

**PROBATE & ESTATE QUESTIONNAIRE & DATA CAPTURE FORM**

Please complete the form (particularly sections 1, 2 and 7) below and return this to the Lawyer you are dealing with. The information you provide will be uploaded to our electronic data base. You will **not** be sent marketing information and your data will **not** be sold to a third party. In due course you will be provided with our full Privacy Policy. However, if you wish to see this now, please speak to your Lawyer.

The information you provide will help us to make an initial assessment of your needs and enable us to give you the best advice in light of your circumstances. It may be necessary to have a meeting to discuss the details.

It may be helpful to read the "Probate & Administering Estates" information leaflet before you complete this form.

**1. ABOUT YOU**

<b>Your full name</b>	<b>Your date of birth</b>		
	<b>Your telephone number</b>		
<b>Your full address</b> <i>(including postcode)</i>	<b>Are you the sole Executor/ Executrix?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Can we write to you at this address?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, use email	

If there are Executors other than yourself, we will need to liaise with them also, as any decisions which may need to be made may require you all to agree.

**2. ABOUT THE DECEASED**

<b>About:</b>			
<b>Name of deceased</b>		<b>Date of birth</b>	
<b>Home address</b>		<b>Date of death</b>	
		<b>Place of death</b> <i>(if hospital, date of admission)</i>	
<b>Occupation at date of death</b>		<b>National Insurance Number</b>	
<b>Marital status</b>	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced	<b>If married, date of marriage, or if divorced, date of decree absolute</b>	

Please note that if you instruct us we will require the original or certified copy of the death certificate and the original Will

### 3. THE DECEASED'S WILL AND ATTORNEY

Will & Attorney			
<b>Did the deceased leave a Will?</b>	<input type="checkbox"/> Yes, if yes please complete the rest of this section <input type="checkbox"/> No	<b>Date Will executed</b>	
<b>Where is the Will?</b> (copy / original)		<b>Any amendments, codicils, subsequent express or implied revocation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the deceased appoint an attorney via a general, enduring or lasting power of attorney?</b>		<input type="checkbox"/> Yes, please provide copy <input type="checkbox"/> No	

### 4. IF THE DECEASED LEFT A WILL, PLEASE COMPLETE THIS SECTION

	<i>Executor 1</i>	<i>Executor 2</i>	<i>Executor 3</i>
<b>Name of Executor(s)</b>			
<b>Address of Executor(s)</b>			
<b>Telephone of Executor(s)</b>			
<b>Email address of Executor(s)</b>			
<b>Date of birth of Executor(s)</b>			
<b>NI number of Executor(s)</b>			
<b>Relationship to the deceased</b>			

<b>Are all the Executors to act in the administration of the estate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are all the beneficiaries named in the Will alive and traceable?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any indication of possible intestacy?</b> ( <i>i.e. part of estate not included in Will, or gift under Will fails due to death of beneficiary but no substitute named</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are any beneficiaries below the age of entitlement?</b> ( <i>i.e. the age stated in the Will when they can inherit</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Who are the surviving relatives</b>	<b>Relative</b>	<b>Yes/no</b>	<b>Number of relatives</b>
	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Siblings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Grandchildren	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Dates of birth of any relatives under the age of 18 years</b>			

## 5. IF THE DECEASED WAS WIDOWED, PLEASE COMPLETE THIS SECTION

<b>Name of spouse who died first</b>		<b>Date and location (venue and town) of marriage</b>	
<b>Date of death of first spouse to die</b>		<b>Did the first spouse leave a will?</b>	<input type="checkbox"/> Yes, if yes who was their estate left to:  <input type="checkbox"/> No
<b>Was a Grant of Probate obtained on the first death?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What was the value of the estate of the first spouse to die?</b>	

## 6. IF THE DECEASED LEFT NO WILL, PLEASE COMPLETE THIS SECTION

<b>Who is/are the closest relative(s)?</b> <i>please see leaflet on who inherits in an intestacy situation</i>		<b>Will he/she/they act as administrator(s), or will someone more distantly related act?</b> <i>(i.e. next of kin being unable to act due to illness or infirmity). A Deed of Renunciation may be required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, if no please give details:
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## 7. THE DECEASED'S ASSETS

If known: Property and Land			
<b>Did the deceased own his/her home?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide address(es) and value	<b>Did the deceased own any other property(ies), holiday home(s), business or investment property(ies), land, or foreign property(ies) at the date of his/her death?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide address(es) and value

	Account/reference numbers	Value (£)
<b>Current account(s)</b>		
<b>Savings account(s)</b>		
<b>Shares/stocks</b>		

Investment bonds / unit trusts etc		
National Savings & Investments, ISA, Premium Bonds		
Private pension(s) / annuity(ies)		
Life policies		
Jewellery		
Household valuables ( <i>furniture, artwork etc</i> )		
Motor vehicles		

If known: Further information	
Leasehold property – details of Landlord / Management Company / Residents Association	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
Location of Title Deeds	
Location of share certificates	
Is there a safe-deposit box anywhere?	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
Who has keys for the property(ies)	
Is the property(ies) still insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any professional valuations needed? ( <i>property, shares, jewellery, personal effects</i> )	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
Are there any overseas assets ( <i>not already mentioned</i> )	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
Are all assets which are specifically gifted in the Will still available?	<input type="checkbox"/> Yes <input type="checkbox"/> No, if no please give details:

## 8. THE DECEASED'S LIABILITIES

	Account/reference numbers	Value (£)
Funeral account		
Wake, flowers, catering		
Household utilities (gas, electric, oil, water)		
Council tax		
Telephone, broadband, mobile		
TV licence		
Car, house insurance		
Personal loan(s) / debts		
Credit, store cards		
Mortgage(s)		
Nursing, Care home fees or arrears		
Overpaid pension, benefits		
Outstanding income tax liability		

### If known: Further information

Did the deceased file income tax returns?

Yes, if yes please give details:

No

<b>Did he/she have an accountant?</b>	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
<b>Please give income tax reference for HMRC</b>	
<b>Are there likely to be any further unknown creditors or potential claims made against the estate by disappointed relatives or friends or friends or relatives who might expect to be provided for?</b>	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
<b>Are there any assets held under a hire purchase arrangement?</b>	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
<b>Is sufficient liquid cash likely to be available for any inheritance tax payable?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 9. OTHER INFORMATION

<b>Are the gifts in the Will free from, or subject to tax?</b>	<input type="checkbox"/> Yes, if yes please give details: <input type="checkbox"/> No
<b>Did the deceased normally reside in the UK and/or pay UK taxes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any gifts to charities made?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was the deceased a beneficiary under or otherwise involved in any trusts?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are any beneficiaries undischarged bankrupts, or in receipt of means tested benefits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Lifetime gifts made by the deceased since 1986 to include gifts into Trust(s)</b>	<b>Amount (3)</b>	<b>Date</b>	<b>Recipient</b>

## 10. CONFIRMATION

### Where did you hear of us?

- branch drop-in    bus    CAB    internet    leaflet    newspaper/magazine  
 recommendation/referral    other – Will stored here    passing by    radio  
 sponsorship

I consent to the data provided above being stored by K J Smith Solicitors for the purposes of providing legal advice and assistance.

**Signed:** .....      **Dated:** .....

*Thank you for taking the time to complete this form. Please return it to our team by email to [ep&wm@kjsmith.co.uk](mailto:ep&wm@kjsmith.co.uk)*

*Our team will the contact you with the next steps but if you have any questions do not hesitate to contact them on 0118-418-1000.*

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