

WILL (MIRROR) QUESTIONNAIRE & DATA CAPTURE FORM

Please complete the form 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. Depending on your answers, it may be necessary to have a meeting to discuss the details. We hope that we have covered the main points, but if there is anything specific that you feel may affect the distribution of your estate on your death please include it in sections 3 and 10 of this document.

It may be helpful to read the “Wills - Why make a Will” and “Wills – Including a Life Interest Trust” before you complete this form.

**URGENCY** – Is there any urgency to having your Will(s) prepared (because of travel plans, illness etc)?

Yes  (if yes please provide details here)

No

1. GENERAL INFORMATION ABOUT YOU:

Please note that we will treat you as two separate clients.

	Client 1	Client 2
<b>Your full name</b> (include middle names courtesy titles and any alternative names or aliases that should be recited)		
<b>Maiden/former name</b> (if applicable)		
<b>Full address</b> (including postcode)		
<b>Can we write to you here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, use email	<input type="checkbox"/> Yes <input type="checkbox"/> No, use email
<b>Contact Telephone</b>		
<b>Contact Email</b>		
<b>Occupation</b>		
<b>Date of Birth</b>		
<b>Place of Birth</b>		
<b>Nationality</b>		
<b>Where are you resident for income tax purposes?</b>		

<b>Domicile</b> (if non-UK please give details)		
<b>Gender</b>		
<b>Marital Status</b> (delete as appropriate)	single / married / civil partnership / cohabiting / widowed or widower / divorced / dissolved civil partnership / separated / contemplating marriage / contemplating civil partnership	single / married / civil partnership / cohabiting / widowed or widower / divorced / dissolved civil partnership / separated / contemplating marriage / contemplating civil partnership
<b>Have you previously been married / had a civil partnership?</b> (delete as appropriate)	Yes <input type="checkbox"/> / No <input type="checkbox"/>  If yes when did that marriage / civil partnership end?  Is there any continuing financial obligation?  Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>  If yes when did that marriage / civil partnership end?  Is there any continuing financial obligation?  Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>Details of any medical conditions or medication taken</b>		
<b>Do you have an Enduring Power of Attorney, Property and Finance Lasting Power of Attorney and/or a Health and Welfare Lasting Power of Attorney?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please confirm:  Date executed:  Where stored:  Brief details of your attorney/replacement attorney:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please confirm:  Date executed:  Where stored:  Brief details of your attorney/replacement attorney:
<b>Do you have a previous Will?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please confirm:  Date executed:  Where stored:  Brief details:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please confirm:  Date executed:  Where stored:  Brief details:
<b>Are you able to read and sign your Will?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>Your directions regarding Organ donation and medical research</b>  NB: to opt out you must call 0300 123 2323 or complete an NHS Organ Donation Register Withdrawal Form		

## 2. CHILDREN:

	Client 1	Client 2
<p><b>Do you have any children?</b> <i>(if you have stepchildren please include and note that they are stepchildren)</i></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If yes, please provide full name, address and age of each child</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If yes, please provide full name, address and age of each child</p>

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**3. YOUR ASSETS AND LIABILITIES**

	<b>Brief details</b>	<b>Client 1 - value</b>	<b>Client 2 - value</b>
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Reviewed: October 2020  
Next review: October 2021

		£	£
<b>Details of your property/main residence</b>			
<b>Do you have a mortgage secured against your property?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:		
<b>Do you own any property (second home, holiday home, personal/business investments and interests in land)?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>  If yes, and is outside of England and Wales have you taken advice from a local lawyer?  Yes <input type="checkbox"/> / No <input type="checkbox"/>		
<b>Do you own any agricultural property, such as farm land?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:		
<b>Do you have any credit cards or loans / debts, secured or unsecured?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:		
<b>Please give brief details of your bank accounts (if joint or sole names, and current value)</b>			
<b>Do you have any Building Society accounts</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:		
<b>Do you have any National Savings &amp; Investments or Premium Bonds</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:		

<p><b>Do you have any stocks or shares</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:</p>		
<p><b>Do you have any interest or shares in any unquoted or family companies / businesses?</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:</p>		
<p><b>Do you have any trusts or investment bonds, or similar</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:</p>		
<p><b>Do you have any assets in trusts, where you are a beneficiary or trustee</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:</p>		
<p><b>Death in Service Benefits, Life Policies &amp; Pension Lump Sums</b> <i>(for most life policies, death in service benefits or pension lump sums, it is possible to “nominate” them or “write them in trust” for a named party. Once you have done this during your lifetime, HM Revenue &amp; Customs are likely to treat the proceeds of the policy as belonging to the recipient or beneficiary rather than you and therefore the payment should be outside of your estate for Inheritance Tax purposes. It will pass to the nominated recipient at the provider’s discretion, regardless of what your Will says.</i></p>			
<p><b>Personal belongings</b></p>			
<p><b>Is there any other information regarding your assets which you feel may be relevant to your Will?</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give brief details:</p>		

	Client 1	Client 2
<b>Do you want your Will to cover all of your Worldwide assets, or just those in the UK?</b>	<input type="checkbox"/> I only have UK assets. <input type="checkbox"/> I have Worldwide assets, but I only want my Will to cover my UK assets. <input type="checkbox"/> I have Worldwide assets and I want my Will to cover my UK assets and my Worldwide assets.	<input type="checkbox"/> I only have UK assets. <input type="checkbox"/> I have Worldwide assets, but I only want my Will to cover my UK assets. <input type="checkbox"/> I have Worldwide assets and I want my Will to cover my UK assets and my Worldwide assets.

#### 4. YOUR WILL – EXECUTORS

These will be the person(s) who will ensure that your Will, wishes and declarations are actually carried out. You can appoint a sole Executor or multiple Executors, or you can appoint a primary Executor with named substitute(s) if the primary Executor cannot act. You can appoint more than four Executors but only four can prove the Will or apply for a grant. There is no relevance to the order in which they are appointed.

Please provide the details of your chosen Executors:

Client 1	Client 2
<p><b><u>Executor 1</u></b> Name:</p> <p>Address:</p> <p>Relationship to you:</p> <p>Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/></p>	<p><b><u>Executor 1</u></b> Name:</p> <p>Address:</p> <p>Relationship to you:</p> <p>Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/></p>
<p><b><u>Executor 2</u></b> Name:</p> <p>Address:</p> <p>Relationship to you:</p> <p>Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/></p>	<p><b><u>Executor 2</u></b> Name:</p> <p>Address:</p> <p>Relationship to you:</p> <p>Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/></p>
<p><b><u>Executor 3</u></b> Name:</p> <p>Address:</p> <p>Relationship to you:</p> <p>Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/></p>	<p><b><u>Executor 3</u></b> Name:</p> <p>Address:</p> <p>Relationship to you:</p> <p>Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/></p>
<p><b><u>Executor 4</u></b> Name:</p> <p>Address:</p>	<p><b><u>Executor 4</u></b> Name:</p> <p>Address:</p>

Relationship to you:  Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/>	Relationship to you:  Sole Executor <input type="checkbox"/> or Joint executors <input type="checkbox"/> or Substitute <input type="checkbox"/>
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## 5. YOUR WILL – FUNERAL WISHES

	Client 1	Client 2
<b>Would you like to express any particular desires concerning your funeral and the disposal of your body? (cremation/burial)</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>  If yes please briefly indicate those wishes:          If you have a pre-paid funeral plan please give details:	Yes <input type="checkbox"/> / No <input type="checkbox"/>  If yes please briefly indicate those wishes:          If you have a pre-paid funeral plan please give details:

## 6. YOUR WILL – GUARDIAN(S)

If you are responsible for children under the age of 18, who is to take responsibility for them until they are 18? (children also includes illegitimate children, adopted children but not stepchildren unless adopted or you have parental responsibility for them and have included them by name in your Will).

If anyone other than you has parental responsibility for your child(ren) they will automatically act as guardian after your death.

Client 1	Client 2 (if applicable)
<u><b>Guardian 1</b></u> Name:  Address:  Relationship to you:	<u><b>Guardian 1</b></u> Name:  Address:  Relationship to you:
<u><b>Guardian 2</b></u> Name:  Address:  Relationship to you:	<u><b>Guardian 2</b></u> Name:  Address:  Relationship to you:



## 7. YOUR WILL – SPECIFIC GIFTS, MONETARY GIFTS AND LEGACIES

It is assumed for the purposes of this questionnaire that you wish to leave your entire estate to your spouse/ civil partner/ partner but if this is not correct or if you are single please complete this section.

If you and your spouse/ civil partner/ partner wish to leave dissimilar gifts please complete this section individually. If you do not want your gift to be given to the beneficiary until after the death of your spouse/ civil partner/ partner please indicate as such.

NB: generally, any asset held jointly cannot be left by your Will to a third party.

Your home	Client 1	Client 2
<p><b>would you like your share of your main home to be automatically inherited by the surviving joint owner, or follow the wishes in your Will?</b> <i>(if to follow your wishes, you may need to sever the joint tenancy but our lawyers will explain this to you)</i></p>	<p><input type="checkbox"/> my share of my home to be inherited automatically by the surviving joint owner</p> <p><input type="checkbox"/> I wish to leave my share of my home to <i>(give details):</i></p>	<p><input type="checkbox"/> my share of my home to be inherited automatically by the surviving joint owner</p> <p><input type="checkbox"/> I wish to leave my share of my home to <i>(give details):</i></p>

Specific Gifts	Client 1	Client 2
<p><b>Specific gifts, such as ornaments, motor vehicles, jewellery can be left to your chosen beneficiaries</b> <i>(continue on a separate piece of paper if necessary)</i></p>	<p><b><u>Beneficiary 1</u></b> Name: Age: Relationship to you: Gift:</p>	<p><b><u>Beneficiary 1</u></b> Name: Age: Relationship to you: Gift:</p>
	<p><b><u>Beneficiary 2</u></b> Name: Age: Relationship to you: Gift:</p>	<p><b><u>Beneficiary 2</u></b> Name: Age: Relationship to you: Gift:</p>
	<p><b><u>Beneficiary 3</u></b> Name: Age: Relationship to you: Gift:</p>	<p><b><u>Beneficiary 3</u></b> Name: Age: Relationship to you: Gift:</p>
	<p><b><u>Beneficiary 4</u></b> Name: Age: Relationship to you: Gift:</p>	<p><b><u>Beneficiary 4</u></b> Name: Age: Relationship to you: Gift:</p>

	<u><b>Beneficiary 5</b></u> Name:  Age:  Relationship to you:  Gift:	<u><b>Beneficiary 5</b></u> Name:  Age:  Relationship to you:  Gift:
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Monetary Gifts	Client 1	Client 2
<b>Gifts of money, including gifts to charities, can be left to your chosen beneficiaries</b> <i>(continue on a separate piece of paper if necessary)</i>	<u><b>Beneficiary 1</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £	<u><b>Beneficiary 1</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £
	<u><b>Beneficiary 2</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £	<u><b>Beneficiary 2</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £
	<u><b>Beneficiary 3</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £	<u><b>Beneficiary 3</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £
	<u><b>Beneficiary 4</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £	<u><b>Beneficiary 4</b></u> Name:  Age:  Relationship to you:  Charity number <i>(if applicable)</i> :  Amount: £
	<u><b>Beneficiary 5</b></u> Name:  Age:  Relationship to you:  Charity number: <i>(if applicable)</i>  Amount: £	<u><b>Beneficiary 5</b></u> Name:  Age:  Relationship to you:  Charity number: <i>(if applicable)</i>  Amount: £

Lifetime Gifts	Client 1	Client 2
<b>Lifetime Gifts – have you gifted any cash, items or created any trusts in the last 7 years? Or do you make regular gifts out of income. Please give details of any such gifts that exceed £3,000.00 per tax year for each of you (this may affect your Inheritance Tax position – our lawyers can discuss this with you).</b>	<b>Recipient 1</b> Name:  Date of gift:  Amount:	<b>Recipient 1</b> Name:  Date of gift:  Amount:
	<b>Recipient 2</b> Name:  Date of gift:  Amount:	<b>Recipient 2</b> Name:  Date of gift:  Amount:
	<b>Recipient 3</b> Name:  Date of gift:  Amount:	<b>Recipient 3</b> Name:  Date of gift:  Amount:

## 8. YOUR WILL – DISTRIBUTION OF THE REST (RESIDUE) OF YOUR ESTATE

When completing this section please bear in mind anything you may have given away above.

### Example:

Name of Beneficiary	Address	Outright gift, or conditional upon becoming an adult (at 18 years) or other age i.e. 18-25 years	Proportion of estate %	Substitute to their children if named beneficiary dies before you?
Joe Bloggs	1 The High Street	On becoming an adult	25%	Yes
John Smith	1 The Avenue	Outright	75%	No

### Client 1

Name of Beneficiary	Address	Outright gift, or conditional upon becoming an adult (at 18 years) or other age i.e. 18-25 years	Proportion of estate %	Substitute to their children if named beneficiary dies before you?

**Client 2**

Name of Beneficiary	Address	Outright gift, or conditional upon becoming an adult (at 18 years) or other age i.e. 18-25 years	Proportion of estate %	Substitute to their children if named beneficiary dies before you?

In the event there is a disaster whereby all the above named do not survive you, who would you like to inherit your estate?

**Client 1 – Disaster Scenario**

Name of Beneficiary	Address	Outright gift, or conditional upon becoming an adult (at 18 years) or other age i.e. 18-25 years	Proportion of estate %	Substitute to their children if named beneficiary dies before you?

**Client 2 - Disaster Scenario**

Name of Beneficiary	Address	Outright gift, or conditional upon becoming an adult (at 18 years) or other age i.e. 18-25 years	Proportion of estate %	Substitute to their children if named beneficiary dies before you?


## 9. BENEFICIARIES

	Client 1	Client 2
<b>Are any of the beneficiaries named in this questionnaire undischarged bankrupts, or going through divorce proceedings, or in the process of separating?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details:

If yes, such beneficiaries might lose any inheritance they receive from you as it might go to their creditors (in bankruptcy) or an estranged spouse (in a divorce). Our lawyers can discuss this with you.

	Client 1	Client 2
<b>Do any of the beneficiaries named in this questionnaire suffer from any mental or physical disability(ies) or on means tested benefits?</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details:

If yes, such beneficiaries may lose their means-tested benefits if they inherit from you, in which case a Discretionary Trust in your Will may be the answer. Our lawyers will discuss this with you.

If your Will is worded, and the timing/circumstances of your death are such, that beneficiaries might be under the age of 18 years old when you die they will not be able to inherit what you leave them until they reach the age of 18.

Until that time, your appointed Trustees (usually the same person/ people as your chosen Executors) will be responsible for looking after those inheritances, investing them for the benefit of the beneficiaries and exercising their discretion as to whether or not to make any early distributions to those beneficiaries. Those early distributions might be to cover things such as school fees, holidays, day to day living costs and the like.

In addition, your Will can specify that any beneficiary must attain an older age than 18, before they can inherit outright, for example 18-25 years. However, there is a possibility that you will not be able to benefit from a tax allowance known as the Residential Nil Rate Band if you include this provision for your grandchildren. This is something your lawyer can discuss with you. Whatever age is chosen, that is the age at which the beneficiary in question can insist on being paid their full inheritance at. Prior to that age, they can ask the Executors/Trustees for an early distribution of income and/or capital and the Executors/Trustees can decide whether or not to do so.

You may wish to instruct us to prepare for you a Letter of Wishes, which can set out the sorts of purposes for which you would be happy for money to be advanced early, such as university tuition fees, driving lessons, a deposit on a house, or similar "worthwhile" purposes. This letter can be for the combined benefit of your children, Executors and Guardians, when considering whether early advances should be made. Please indicate in the box below any specific instructions or preferences you have at this stage and we will discuss this matter further where it is relevant to you.

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	Client 1	Client 2
<p><b>Is there anyone who could have a claim on your estate, such as a spouse or former spouse, partner or child, or other person you are (or have been) financially supporting, but who you are <u>not</u> including as a beneficiary in your Will?</b> <i>(We can include a clause in your Will to refer to this and try to reduce the chances of such a person succeeding in making a claim against your estate).</i></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details:</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details:</p>

**10. ANY FURTHER RELEVANT INFORMATION WITH REGARD TO YOUR ESTATE**

Please use this section to include any further information you consider relevant to your estate. This may include:

- \* any family difficulties that may impact or hinder the way you wish your assets to be distributed,
- \* any other problem or unusual points for example is there a person who you do not wish to include as a beneficiary who might claim that you ought to make provision for them.
- \* if you would like to grant Lasting Powers of Attorney so that member of the family or other whom you choose could deal with your affairs should you be unable to deal with them in the future or
- \*an insurance policy on your life, or your life and the life of another, which would mature on the survivor’s death could be written in trust to minimise Inheritance Tax (or provide other Inheritance Tax-free money) for dependants.

Client 1	Client 2

**11. FINALLY**

	Client 1	Client 2
<p><b>Once executed, would you like to retain your original Will or would you like to retain your original Will in our fire proof storage?</b></p>	<p><input type="checkbox"/> I would like to retain my original Will</p> <p><input type="checkbox"/> I would like KJSmith Solicitors to retain my original Will, and acknowledge that I will receive a copy.</p>	<p><input type="checkbox"/> I would like to retain my original Will</p> <p><input type="checkbox"/> I would like KJSmith Solicitors to retain my original Will, and acknowledge that I will receive a copy.</p>
<p><b>Would you like us to contact you in the future with regard to reviewing/updating your Will?</b></p>	<p><input type="checkbox"/> Yes please</p> <p><input type="checkbox"/> No thank you</p>	<p><input type="checkbox"/> Yes please</p> <p><input type="checkbox"/> No thank you</p>

<b>Do you have a Lasting Power of Attorney?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you like to discuss with us making a Lasting Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you like to discuss with us making a Lasting Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 12. CONFIRMATION

<b>Where did you hear of us?</b>					
<input type="checkbox"/> branch drop-in	<input type="checkbox"/> bus	<input type="checkbox"/> CAB	<input type="checkbox"/> internet	<input type="checkbox"/> leaflet	<input type="checkbox"/> newspaper/magazine
<input type="checkbox"/> recommendation/referral	<input type="checkbox"/> other	<input type="checkbox"/> passing by	<input type="checkbox"/> radio	<input type="checkbox"/> 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:** .....

**Signed:** .....

**Dated:** .....

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

Our team will contact you with the next steps but if you have any questions do not hesitate to contact them on 0118-418-1000 or [wtp@kjsmith.co.uk](mailto:wtp@kjsmith.co.uk)

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