###### **WILLS INFORMATION FORM**

###### ***Standard Single Will Fee****: £115.00 + VAT /* ***Standard Joint Wills Fees:*** *£135.00 + VAT*

Please supply the following information preferably typed and emailed to the following email address *solicitor@GrahamColleySolicitor.com* at least 2 days/48 hours before the meeting**.**

**PLEASE COMPLETE ALL RELEVANT SECTIONS**

**Appointment Date and Time**

|  |  |  |  |
| --- | --- | --- | --- |
| Date : |  | Time : |  |

**Client 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Title : |  | Full name: |  |
|  |
| Date of Birth : |  | Date of marriage / *Commencement of cohabitation :* |  |
|  |
| Address : |  |
|  |  |
| Email: |  |
|  |
| Phone Number : |  | Mobile: |  |

**Client 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Title : |  | Full name: |  |
|  |
| Date of Birth : |  | Date of marriage / *Commencement of cohabitation :* |  |
|  |
| Address : |  |
|  |  |
| Email: |  |
|  |
| Phone Number : |  | Mobile: |  |

**Children**

|  |  |  |  |
| --- | --- | --- | --- |
| *Child 1 –*Full Name : |  | Date of Birth : |  |
|  |  |  |  |
| *Child 2 –*Full Name : |  | Date of Birth : |  |
|  |  |  |  |
| *Child 3 –*Full Name : |  | Date of Birth : |  |
|  |  |  |  |
| *Child 4 –*Full Name : |  | Date of Birth : |  |

**If you have no spouse or children please confirm your “next of kin”**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship : |  |

**Executors**

We recommend at least two executors, in addition to your spouse/partner. They should be UK based and over 18 years old. They can be beneficiaries, but must not be witnesses to your Will.

*(The people responsible for winding up your affairs after you have passed away)*

|  |  |
| --- | --- |
| **Executor 1** | **Executor 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Title : |  | Title : |  |
|  |  |  |  |
| Full Name : |  | Full Name : |  |
|  |  |  |  |
| Address  |  | Address :  |  |
|  |  |  |  |
| Mobile Number : |  | Mobile Number : |  |
|  |  |  |  |
| Phone Number : |  | Phone Number : |  |
|  |  |  |  |
| Relationship : |  | Relationship : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I/we would like Graham Colley to be an additional Executor?***(Mark your answer with an* ***X****)* | **Yes:** |  | **No:** |  | **Discuss:** |  |
|
| *(In cases where there are exclusions , inheritance tax issues or possible disagreements between executors and beneficiaries you should consider a professional executor in addition to family or friends as an executor)*  |

|  |
| --- |
| **Gifts of money or property to beneficiaries***Amount (words and figures) or full description of asset (items of less than £5000 value are not normally listed in the Will(For each beneficiary please give, full name, address & relationship)* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any close relatives being excluded?** | **Yes:** |  | **No:** |  |
| ***(Mark your answer with an X)****Yes /No If yes please give details (This can include any spouse, partner or children )* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you planning on bringing any one to the meeting with you?** | **Yes:** |  | **No:** |  |
| ***(Mark your answer with an X)*** *(If yes please state their full name and relationship to you) Additional fees will apply.* |
|  |
| Full Name: |  | Relationship : |  |

|  |
| --- |
| Assets / Inheritance Tax Record |
| **Please provide approximated figures on your assets below** |
| **Real Estate** | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Value of Main Residence** |  |  |  |
| **Details of any outstanding mortgage** |  |  |  |
| **Details of any other homes** |  |  |  |
| **Policies**  | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Details of Life insurance/annuities** *(Including company length premium or whether it is in trust)* |  |  |  |
| **Details of any death in service policies** |  |  |  |
| **Details of Expression of Wishes / any nominations given related to your policies** |  |  |  |
| **Cash** *Assets (Approx. Values)* | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Building Society / Bank****ISA’s / Bonds / Investments ect** |  |  |  |
| **Income** | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Are you Employed / Self-employed / Retired?** |  |  |  |
| **Details of any Income****Salary / Pensions** |  |  |  |
| **Details of any Partnership / Business you own** |  |  |  |
| **Details of any future legacies you may receive** |  |  |  |
| **Other:** | **You ( Client 1)** | **Partner (Client 2)** | **Joint** |
| **Total value of Personal Belongings such as:*****House Contents, Jewellery, Cars /Caravans etc.*** |  |  |  |