

WILL QUESTIONNAIRE

ABOUT YOU		
	CLIENT 1	CLIENT 2
Full name (including middle names)		
Title (or state 'None', if preferred)		
Preferred gender pronouns		
Any other names by which you are known		
Any previous names		
Date of birth		
Nationality / place of birth (please note both if different)		
Country of residence		
Main address		
Occupation		
Email address		
Telephone number		



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PREVIOUS WILL				
	CLIENT 1		CLIENT 2	
Have you already made a Will or Codicil?	YES/NO	Date of Will/Codicil:	YES/NO	Date of Will/Codicil:
Have you made a Will overseas?	YES/NO	Date of Will/Codicil:	YES/NO	Date of Will/Codicil:
How do your current wishes differ from your last Will?				

MARITAL STATUS		
	CLIENT 1	CLIENT 2
Please state whether you are married, civil partners, cohabiting, divorced, CP dissolved, single, widowed, or surviving civil partner		
If married, civil partners, widowed, or surviving CP: please state the date and place of marriage or civil partnership		
If divorced or civil partnership dissolved: please state the date the court order and court issuing order		
If you are currently married or in a civil partnership, have you previously been widowed or a surviving civil partner?		
If you have a Prenuptial Contract, Cohabitation Agreement, Court Order, Separation Agreement, or any other relevant agreement please bring this with you if possible.		



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YOUR FAMILY			
CHILDREN/STEP-CHILDREN			
Name	Address	Date of birth	Parent
Please use "additional information" box if necessary			
GRANDCHILDREN/STEP-GRANDCHILDREN			
Name	Address	Date of birth	Parent
Please use "additional information" box if necessary			



PETS	
Do you have any pets?	
What would you want to happen to your pets? i.e. is there a particular person you would like to care for them? Please give details	
ADDITIONAL INFORMATION	



YOUR ASSETS

LAND AND BUILDINGS

Please give details of all property owned by you, jointly or in your sole name

Address				
Value				
Amount of mortgage or equity release outstanding				
Freehold or Leasehold				
If leasehold, what is the date of the lease and how long is the term eg. 125 years from 1 January 2000				
Sole or joint names				
If joint, who are the owners of the property?				
If joint, do you hold the property as joint tenants or tenants in common?				
Do you have a Declaration of Trust relating to the property? If so, please provide a copy				
Would you like us to obtain copies of the Land Registry title register to review at our meeting?				

If the term of the lease is close to or less than 80 years, we strongly recommend that you take advice about extending the lease as it may be more difficult and expensive to sell or mortgage a property with a short lease. Our Enfranchisement Team would be pleased to offer a review of your lease and advise on any potential issues.



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ACCOUNTS AND INVESTMENTS

Please provide approximate values of any savings, investments, shares or cryptocurrency

	CLIENT 1	CLIENT 2
Cash savings		
Shares, Bonds and Investments		
Cryptocurrency		



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LIFE ASSURANCE / PENSION / DEATH IN SERVICE BENEFITS

Please provide approximate details

	CLIENT 1	CLIENT 2
What is the value of your life cover?		
Have you completed a letter of wishes or nomination with the life cover provider? If so, please provide the name(s) and proportions for the beneficiaries.		
What is the value of the death benefits from your pension?		
Have you completed a letter of wishes or nomination with the pension provider? If so, please provide the name(s) and proportions for the beneficiaries.		
What is the value of your death in service benefit? A death in service benefit is a lump sum payment which may be made by your employer if you are employed by them at the date of your death.		
Have you completed a letter of wishes or nomination with the death in service provider? If so, please provide the name(s) and proportions for the beneficiaries.		



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OTHER ASSETS		
Please provide further details including the approximate values of any of the following that you may have		
	CLIENT 1	CLIENT 2
Shares in a Private Company. Please provide the name of the company, your percentage holding, and any shareholder agreement.		
Interest in a Partnership. Please provide the name of the partnership, your interest in it, and a copy of any partnership agreement.		
Sole Trader Business. Please confirm the nature of the business.		
Farm or Agricultural Assets. Please provide details of what the farm does.		
Overseas Property		
Gifts made by you over £3,000 in the last 7 years		
Have you created a trust or settlement in the last 14 years? If so, please confirm the date and amount transferred into the trust		
Any Trust or Settlement providing you with an income/home		
Any homes sold/gifted/bought by you since 08/07/2015		



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ADDITIONAL INFORMATION



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YOUR NEW WILL		
FUNERAL WISHES		
	CLIENT 1	CLIENT 2
Burial		
Cremation		
Woodland/Ecological		
Other Requests		

If you wish to donate your body to research, please contact the London Anatomy Office, 020 7848 8042 or visit <https://www.kcl.ac.uk/lsm/study/departments/anatomy/lao/donation/index>

If you wish to donate your organs for transplant, please sign up to the Organ Donation Register, 0300 123 23 23 or visit <https://www.organdonation.nhs.uk/>

POSITIONS OF RESPONSIBILITY IN YOUR WILL		
<p>Executors are responsible for dealing with your estate when you die and making sure that your beneficiaries receive the correct inheritance. They can be beneficiaries under your Will. You can have up to four acting together. In some situations, you will need at least two Executors and we will discuss this in our meeting.</p>		
EXECUTORS		
If you have completed this for two people, do you wish to be each other's Executor on the first death?		
Name of additional Executors	Address	Relationship to you
Would you like your Executors to seek advice from Mayo Wynne Baxter regarding the administration of your estate?		



GUARDIANS

These are the people who will look after your children if anything happens to you (and your children's other parent) whilst your children are aged under 18. Please discuss this with the other parent and proposed guardian(s) before appointing any testamentary guardians in your Will

Name of Guardian(s)	Address	Relationship to you

GIFTS IN YOUR WILL

SPECIFIC ITEMS

We recommend leaving a list of gifts of personal possessions which you can update as often as you like

Do you wish to leave a list?

Please complete below if you wish to include specific items in your Will. If you change your mind on these you will need to change your Will.

YES/NO

Item	Recipient details

CASH GIFTS

Please give details of cash legacies you wish to make, either to individuals, or to a group such as grandchildren, including whether the recipient can inherit immediately, or must reach a particular age, e.g. 18/21/25

Name / description and address of recipient	Sum	Age to inherit

PROPERTY GIFTS



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Please give details if you wish to leave a property directly to a beneficiary

Address of property	Recipient name and address	Who should pay any outstanding mortgage on this property?

GIFT OF RESIDUARY ESTATE

Your residuary estate is what is left after all the other gifts, tax, funeral and administrative expenses are paid

If you are both making a Will, do you wish to give everything to each other first	YES/NO
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Name of beneficiaries	Address if not provided above	Relationship to you	Age to inherit	Percentage or share

What would you want to happen if any of your beneficiaries die before you? Please give details (e.g. divided between the others / to their own children):

OTHER POINTS TO CONSIDER



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If you are not an existing client of MWB, how did you hear about us?	
Do you have any children or step-children or other family members or dependents you are not including in your Will?	
If so, please provide details	
Do you maintain anyone financially?	
Are any of your beneficiaries in your Will disabled?	
Are any of your beneficiaries receiving means tested benefits?	
Have you made any binding promise to leave assets to anyone?	
Are any of your beneficiaries likely to become divorced or bankrupt in the near future?	
Do you have a Lasting or Enduring Power of Attorney?	

ADDITIONAL INFORMATION Is there anything else you would like us to know?



TO BE COMPLETED BY THE ADVISER AT THE MEETING

Who brought the client to the appointment?	
Who was in the room during the meeting?	
<p>Record your consideration of capacity</p> <p>Does the client have any formal diagnosis? Is the client taking any medication? How might this impact their ability to make decisions?</p> <p>Confirm that the testator can: (a) understand the information relevant to the decision, (b) retain that information, (c) use or weigh that information as part of the process of making the decision, or (d) communicate his decision (whether by talking, using sign language or any other means).</p> <p>Banks v Goodfellow Must appreciate the nature and consequences of making a Will; Must be able to understand the extent of his/her property; Should be able to consider any “moral” claims to their estate (e.g. from their surviving spouse or child); and Must not be affected by any disorder of mind or any insane delusions</p>	
Record your consideration of influence.	
Who completed the questionnaire?	
Is there anyone who may have a claim under IPFDA 1975 on the estate?	



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