



## **Probate Information Documents**

**This document includes the following information**

- Appointment Letter
- Probate Information Form
- Map

XXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX

Date:

Dear

Appointment:

Thank you for booking an appointment with us at your home.

Let me express my condolences to you.

Please accept this as acknowledgement of receipt of £30.00 (inc. VAT) of your non-refundable deposit for the appointment.

Should there be any problems, please use the telephone number 01634 838656. Please note that our core office hours are 10.30am-4.30pm Monday-wednesday.

We forward to hearing from you.

Best wishes

*Graham Colley*

**Remember:**

- 1. To send in advance a fully completed typed** Instruction form (preferably by email so we cut & paste limiting data input errors) at least 48 hours before the appointment.
- 2. To have at the appointment: proof of identity and address** (A Passport and/or driving licence and an up to date utility bill for each for each client if more than one)
- 3. To have at the appointment: The original will** for us to check, copy and return to you
- 4. To have at the appointment: The original Death Certificate (and birth and marriage Certificates, if available) Available Details/Statements of all assets/liabilities.**
- 5. To have at the appointment: Your cheque book/debit card** for the balance of the fee

The non-refundable deposit is to reserve the appointment. If you cancel at the last moment we will be unlikely to fill the appointment with another client. We will rearrange the appointment, if you give us three days (72 hours) notice. (Please ensure you receive an acknowledgement within this period to ensure there is no dispute as to whether a message was received). After that period, we will rearrange without cost on production of a medical certificate. If the appointment is rearranged for another reason, a £10 credit will be given in reduction of making a further appointment.

Your attention is drawn to my client care information that can be found on my website [www.GrahamColley-Solicitor.co.uk](http://www.GrahamColley-Solicitor.co.uk)

## PROBATE INFORMATION FORM

Please supply the following information preferably typed and emailed to the following email address [solicitor@GrahamColleySolicitor.com](mailto: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** *(if Applicable)*

Title : \_\_\_\_\_ Full name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Date of marriage / *Commencement of cohabitation* : \_\_\_\_\_

Address : \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Mobile: \_\_\_\_\_

### **Deceased Details**

Title : \_\_\_\_\_ Full name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Date of marriage : \_\_\_\_\_

Address : \_\_\_\_\_ Town: \_\_\_\_\_

Post code : \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Date of Death : \_\_\_\_\_ Age at Death : \_\_\_\_\_

Occupation : \_\_\_\_\_

Was the home owned by the deceased? Yes :  No :

In sole name or if jointly with whom : Sole Name :  Jointly :

Full name : ( If Jointly ) \_\_\_\_\_

**Deceased Relatives**

**Names of Relatives ( Spouse / Children / Grandchildren :**

**Are any Brothers/Sisters/Parents Living :**

**Contact Preferences**

If you do not indicate your agreement for us to make contact with you, we may be unable to provide you with details of products and/or services that may suit your needs and circumstances. We would like to maintain a record of your express consent for us to contact you by telephone, SMS, email for marketing our products or services that we think may be of interest to you. Please indicate your consent to us contacting you by any of the means specified below: **(Please mark how you would like to be contacted)**

Client 1: Phone  | SMS  | Email  |  
Post

Client 2: Phone  | SMS  | Email  | Post

Sign/Print Name:

Sign/Print Name:

***(Please see next page for assets and liabilities)***

**Assets and liabilities of the estate**

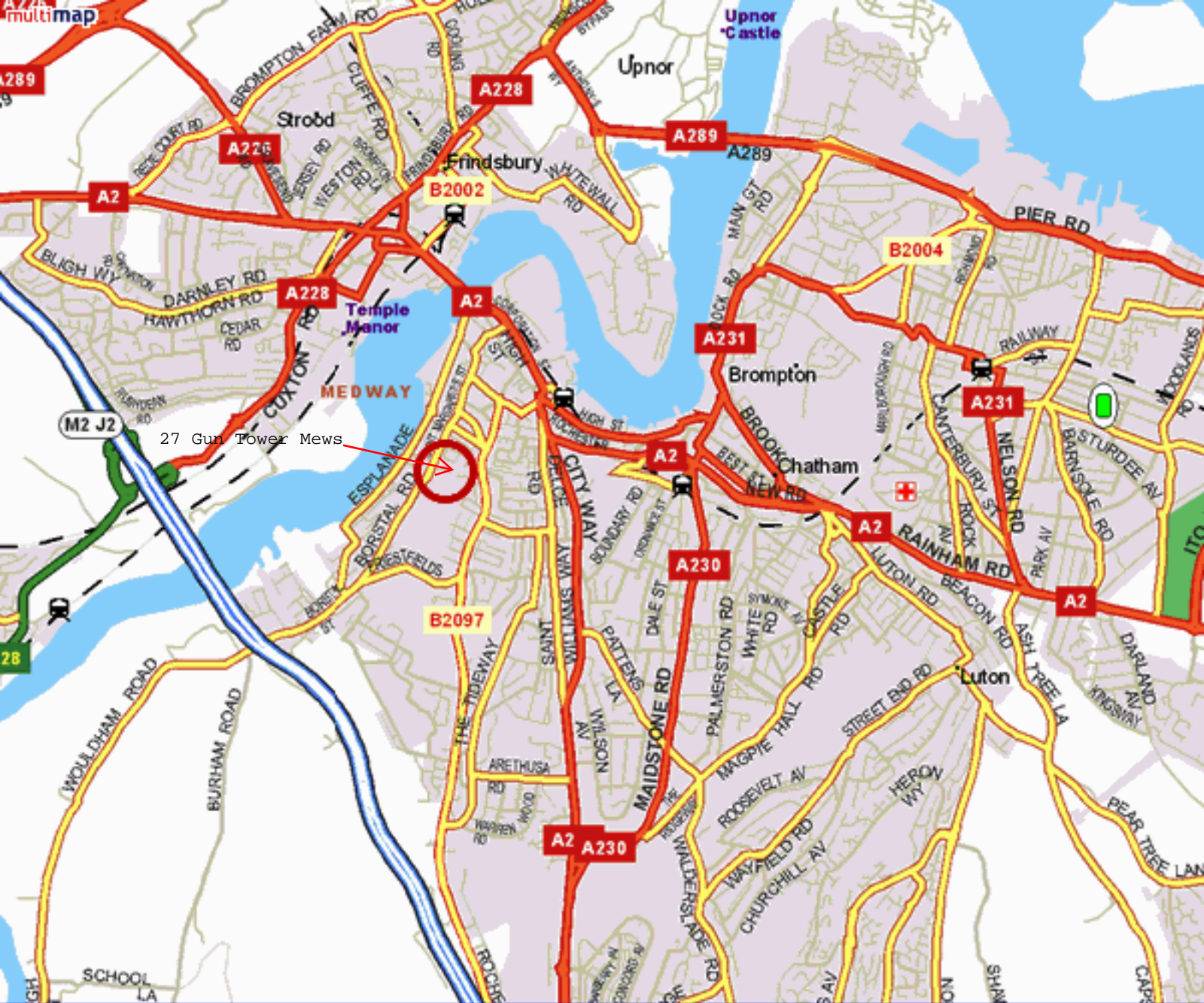
Please complete with as much detail as you are able:

	Details	Amount at death	Tick if an estimate
Cash			
money in banks, building societies			
National Savings			
ISAs etc			
Other			
Household and personal goods			
Stocks and shares quoted			
Stocks and shares not quoted on the Stock Exchange			
Insurance policies, and mortgage protection policies			
Money owed to the person who has died			
Partnership and business interests			
Value of home residence			
Other freehold/leasehold residential property			
Other assets forming part of the estate			
Gifts and other lifetime transfers made within 7 years			
Details of Any Joint assets or bank/savings accounts	Name of joint holder		
Assets held in trust for the benefit of the deceased			
	<b>Total Assets</b>		
Liabilities/Debts of the estate			
Funeral expenses			
Mortgage /Share of mortgage on a joint property			
Other debts			
	<b>Total Liabilities</b>		
	<b>Assets less liabilities</b>		



27 Gun Tower Mews





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