**WILLS QUESTIONNAIRE**

**SELF SPOUSE/PARTNER**

**FULL NAME**

**ADDRESS**

**DATE OF BIRTH**

**NATIONALITY**

**CONTACT TELEPHONE**

**OCCUPATION**

**EMAIL ADDRESS**

**MARITAL STATUS**

**CHILDREN**

**FULL NAME DATE OF BIRTH ADDRESS**

**(including any middle names)**

**GRANDCHILDREN**

**FULL NAME DATE OF BIRTH ADDRESS**

**(including any middle names)**

*Note: Please indicate if any children are from a previous marriage*

**YOUR FUNERAL WISHES**

**DO YOU WISH TO BE BURIED OR CREMATED?**

**Self BURIAL / CREMATION**

**Spouse / Partner BURIAL / CREMATION**

**YOUR EXECUTORS**

**(These are the persons responsible for administering your Estate)**

**WOULD YOU LIKE TO APPOINT EACH**

**OTHER IN THE FIRST INSTANCE YES / NO**

**WHO WOULD YOU LIKE TO ACT IF THE**

**ABOVE NAMED IS UNABLE TO ACT?**

**Name(s) Address Relationship to You**

**1.**

**2.**

***\*Please select 2 options in the case the 1st person is unable to act***

**GUARDIAN(S)**

**An appointment of a guardian is recommended if you have children under the age of 16**

**WHO WOULD YOU LIKE TO APPOINT AS GUARDIAN(S)?**

**Name(s) Address Relationship to You**

**LEGACIES**

**DO YOU WISH TO LEAVE ANY CASH SUM(S) OR SPECIFIC ASSETS TO ANY INDIVIDUAL PERSON, PERSONS OR CHARITIES?**

**NAME ADDRESS SUM / ASSET**

**RESIDUE**

**(The residue of your Estate is what is left after payment of all debts, funeral expenses, taxes, legacies and administration costs)**

**DO YOU WISH THE RESIDUE OF YOUR ESTATE TO PASS**

**TO YOUR SPOUSE / PARTNER ON THE 1ST DEATH? YES / NO**

**IF THE ANSWER TO THE QUESTION IS NO WHO DO YOU WISH THE RESIDUE TO PASS TO?**

**NAME ADDRESS RELATIONSHIP TO YOU**

**IF BOTH YOU AND YOUR SPOUSE / PARTNER HAVE DIED TO YOU**

**WISH THE RESIDUE TO PASS TO YOUR CHILDREN? YES / NO**

**IF CHILDREN NOT SURVIVING DO YOU WISH THE RESIDUE TO**

**PASS TO YOUR GRANDCHILDREN? YES / NO**

**IF YES – ON ATTAINING THE AGE OF:- 16 / 18 / 21 / 25**

**IF NEITHER YOUR SPOUSE / PARTNER NOR ANY CHILDREN OR GRANDCHILDREN HAVE SURVIVED YOU TO WHOM DO YOU WISH THE RESIDUE TO PASS?**

**NAME(S) ADDRESS**

**ADDITIONAL RELEVANT INFORMATION**

**PLEASE USE THIS PAGE TO PROVIDE ANY FURTHER INFORMATION YOU CONSIDER MAY BE RELEVANT TO YOUR WISHES.**

***Note: Please confirm if any beneficiary in your Will is subject to any mental or physical impairment or has someone else appointed to manage their affairs.***

**Signed …………………………… Signed …………………………..**

**Date ……………………………… Date ……………………………..**