

# Savilles

## Will Questionnaire

All information will be treated in the strictest confidence

### Your Personal Details

Details Required	SELF	SPOUSE/PARTNER
1. Full Name	Title:Mr/Mrs/Miss/Ms/Other <input type="text"/>	Title:Mr/Mrs/Miss/Ms/Other <input type="text"/>
2. Full Address including postcode	<input type="text"/>	
3. Date of birth	<input type="text"/>	<input type="text"/>
4. Telephone number	Home <input type="text"/>	Work <input type="text"/>
5. Marital status <i>Please tick appropriate box(es)</i>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partner/Common Law Spouse <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partner/Common Law Spouse <input type="checkbox"/>
6. If married, date of marriage	<input type="text"/>	
<b>Divorce or Remarriage</b> <i>Generally divorce treats a former spouse as if he or she had predeceased you so that no gift will pass to them nor can they act as Executors even if named as such. In other respects however, the rest of the Will remains valid.</i>  <i>If you have made a Will and then marry or remarry, the Will may be cancelled and the rules of intestacy would apply. However, a valid Will can be made taking into account a planned marriage or remarriage which you should indicate below if appropriate.</i>		
7. Notwithstanding the above, do you have any financial dependants whom you do not wish to benefit under your Will (e.g. spouse, former spouse or partner or children)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If yes, we will be pleased to advise you.</i>		
8. Do you intend to marry/re-marry in the near future?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
9. Would you like your new Will to take this into account.?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
10. Is your permanent home in England or Wales? If not, please state which country.	<input type="text"/>	<input type="text"/>
11. Is your ability to read and sign your Will affected by any condition? If yes please supply details.	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="text"/>

# Information about your Children

## Details Required

12. Give the **full** names and dates of birth of any children from your present relationship  
Please indicate also whether your child is male or female

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13. Give the **full** names and dates of birth of any children you have from any previous marriage or relationship.  
Please indicate also whether your child is male or female

SELF	SPOUSE/PARTNER

# Appointment of Executors

**Executors** are persons whom you appoint in your Will to carry out your wishes and administer your Estate.  
You may consider appointing your spouse/partner with additional or substitute Executors.  
This is a responsible position with some duties imposed by law and you may therefore consider appointing a professional Executor such as a solicitor. As a firm, we would be pleased to accept an appointment solely or with other persons and can offer full services for the efficient administration of your Estate

An Executor can be a beneficiary under your Will

14. Whom do you wish to appoint as Executor(s)?  
Please tick the appropriate box from the following statements:

Give the full names and addresses of all persons named below.  
Please state their relationship to you. (i.e my sister, brother-in-law, friend, etc.)

- A.** I wish to appoint my spouse/partner to act as my Sole Executor, but if he or she dies before me, Then I appoint the persons named to the right **A**
- B** I wish to appoint my spouse/partner WITH the person(s) named to the right **B**
- C** I wish to appoint my spouse/partner WITH Savilles **C**
- D** I wish to appoint Savilles **D**
- E** I wish to appoint the persons named to the right **E**

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# Your Assets

SELF

SPOUSE/PARTNER

15.

Do you hold any assets outside England and Wales? If so, please give full details including where situate.



16.

ASSETS OWNED BY YOU AND YOUR PARTNER IN ENGLAND & WALES		
DETAILS	SELF	SPOUSE/PARTNER
Land & Property		
Furniture		
Personal Effects		
Motor Cars		
Bank Accounts		
Building Society Accounts		
National Savings		
Stocks & Shares		
Personal Equity Plans		
Texas		
Life Assurance		
Superannuation Benefits		
Interest in another Estate or Trust		
Cash		
Other Assets		
TOTAL		
LIABILITIES	SELF	SPOUSE/PARTNER
Mortgages Outstanding		
Credit Cards		
Other		
TOTAL		
NET ASSETS / LIABILITIES		

**Some Assets may fall outside your Will:**

- Pension fund trustees usually have discretion to distribute the pension scheme death benefits and your wishes should be notified to the trustees. Similar consideration may apply to death in service schemes.
- The proceeds of a Life Assurance Policy written in trust are payable to the person named.
- Jointly owned assets may pass to the surviving owner(s)

SELF

SPOUSE/PARTNER

17.

Please specify if, in the last 7 years, you have made any gifts of sums of money or property the total value of which exceeded £3,000 in any one tax year.

# Your Funeral Wishes

## Details Required

18. Do you wish to leave your body for medical research?
19. Do you wish to donate your organs for transplantation?
20. If yes, do you wish to donate all of your body?
21. If no, please specify which parts of your body you wish to donate.
22. Is it your wish to be buried or cremated? Please specify.
23. Please detail any specific funeral instructions.

### SELF

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

### SPOUSE/PARTNER

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>



Buried  Cremated  No preference

Buried  Cremated  No preference



## Appointment of Guardians *(if you have children)*

*If you have any children under the age of 18, you should consider appointing at least one Guardian. When one parent dies, the surviving parent normally becomes the legal Guardian, but it is of course possible that both parents may die together or you may be a single parent. Where a man is not married to the mother of his children he will not automatically become their guardian on the death of their mother. Please indicate if you require further advice.*

*We will provide in your Will for your Trustees to have power to make payments to the Guardians for the maintenance, education and general benefit of your children.*

24. If you wish to make a guardianship appointment, please give full details

1st or Sole Guardian

Name			
Address			
Relationship to you		Relationship to your spouse/partner	

2nd joint Guardian  
*(if appropriate)*

Name			
Address			
Relationship to you		Relationship to your spouse/partner	

25. If the person(s) named above are unable or unwilling to act, do you wish to make a substitute appointment? If so, please give full details

1st or sole substitute Guardian  
*(if appropriate)*

Name			
Address			
Relationship to you		Relationship to your spouse/partner	

2nd substitute joint Guardian  
*(if appropriate)*

Name			
Address			
Relationship to you		Relationship to your spouse/partner	

# Your Bequests

26. Before dealing with the residue of your Estate are there any specific sums of money which you wish to leave to a particular person or charity?

If so please give the **Amount(s) you wish to give and the full name(s) of the recipient(s) together with their address(es) and, if appropriate, relationship(s) to you**

SELF	SPOUSE/PARTNER

In the event of the person(s) named above dying before you, do you wish the gift to pass to any child or children they may have?

YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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27. Before dealing with the residue of your Estate are there any specific items (for example, jewellery) which you wish to leave to a particular person?

If so please give the **descriptions of the item(s) and the full name(s) of the recipient(s) together with their address(es) and, relationship(s) to you**

*If you wish to leave a number of specific items, we suggest that you provide the full details in a separate list. In turn this list will be referred to in your Will. Should you wish to make any changes to the list in the future, you will not have to change your Will.*

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In the event of the person(s) named above dying before you, do you wish the gift to pass to any child or children they may have?

YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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28.

Where you are married, or living with a partner, it is usual for your Wills to be "mirror images" when dealing with the Residue to ensure that all beneficiaries inherit, particularly if you were to die together. It is common for an Estate to be left to a surviving spouse or partner and on the second death to any surviving children. You may also consider making a third level of bequests (e.g. to parents, brothers, sisters etc.) in the event of you all dying.

Please tick the appropriate box from the statements made below:

A. On the first death, we wish the Estate to pass to the survivor of us. If he or she does not survive then we wish the Estate to pass to our child or children named below.

NOTE: If it is possible that your family may increase, we would advise that your Will should refer to "my child or children" which will avoid you having to make a new Will in these circumstances.

If this is appropriate to you please tick here.

Alternatively, you should give full names of your child or children below.

If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.

OR

B. On the first death, we wish the Estate to pass to the survivor of us. If he or she does not survive then we wish the Estate to pass to the beneficiary(ies) named below.

If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.

OR

C. On the first death, we do not wish the Estate to pass to the survivor of us but instead to pass to the beneficiary(ies) named below.

If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.

29.

If all of the above named beneficiaries die before the survivor of us, we wish the Estate to pass to the beneficiary(ies) named below

If you do not wish your Estate to be shared equally among those named please indicate beside each name the percentage share of your Estate which they should receive.

30.

Please state at what age you would wish any minor beneficiary to inherit if other than 18, (eg 21, 25 etc).

31.

Are any of your beneficiaries or potential beneficiaries mentally or physically handicapped? If so please give details.