

SECOND EXECUTOR (if applicable)

FULL NAME	
ADDRESS	
RELATIONSHIP TO TESTATOR	

THIRD EXECUTOR (if applicable)

FULL NAME	
ADDRESS	
RELATIONSHIP TO TESTATOR	

SUBSTITUTE EXECUTOR (in the event that aforementioned predecease Testator)

FULL NAME	
ADDRESS	
RELATIONSHIP TO TESTATOR	

SECOND SUBSTITUTE EXECUTOR (if applicable)

FULL NAME	
ADDRESS	
RELATIONSHIP TO TESTATOR	

ASSETS

Please complete the Schedule of Assets & Liabilities at the end of this Questionnaire.

By completing those details it will enable us to advise you more accurately on the type of structure that best suits your requirements.

Do your assets (including your home) when combined with those assets of a spouse or partner exceed the current Inheritance Tax

threshold of £325,000.00?

YES NO

(If "Yes" : we advise you to contact Jan Lawrence on 01296 620443 or jan@dc-kaye.co.uk to arrange for an personal or telephone appointment with either Robert Cartmell or Lucy Pankhurst for advice on adopting a trust structure in your Wills)

GIFTS OF MONEY (including gifts to charities)

AMOUNT	TO (full name and address)	CONDITIONS (if any, eg age)

Continue below or on a separate sheet if necessary

GIFTS OF ITEMS

ITEM DESCRIPTION	TO (full name & address)	CONDITIONS (if any)

Continue on separate sheet if necessary

REMAINDER OF ESTATE

Prior to the distribution of your Estate, your Executors will pay your funeral expenses, settle any outstanding debts, Inheritance Tax and pay specific legacies as stated above.

Please detail below to whom the remainder of the Estate (the “residue”) is to be given. There is no need to complete the percentage column if you wish the residue to be divided equally amongst the recipients.

I wish to leave the remainder of my Estate to:

SPOUSES

WE ASSUME YOU WISH TO LEAVE THE MAIN RESIDUE OF YOUR ESTATE TO EACH OTHER FIRST – UNLESS YOU SPECIFY BELOW. THE RECIPIENTS BELOW WILL BE THOSE WHO YOU WISH TO INHERIT YOUR ESTATE FOLLOWING YOUR SPOUSE.

PLEASE ALSO NOTE: to protect your estate for your children on your spouse’s death, you need to consider Discretionary or Life-Interest Trusts. Please confirm if you would like advice on this protection. YES NO

RECIPIENTS OF THE RESIDUE

NO	FULL NAME	ADDRESS	PERCENTAGE
1			
2			
3			
4			
5			

Continue below or on a separate sheet if necessary

If the above beneficiaries are children – would you wish for their share to pass to your grandchildren should the children predecease you? YES NO

FURTHER SUBSTITUTE BENEFICIARIES

If my main recipients above die before me or fail to survive me for 28 days, I wish to leave the remainder of my Estate as detailed below:

RECIPIENTS OF THE RESIDUE

FULL NAME	ADDRESS	PERCENTAGE

Continue below or on a separate sheet if necessary

Do you have any financial dependants (eg spouse, former spouse, partner, children) who you do not wish to benefit under your Will: YES/NO (If yes please complete the following table)

NAME OF DEPENDANT	REASON FOR EXCLUSION

Continue below or on a separate sheet if necessary

GUARDIANS FOR CHILDREN (under 18 years of Age)

FIRST GUARDIAN

FULL NAME	ADDRESS

SECOND GUARDIAN

FULL NAME	ADDRESS

If the people named above are unable or unwilling to act, do you wish to make a substitute appointment?

FIRST SUBSTITUTE GUARDIAN

FULL NAME	ADDRESS

SECOND SUBSTITUTE GUARDIAN (if applicable)

FULL NAME	ADDRESS

FUNERAL ARRANGEMENTS

Please note that there is no requirement to refer to funeral arrangements in your will. However provision can be made if you so desire.

Do you wish to leave your body for medical research? YES NO

Do you wish to donate your organs for transplantation? YES NO

If so, do you wish to donate all your body? YES NO

If no, please specify which parts of your body you wish to donate

FUNERAL ARRANGEMENTS continued

I would like to be (delete as appropriate) BURIED CREMATED NO PREFERENCE

Please detail any other requirements below, eg place of burial etc.

WILL STORAGE

Would you like us to store your original Will? (With copies provided to you) YES / NO

(Once only charge of £25.00 plus VAT)

MISC INFORMATION/INSTRUCTIONS

Please provide any further instructions on this Page:

STATEMENT OF ASSETS AND LIABILITIES

(To be held confidentially on your behalf. This is to help us best advise you on such matters as Inheritance Tax and care fees planning within your Wills)

NAME: _____

ASSETS

(i) Properties

How is the property held?

- (a) In your sole name
- (b) Joint names as joint tenants
- (c) Joint names as tenants in common

(Please state the name of joint owner and Percentage share owned by you each)

Is there a mortgage against the property?

Is there a life policy to clear mortgage?

Estimated Value _____ £

(ii) Savings and Investments in your sole name or joint names

- Bank and B Soc savings and ISAs
- NS&I Holdings
- Shares

Estimated Value _____ £

(if joint holdings, please specify)

(iii) Life Assurance Policies

Any mortgage protection policies?

(if joint holdings, please specify)

Estimated Value _____ £

(iv) Pensions

(Any death-in-service provision)

(Are the policies written into Trust? -If you have a copy of any Trust documents or provisions please supply them)

Estimated Value _____ £

(v) Chattels, jewellery, cars, paintings

(if jointly owned, please specify)

Estimated Value _____ £

LIABILITIES (For joint debts, please specify)

1. Mortgages

Estimated Value _____ £

2. Credit Cards

Estimated Value _____ £

3. Other debts

Estimated Value _____ £

4. Funeral (protection policies?)

Estimated Value _____ £

FOR ESTATE & INHERITANCE TAX PLANNING PURPOSES

PLEASE CONSIDER COMPLETING THE FOLLOWING INFORMATION TO ASSIST IN US ADVISING YOU FURTHER ON MAKING LIFETIME GIFTS FOR TAX PLANNING OR FOR CARE FEES PLANNING.

INCOME (per annum)

State Pension income	£
Private Pension income	£
Employment Income	£
Self-Employed income	£
Rental income	£
Dividends	£
Interest on monies in bank	£
Total	£

OUTGOINGS (per annum)

Mortgage payments/Rent	£
Loan repayments	£
Household expenses	£
Other obligations	£
Nursing or Care fee payments	£
Total	£