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## hadleys wills

WILLS AND ESTATE PLANNING

### Will Questionnaire

STRICTLY PRIVATE AND CONFIDENTIAL

This questionnaire is intended to ensure that your Will and any tax planning we may provide is fully tailored to your personal preferences and circumstances.

Please note that although some questions may not be applicable to your individual circumstances, please complete all the relevant sections. The more information you provide now, the easier it will be for us to complete matters on your behalf.

If you require any assistance, please call us on the number below.

#### Hadleys Wills

Ground floor, Import Building  
2 Clove Crescent,  
East India,  
London,  
E14 2BE

E: [info@hadleyswills.com](mailto:info@hadleyswills.com)

T: 0800 292 2030

Other: 0203 151 6660

## PERSONAL INFORMATION

Your full name:   
*(first, middle and last)*

Your nationality:

Country of domicile:

Address:

Date of birth:   
*(DD/MM/YYYY)*

Place of birth:

Occupation:

Contact number:

Email address:

Where did you hear about us?

Online

T.V

Referral

Other

Do you have any illness/disability?  
*(If yes, please briefly describe your situation below)*

Yes

No

Do you have any mental health issues?

Yes

No

Further detail:

## WILLS INFORMATION

Do you have a previous Will?:  
*(If yes, please provide a copy)*

Yes

No

## RELATIONSHIPS

Are you married?

Yes

No

Your spouse's full name:  
*(first, middle and last)*

Have you been divorced/widowed?

No

Widowed

Divorced

Both

## CHILDREN

Number of children:

Are any children under 18?:

Yes

No

*(If yes, please provide guardian details below)*

Would the other parent be the first guardian?

Yes

No

Name of substitute guardian:

Address of substitute guardian:



## EXECUTORS

*(The person(s) who will carry out the wishes contained in your Will)*

Would you like your spouse to act as your executor?

 Yes No

Would you like Hadleys Wills to act as your executor?

 Yes No

*(Appointment is free of charge)*

Please provide the names and addresses of your executors. If you own your property and/or have children under 18, you should specify at least **two executors**.

Executor 1 full name:

Executor 1 address:

Executor 2 full name:

Executor 2 address:

Executor 3 full name:

Executor 3 address:

## BENEFICIARIES

*(The person(s) who will receive the assets specified in your Will)*

Beneficiary 1 full name:

Address:

Email address:

Mobile number:

Gift:

Beneficiary 2 full name:

Address:

Email address:

Mobile number:

Gift:

*Please see page 3 if you have more than 2 beneficiaries*



Beneficiary 3 full name:

Address:

Email address:

Mobile number:

Gift:

Beneficiary 4 full name:

Address:

Email address:

Mobile number:

Gift:

## RESIDUARY ESTATE

*(Please list the details of those who you would like to receive any leftover assets that is not specified in your Will.)*

Full names:

Address:

## ASSETS AND VALUATIONS

*(Please use additional paper if more than 2 properties)*

Property 1:

*(Please tick 'yes' if the address is the same as above')*

Yes

No

Legal owner(s):

Market value:

Outstanding loan:

Property 2:

Legal owner(s):

Market value:

Outstanding loan:



## OTHER ASSETS AND VALUATIONS

### What is the value of your main assets? (Approx. £)

Money in banks and building societies	<input type="text"/>
Shares/Investments/National Savings/Bonds	<input type="text"/>
Life insurance	<input type="text"/>
Items of particular value (i.e. jewellery)	<input type="text"/>
Cars and other vehicles	<input type="text"/>
Home contents including furniture and fittings	<input type="text"/>
Other savings and assets	<input type="text"/>

### What are your main liabilities? (Approx. £)

Loans and overdrafts	<input type="text"/>
Your credit cards	<input type="text"/>
Credit or HP agreements	<input type="text"/>
Other liabilities	<input type="text"/>

### Further assets: (please tick)

	Y	N
Do you have a Death in Service Scheme?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a business?	<input type="checkbox"/>	<input type="checkbox"/>
Are you part of a Partnership?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a Farm?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any valuable digital or online assets <small>(e.g. eBay accounts, PayPal accounts, domain names, cryptocurrencies)</small>	<input type="checkbox"/>	<input type="checkbox"/>

### Trusts: (please tick)

	Y	N
Do you have any interest under a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a trustee?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a power of appointment?	<input type="checkbox"/>	<input type="checkbox"/>

### Inheritance: (please tick)

	Y	N
Have you received any inheritance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to inherit?	<input type="checkbox"/>	<input type="checkbox"/>

### Foreign Property: (please tick)

	Y	N
Do you own any foreign property?	<input type="checkbox"/>	<input type="checkbox"/>

### Past gifts: (Yes/No)

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

	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>

If there is any additional assets and/or information you wish to disclose, please use the space provided below/additional paper.

## CLIENT DECLARATION

I confirm that the details provided in this form are correct to the best of my understanding, knowledge and belief.

Date: \_\_\_\_\_ Print name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(DD/MM/YYYY)

