



CLIENTS INSTRUCTION SHEET FOR DRAFTING A WILL

FULL NAME AND ADDRESS:

FORMER ADDRESSES: _____

TELEPHONE NUMBER:

DATE OF BIRTH: _____

PPS NUMBER: _____

OCCUPATION: _____

MARRIED/SINGLE/SEPARATED/WIDOW/DIVORCED: _____

HUSBAND'S/WIFE'S NAME: _____

PARTICULARS OF ANY INSTRUCTIONS AS TO FUNERAL/GRAVE/ARRANGEMENTS: _____

DO YOU HAVE A PREVIOUS WILL? YES/NO

IF YES, WHERE IS IT HELD? _____



WHO DO YOU WISH TO BE THE PERSON RESPONSIBLE FOR YOUR AFFAIRS AFTER YOUR DEATH?

YOUR RELATIONSHIP TO THE ABOVE PERSON? _____

WHO DO YOU WANT TO LEAVE YOUR PROPERTY/POSSESSIONS TO? (NAMES AND ADDRESSES)

PLEASE LIST ALL OF YOUR ASSETS

HAVE YOU EVER MADE A WILL BEFORE AND IF SO WITH WHAT SOLICITORS?

PLEASE OBTAIN A COPY OF ANY PREVIOUS WILLS

CHILDREN

NAMES

ADDRESSES

AGES

NOTES ON CHILDREN

ADOPTED/FOSTER/STEP-CHILDREN/NON-MARITAL CHILDREN: _____

OTHER CLOSE NEXT OF KIN/DEPENDANTS: _____

PARTICULARS OF ASSETS: _____

LIABILITIES: _____

HOUSE AND CONTENTS: _____

LOCATION OF DEEDS: _____

SHARES: _____

BANK ACCOUNTS: _____

JOINT PROPERTY: _____

PENSION SCHEME BENEFITS: _____

LIFE ASSURANCE: YES/NO

IF YES LOCATION OF POLICY DOCUMENTS: _____

ACCOUNTANT: YES/NO

IF YES NAME AND ADDRESS: _____

IF CHILDREN/SPOUSE NOT INCLUDED IN WILL PLEASE SET OUT REASONS FOR YOUR DECISION:

HAS SPOUSE EXECUTED WILL? YES/NO

WOULD YOU LIKE TO CONSIDER LEAVING MONEY/ITEMS TO A PARTICULAR CHARITY? YES/NO

IF YES, NAME AND ADDRESS OF THE CHARITY

