

K i n s e l l a C l a r k e

C h a r t e r e d A c c o u n t a n t s

61 Stanley Road Bootle L20 7BZ Tel: 0151 933 3400

Instructions for the Preparation of Will(s)

1. Personal Details

Self

Full Name:

Address:

.....

.....Post Code:

Date of Birth: Nationality:

Occupation:

Telephone: Home Mobile

Email:

Partner/Spouse

Full Name:

Address:

.....

.....Post Code:

Date of Birth: Nationality:

Occupation:

Telephone: Home Mobile

Email:

Children(s) Full Names

Date(s) of Birth

.....

.....

.....

.....

Are any of these children from a previous marriage/relationship?

.....

.....

.....

2. Further Information

Delete as appropriate

Is your estate worth more than the Inheritance Tax Threshold? Self / Spouse / Joint

Are you a partner in a firm/director of a company? Self / Spouse

Are you currently the beneficiary of a trust, whether or not you receive income from it? Self / Spouse

Have you made any gifts over £3,000 in any of the last 7 years? Self / Spouse

Are you supporting anyone financially who you have not named as a beneficiary in your Will? Self / Spouse

Do you have any foreign assets? Self / Spouse

2(a) Your Property

Approximate value of your property £

Mortgage outstanding £

3. Your Funeral Wishes

Do you wish to be: (delete as appropriate)

Self: Cremated / Buried Spouse: Cremated / Buried

4. Your Executors (the person responsible for dealing with your estate)

The Partners in this firm will be the Executors of your Will. If you wish to add another person(s) please give full name(s) and address(es)

Additional Executors:
.....
.....
.....

5. Guardian(s) (Required if any of your children are under the age of 18)

Full Name:

Address:

.....Post Code:

Full Name:

Address:

.....Post Code:

6. Residue The remainder of your estate after legacies and debts have been paid.

Do you want to leave everything to each other in the first instance? Yes / No

If both you and your spouse have died, do you wish to leave everything to your children? Yes / No

6 (a) Other Beneficiaries Please give details of any other Beneficiaries or specific legacies

Name of Beneficiary / Charity:

Address:

.....Post Code:

Amount / Item:

Name of Beneficiary / Charity:

Address:

.....Post Code:

Amount / Item:

7. Other Information Please use this section to provide any further information

Signature(s)

Self:

Spouse:

Date:

Date:

Please return your completed Wills Questionnaire to:
Kinsella Clarke Chartered Accountants, 61 Stanley Road, Bootle, Merseyside L20 7BZ
Tel: 0151 933 3400 Fax: 0151 922 3463 Email: admin@kinsellaclarke.co.uk