

**THE WILLS REGISTER  
CONFIDENTIAL QUESTIONNAIRE**

Helpline 01303 248644



Please indicate here if this is to be an individual or two Mirror Wills

Individual/Mirror\*

*\* Delete as appropriate*

**Please note that The Wills Register service does not extend to supervising the signing and witnessing of the will.** Although any independent adults, who re not benefiting under the Will or married to someone who benefits, may act as witnesses, it is recommended that a will made by an elderly testator should be witnessed by a doctor satisfied that the testator has the required capacity and understanding.

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The information you provide on this form constitutes the basis of our instruction for drawing up your will.

Please read the questions and accompanying notes carefully before answering.

**Please answer in BLOCK CAPITALS. Include FULL NAMES throughout the Questionnaire (i.e. Christian Names and Surnames)**

All questions must be answered, (write "NO" "NONE" or "NOT APPLICABLE" if appropriate).

| <b>SECTION 1</b>                          | <b>YOUR PERSONAL DETAILS</b>                                     |
|---|--|
| (a) Your surname                          | <input type="text"/>   |
| (b) Your full forenames                   | <input type="text"/>   |
| (c) Any other name by which you are known | <input type="text"/>   |
| (d) Sex                                   | <input type="text" value="Male/Female*"/>                        |
| (e) Your address                          | <input type="text"/><br><input type="text" value="Postcode"/>    |
| (f) Your telephone number                 | <input type="text"/>   |
| (g) Your date of birth                    | <input type="text"/>   |
| (h) Your marital status                   | <input type="text" value="Single, Married, Divorced, Widowed*"/> |

| <b>SECTION 2</b>  | <b>DETAILS OF YOUR SPOUSE/PARTNER</b><br>(write "NOT APPLICABLE" if appropriate) |
|---|--|
| (a) Surname   | <input type="text"/>   |
| (b) Full forenames  | <input type="text"/>   |
| (c) Any other name by which known                           | <input type="text"/>   |
| (d) Sex   | <input type="text" value="Male/Female*"/>  |
| (e) Address   | <input type="text"/><br><input type="text" value="Postcode"/>                    |
| (f) Date of birth   | <input type="text"/>   |
| (g) Do you expect to marry your partner in the near future? | <input type="text" value="Yes/No/Not applicable*"/>                              |

\* Delete as appropriate

**SECTION 3**

**DETAILS OF YOUR CHILDREN**  
(write "NOT APPLICABLE" if appropriate)

(a) Number of children

(b)

| Full names | Address | Date of Birth | **see below |
|------------|---------|---------------|-------------|
|            |         |               |             |
|            |         |               |             |
|            |         |               |             |
|            |         |               |             |
|            |         |               |             |
|            |         |               |             |
|            |         |               |             |
|            |         |               |             |

**\*\* For each child please indicate which spouse or partner is parent**

(c)

**ILLEGITIMATE AND ADOPTED CHILDREN**

Do you wish to exclude illegitimate and adopted children from benefiting under your will?

\* Delete as appropriate

**SECTION 4**

**OTHER DEPENDENTS**

(a) Are there any persons other than those mentioned in section 2 and 3 who might consider themselves to be dependent on you?

(b) If yes please provide details

| Full names | Address |
|------------|---------|
|            |         |
|            |         |
|            |         |

\* Delete as appropriate

**SECTION 5****YOUR EXECUTORS**

(a) Do you wish to appoint your spouse/partner as one of your Executors?

Yes/No/Not Applicable\*

Please enter full names and address of those you wish to appoint as executors to act jointly with the surviving spouse/partner if applicable.

Name

Address

|                             |          |
|-----------------------------|----------|
| The Executor Company Yes/No | Postcode |
|-----------------------------|----------|

|  |          |
|--|----------|
|  | Postcode |
|--|----------|

\* Delete as appropriate

**SUBSTITUTE EXECUTORS**

If any of the above die before you or are unable or unwilling to act as your Executors when you die who do you wish to appoint in their place?

The following will only act as executors in substitution and in order of priority.

Name

Address

1ST

|                             |          |
|-----------------------------|----------|
| The Executor Company Yes/No | Postcode |
|-----------------------------|----------|

2ND

|                             |          |
|-----------------------------|----------|
| The Executor Company Yes/No | Postcode |
|-----------------------------|----------|

**SECTION 6**

**FUNERAL WISHES**

(a) Do you wish to make any funeral directions in your will?

IF YES

(b) Do you wish

a. To be buried  
or

b. To be cremated  
or

c. To donate your body for the treatment of others and for medical education or research

Tick box\*

\* Delete or Tick as appropriate

**SECTION 7**

**GUARDIANS OF MINOR CHILDREN**

Please read notes the relating to guardians carefully before completing this section.

Do you wish to appoint guardians for your children?

Yes/No/Not applicable\*

Full names of Guardians

Address

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|                      | Postcode             |

**AND**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|                      | Postcode             |

\* Delete as appropriate

**SECTION 8**

**SPECIFIC LEGACIES**

(a) Do you wish to give any specific legacies?

|        |
|--------|
| Yes/No |
|--------|

IF NO TURN TO SECTION 9

**IF YES**

(b) Do you wish these to take effect only if your spouse/partner does not survive you? i.e. only after the 2<sup>nd</sup> death.

|                        |
|------------------------|
| Yes/No/Not applicable* |
|------------------------|

(c) **Full Description of Item being given    Name and Address of Beneficiary**

|       |  |  |
|-------|--|--|
| (i)   |  |  |
| (ii)  |  |  |
| (iii) |  |  |
| (iv)  |  |  |
| (v)   |  |  |
| (vi)  |  |  |
| (vii) |  |  |

\* Delete as appropriate

**SECTION 9**

**CASH LEGACIES**

(a) Do you wish to give any cash legacies?

|         |
|---------|
| Yes/No* |
|---------|

IF NO TURN TO SECTION 10

**IF YES**

(b) Do you wish these to take effect only if your spouse/partner does not survive you? i.e. only after the 2<sup>nd</sup> death.

|                        |
|------------------------|
| Yes/No/Not applicable* |
|------------------------|

(c) **Amount in Words** **Name and Address of Beneficiary**

|       | <b>Amount in Words</b> | <b>Name and Address of Beneficiary</b> |
|-------|------------------------|--|
| (i)   |                        |  |
| (ii)  |                        |  |
| (iii) |                        |  |
| (iv)  |                        |  |
| (v)   |                        |  |
| (vi)  |                        |  |
| (vii) |                        |  |

\* Delete as appropriate

**SECTION 10(A)**

**GIFT OF RESIDUARY ESTATE**

(a) Do you wish to leave all your Residuary Estate to your spouse/partner?

Yes/No/Not applicable\*

IF NO/NOT APPLICABLE TURN TO SECTION 10(B)

**IF YES**

(b) If your spouse/partner dies before you, do you want your Residuary Estate to go to all your children, in equal shares, including those born in the future?

Yes/No/Not applicable\*

IF NO/NOT APPLICABLE TURN TO SECTION 10(C)

**IF YES**

(c) If your spouse/partner has children from a previous relationship do you want these to benefit to the same extent as your own children?

Yes/No/Not applicable\*

**IMPORTANT** PLEASE ANSWER NOT APPLICABLE IF NEITHER SPOUSE HAS CHILDREN FROM A FORMER RELATIONSHIP

IF NO/NOT APPLICABLE TURN TO SECTION 11

**IF YES**

Which spouse/partner has children from a former relationship?

TURN TO SECTION 11

\* Delete as appropriate

**SECTION 10(B)**

**GIFT OF RESIDUARY ESTATE cont...**

(a) Do you want to leave your Residuary Estate to all your children (including those born in the future) in equal shares?

Yes/No/Not applicable\*

IF NO/NOT APPLICABLE TURN TO SECTION 10(C)

**IF YES**

(b) If your spouse/partner has children from a previous relationship, do you want these to benefit to the same extent as your own children?

Yes/No/Not applicable\*

**IMPORTANT** PLEASE ANSWER NOT APPLICABLE IF NEITHER SPOUSE HAS CHILDREN FROM A FORMER RELATIONSHIP

IF NO/NOT APPLICABLE TURN TO SECTION 11

**IF YES**

Which spouse/partner has children from a former relationship?

\* Delete as appropriate

**SECTION 10(C)**

**GIFT OF RESIDUARY ESTATE cont...**

Do you want to leave your Residuary Estate to all members of a single category of relatives in equal shares?

Yes/No\*

IF NO TURN TO SECTION 10(D)

If yes please indicate which category Tick **ONE** box

Your brothers and sisters

Your parents

Your nephews and nieces

Your first cousins

Your uncles and aunts

**N.B.** This section is only applicable if this questionnaire is being used for a Single Will.

If for Mirror Wills fill in details in 10(D)

\* Delete as appropriate

**SECTION 10(D)**

Please specify persons/charities to benefit

|      | Name | Address | Share** |
|------|------|---------|---------|
| (i)  |      |         |         |
| (ii) |      |         |         |
| (ii) |      |         |         |
| (iv) |      |         |         |
| (v)  |      |         |         |

\*\* Share must be expressed as a fraction and totalled to equal 1.  
You have now completed this section of the questionnaire. Please turn to section 11.

**SECTION 11****THE ULTIMATE GIFT OVER CLAUSE**

**You may wish to make provision to deal with the possibility of *none* of the beneficiaries whom you have previously specified surviving you. In this section you should set out the name of the charity or individual who should benefit in this event.**

If you do not wish to make any such provision please write 'None' in the space provided.

**SECTION 11****THE ULTIMATE GIFT OVER CLAUSE**

In the event of none of the persons you have specified in Section 10 surviving you, you wish your Residuary Estate to go to:

|      | Name | Address | Share** |
|------|------|---------|---------|
| (i)  |      |         |         |
| (ii) |      |         |         |
| (ii) |      |         |         |
| (iv) |      |         |         |
| (v)  |      |         |         |

\*\* Share must be expressed as a fraction and totalled to equal 1.

**THE WILLS REGISTER AGREEMENT**

1. I/we understand that the Wills Register will draft my/our last Will & Testament solely from the information I/we have supplied in this questionnaire.
2. I/we have personally completes this questionnaire and confirm that it is an accurate record of my/our testamentary wishes.
3. I/we have read the notes accompanying this questionnaire.
4. I/we enclose my/our payment in the sum of  in respect of the drafting fee.

|        |      |
|--------|------|
| Signed | Date |
|--------|------|

|        |      |
|--------|------|
| Signed | Date |
|--------|------|

THE QUESTIONNAIRE REMAINS THE PROPERTY OF THE WILLS REGISTER  
THE WILLS REGISTER is a trading name of South Eastern Estates Ltd. P.O. Box 331,  
Folkestone Kent CT20 2GH  
Registration Number 1917371. Established 1985.

**WHERE TO STORE YOUR WILL**

By taking advantage of the unique ‘Will Care Lifelong Service’ you not only enjoy all the benefits of the Will Safe Storage facility, but you will also have the ability to re-write your Will at any time in the future free of charge.\*

If you are single and subsequently marry, your new Will and your spouse’s Will is free of charge.

The Will Care Lifelong service should be a serious consideration for all. You can only see so far ahead when making a Will and circumstances do change.

For single or mirror Wills the cost of the Will Care Lifelong Service is only £14.95 per annum.

Simply complete the standing order mandate and return it with your completed Will questionnaire.

\* (A small service charge may be levied if more than once every two years)

