GIFT OF RESIDUARY ESTATE

This gift is often made to charity, or 50% to one side of the family and 50% to the other

If ALL the gifts on page 8 cannot take effect (for example if beneficiaries pass away before you):

Who do you want to inherit your estate?

Do not make any further provision

OR

Charity(ies)

OR

Other (give details below)

If Charity or Other, please give details of the following for each beneficiary:

Beneficiary/Charity 1:

- **Percentage of gift**
- **Name**
- **Address**

Beneficiary/Charity 2:

if applicable

- **Date of birth**
- **Relationship to you**

I want to include more final residuary beneficiaries

If you want more than two beneficiaries, please provide details on page 10.

ENDURING OR LASTING POWER OF ATTORNEY

Do you have a Power/Powers of Attorney?

- YES: EPA
- YES: LPA - Property & Finances
- YES: LPA - Health & Welfare
- NO

This may be an Enduring Power (EPA) or Lasting Powers of Attorney (LPAs).

Please tick ALL that apply

WILL STORAGE

As a Will is a legal document and the original signed copy may need to be sent to the court following your death, it is vital that it is kept safe. If your Will is damaged in any way, then the court could declare the Will invalid. As part of our ongoing support to clients, we offer a Wills storage service, for a one-off fee of £75 + VAT for both Wills.

Would you like BakerLaw to store your original Wills once they have been signed?

YES
 NO

ANY OTHER DETAILS

Please provide details of any **additional information from earlier questions**

OR

Details of anything else you think we should know.

FINANCIAL INFORMATION

We need this information to advise you on Inheritance Tax.

<u>ASSETS</u>	Details	Value/Share	
		Person 1	Person 2
<p>Home</p> <p>Do you own this property?</p> <p>How is the property owned?</p> <p>Please provide details of your % share and its value.</p>	<p>Address:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Jointly between us <input type="checkbox"/> Solely by one of us</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>
<p>Other property(ies)</p>	<p>Address 1:</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>
	<p>Address 2:</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>	<p>% of property owned: _____ %</p> <p>Value: £</p>
<p>House contents - total combined value</p>			
<p>Bank/building society accounts</p> <p>Please give <u>combined</u> values of all accounts:</p>	<p>ALL <u>joint</u> accounts total</p> <p>ALL <u>sole</u> accounts total</p>	<p>£</p> <p>£</p>	<p>£</p> <p>£</p>

Investments (shares, NS&I etc)		Person 1	Person 2
Please give <u>combined</u> values of all accounts:	ALL <u>joint</u> accounts total ALL <u>sole</u> accounts total	£ £	£ £
Pensions/Benefits Please give <u>combined</u> values of all pensions/policies	ALL pensions/benefits total Have these been nominated to be paid to someone specific on your death?	£ <input type="checkbox"/> YES <input type="checkbox"/> NO	£ <input type="checkbox"/> YES <input type="checkbox"/> NO
Foreign assets Please give <u>combined</u> values of all assets:	ALL <u>joint</u> assets total ALL <u>sole</u> assets total	£ £	£ £
Agricultural assets Please give <u>combined</u> values of all assets:	ALL joint assets total ALL sole assets total	£ £	£ £
Business assets Please give <u>combined</u> values of all assets:	ALL joint assets total ALL sole assets total	£ £	£ £
Property held in trust under which you are a beneficiary	Property address: Details of trust: Property address: Details of trust:	% of property interest : ____% £ % of property interest : ____% £	% of property interest : ____% £ % of property interest : ____% £

LIABILITIES	Details	Outstanding amount	
		Person 1	Person 2
Mortgages	<u>Address 1:</u> Mortgage Amount	£	£
	<u>Address 2:</u> Mortgage Amount	£	£
Bank loans Please give <u>combined</u> values of all loans:	ALL <u>joint</u> loans total	£	£
	ALL <u>sole</u> loans total	£	£
Overdrafts Please give <u>combined</u> values of all overdrafts:	ALL joint overdrafts total	£	£
	ALL sole overdrafts total	£	£
Credit card balances Please give <u>combined</u> values of all credit cards:	ALL joint overdrafts total	£	£
	ALL sole overdrafts total	£	£
Other Please give <u>combined</u> values of all other liabilities	ALL other liabilities totals:		
	Joint	£	£
	Sole	£	£

Please return this form to us by either email to privateclient@baker-law.co.uk or by post to BakerLaw LLP, Gostrey House, Union Road, Farnham, Surrey, GU9 7PT.

Thank You!

We will review your questionnaire and contact you within 7 working days.