

# AMES KENT

Est. 1840

## Will Questionnaire

To assist in the preparation of your Will, kindly fill out the following questionnaire as comprehensively as you can.

**This form is designed to be completed on a desktop device. If you have a suitable mobile app such as Adobe Reader or similar, then it will be possible to complete and save the form on a mobile device.**

We understand that this form is extensive, but such information is required to ensure we fully understand your wishes. If you find any questions challenging to answer, or you have not yet decided on certain aspects, do not fret; simply provide as much detail as you can and we can discuss it at a later stage.

You have the option to save this file at any point and revisit it later without losing your data.

Once you have completed the form, please return it to us by saving the file and then attaching it to an email before sending it to [katherine.oakes@ames-kent.co.uk](mailto:katherine.oakes@ames-kent.co.uk)

Thank you

## Section A: Personal and family details

### 1. Your details

Title

Full Name

Address

Telephone (daytime)

Telephone (home)

Occupation

Date of Birth

Country of Residence

Nationality

Status

### 2. Your spouse or partner

2.1 Title

2.2 Full name

2.3 Address  
(if different from yours)

2.4 If not married/in a civil partnership, do you  
intend to get married/enter into a civil  
partnership?

If yes, please give details

2.5 If you have been married previously how did  
that marriage end?

### 3. Details of any children and/or step-children

**Child/step-child** Full name  
Date of Birth  
Address/Town  
(optional)

**Child/step-child** Full name  
Date of Birth  
Address/Town  
(optional)

**Child/step-child** Full name  
Date of Birth  
Address/Town  
(optional)

**Child/step-child** Full name  
Date of Birth  
Address/Town  
(optional)

**Child/step-child** Full name  
Date of Birth  
Address/Town  
(optional)

#### 4. Details of any grandchildren and/or step-grandchildren

**Grandchild/step-grandchild**

Full name

Age

Parents

Address/Town  
(optional)

**Grandchild/step-grandchild**

Full name

Age

Parents

Address/Town  
(optional)

**Grandchild/step-grandchild**

Full name

Age

Parents

Address/Town  
(optional)

**Grandchild/step-grandchild**

Full name

Age

Parents

Address/Town  
(optional)

## Section B: Your property and assets

### 5. Your estate

#### Your house

Are you answering for both you and your spouse/partner?

5.1.1 Do you live in rented property?  
(if "yes" skip to 5.2 on the next page)

5.1.2 Do you own your house?

5.1.3 If yes, do you own it jointly  
with another person?

Please give name of co-owner

5.1.4 If owned jointly, do you own it as

5.1.5 Please give approximate  
value of your house

5.1.6 Please give approximate value of any  
mortgage

5.1.7 Please state if mortgage covered by insurance  
e.g. life cover or mortgage protection plan

5.1.8 If yes, please give details

	<b>Details of assets, liabilities and approximate values</b>	<b>Indicate whether in your sole name or joint names</b>
5.2	Significant debts	
5.3	Investments	
5.4	Bank and building society accounts	
5.5	National Savings accounts	
5.6	Life policies/pensions	
5.7	Business property and interests; shares in unquoted/family companies	
5.8	Agricultural property	
5.9	Foreign property	
5.10	Do you benefit from any trust assets?	
5.11	Any lifetime gifts made exceeding £3,000 in any one tax year?	
5.12	Do you expect to receive any inheritances in the near future?	

## Section C: Your current Will

6. Do you have a Will at the moment?
- 6.1 Approx dates of your current Will and any codicils
- 6.2 Where is your current Will kept?

## Section D: Instructions for your new Will

### 7. Funeral wishes and organ donation

If you have any particular wishes concerning your funeral and/or organ donation, please give details if you wish to record them in your Will.

### 8. Guardians

If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies to you, please supply the guardians' full names and address(es) and check that they are willing to act. It is not advisable to have joint guardians.

#### Guardian One

Full name

Address  
(optional)

Has confirmed willingness to act as guardian?

Relationship to you?

#### Replacement Guardian

Full name

Address  
(optional)

Has confirmed willingness to act as guardian?

Relationship to you?

## 9. Executors

Your executors will wind up your affairs following your death and administer your Will. Please supply their full names and check that they are willing to act. You can appoint between one and four executors.

Do you want to appoint your spouse/partner as sole executor on your death?

### Executor One

Full name

Address  
(optional)

Relationship to you?

Has confirmed willingness to act as executor?

### Executor Two

Full name

Address  
(optional)

Relationship to you?

Has confirmed willingness to act as executor?

### Executor Three

Full name

Address  
(optional)

Relationship to you?

Has confirmed willingness to act as executor?

### Executor Four

Full name

Address  
(optional)

Relationship to you?

Has confirmed willingness to act as executor?

**NB: One or more of the partners of Ames Kent Solicitors can be appointed as an executor if you would like a professional executor to be involved.**

If you wish to leave a gift to a guardian or executor, please include the details in section 10 and 11 and indicate whether the gift is conditional on acceptance of the appointment.



## 10. Gifts of specific items

This may be a sum of money or items you own.

Are you completing this section for both you and your spouse/partner?

Legacy/Item

Full name of beneficiary

Address  
(optional)

Any conditions

Legacy/Item

Full name of beneficiary

Address  
(optional)

Any conditions

Legacy/Item

Full name of beneficiary

Address  
(optional)

Any conditions

Legacy/Item

Full name of beneficiary

Address  
(optional)

Any conditions

## 11. Legacies i.e. gifts of specific sums of money

Are you completing this section for both you and your spouse/partner?

Full name of beneficiary

Address  
(optional)

Amount £

Full name of beneficiary

Address  
(optional)

Amount £

Full name of beneficiary

Address  
(optional)

Amount £

Full name of beneficiary

Address  
(optional)

Amount £

## 12. The rest of your estate

How would you like the rest of your estate (your residuary estate) to pass on your death?

### **If you are single**

Full name of beneficiary(s)

Interest: outright/at a particular age/life interest

Proportion of residuary estate

### **If you die before your spouse/partner**

Full name of beneficiary(s)

Interest: outright/at a particular age/life interest

Proportion of residuary estate

### **If you die after your spouse/partner**

Full name of beneficiary(s)

Interest: outright/at a particular age/life interest

Proportion of residuary estate

13. Who will inherit your estate if none of those listed above do not survive you e.g. a charity?

13.1 Please specify:

14. Have you left out anybody who might expect to receive something when you die e.g. a partner or child? If so, please give brief details

15. Do you have a Lasting Power of Attorney or an Enduring Power of Attorney?

Date of completion of this form

Completed by

## 16. Additional Information

### **NEXT STEPS:**

- Save a copy of your completed form
- Attach the form to an email and send to [katherine.oakes@ames-kent.co.uk](mailto:katherine.oakes@ames-kent.co.uk)

Thank you.