



**Avery Walters Solicitors**

27 Harrogate Road

Chapel Allerton

Leeds, LS7 3PD

# Will Questionnaire

Please complete this form by typing or writing your answers to those questions which are relevant to your particular circumstances and return the completed form by email, post or by hand.

*Alternatively, we can go through this questionnaire together.*

## PART A – ABOUT YOU, YOUR FAMILY AND YOUR ESTATE

QUESTIONS	YOUR ANSWERS
1. Please tell us your full name, including any middle names and your title:	
1.2 Please tell us any previous surname:	
1.3 Please tell us any other names that you are known by:	
1.4 Please tell us your preferred pronouns if you wish to do so:	
1.5: If you are Transgender, please advise if you have obtained a 'Gender Recognition Certificate' as this may impact on how we draft your Will. Please provide us with details of any previous names, and previous Wills so we can best advise you.	
2. Please tell us your full postal address, including your postcode:	
3. Please tell us your email address:	
4. Please tell us any telephone numbers we can use to contact you if we have any questions about your Will:	
5. How would you prefer to be contacted: Please circle your preference:	Post      Telephone      Email
6. Please tell us your age and date of birth:	
7. Please tell us your current marital/family status: (i.e., single, married, divorced, widowed, cohabiting or in a civil partnership?)	
8. If you are aware of any imminent changes in your family circumstances, please tell us: (e.g., getting married or divorced or expecting a child, suffered a recent bereavement etc.) Have you sold a property after 8 July 2015. Can you please confirm the sale price and the date of disposal.	



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QUESTIONS	YOUR ANSWERS
<p>9. Do you have an existing Will in the UK? Please let us see a copy of this where possible.</p> <p>What is the date of your existing Will?</p> <p>Have you divorced/dissolved civil partnership or married/entered civil partnership since this Will?</p> <p>Are the instructions significantly different to what you want now?</p> <p>Please confirm if you have previously prepared and executed a mutual Will?</p>	
<p>10. Are you a UK national? (If not, please tell us your nationality).</p> <p>What is your domicile i.e., the country that you treat as your permanent home, you live in and have a substantial connection with?</p> <p><i>Note. If you are not a UK national or domiciled in the UK, but own property or assets in England or Wales, you can still make a Will with us.</i></p>	
<p>11. Do you own any property abroad or are you in the process of acquiring any property abroad? (If so, please provide details).</p> <p><i>Note. If you own property abroad, you can still make a Will with us but you should make a separate Will in the country concerned to deal with that property and this new Will should be limited to your estate in the UK.</i></p>	
<p>12. Do you have a Will abroad? Please provide details.</p>	
<p>13. List of Assets and Liabilities and estimated values and confirmation of whether liabilities are secured or unsecured.</p> <p>Please note any assets which fall outside of your estate such as life assurance policies and death in service benefits and confirm whether these have been nominated to a particular beneficiary or not.</p>	



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QUESTIONS	YOUR ANSWERS
<p>Please also confirm whether you have any interests under a trust or any powers of appointment.</p> <p>Please also note any business interests.</p> <p>Is there a possibility that third parties could claim proprietary rights over your assets via a constructive trust or resulting trust or through proprietary estoppel? We can advise you as to this.</p> <p>Do you have a similar right over any property that appears to be owned by any third party.</p>	
<p>14. Do you expect to inherit any assets?</p> <p>If so, please confirm who from, the relationship to you of that person, the estimated amount and likely timescales.</p>	
<p>15. Have you established any trusts? Can you please confirm the date, the amount transferred into trust and the nature and circumstances of the trust</p>	
<p>16. Digital Assets</p> <p>Please note anything such as Bitcoin, non-fungible tokens or any online account which you wish to deal with specifically.</p>	
<p>17. Do you wish to leave specific instructions to your executors or family members on what should happen to your online accounts (including email and social media accounts) after your death?</p> <p>If so, please provide details:</p>	
<p>18. Please confirm lifetime gifts that you have made in the last 7 years. Please confirm the</p>	



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QUESTIONS	YOUR ANSWERS
<p>amounts, the type of gift, what the gift was for and to whom.</p> <p>Please advise whether the amounts provided have utilised your annual exemption of £3,000. Please provide figures without deducting the annual exemption of £3,000.</p> <p>If your estate is over the available inheritance tax thresholds, please note that lifetime gifting may result in your nil rate band being decreased meaning you can leave less free of inheritance tax, and this may have an impact on any inheritance tax payable on your estate and any amount you can leave to non-exempt beneficiaries.</p>	
<p>19. Does anyone owe you money or have you loaned any money to any individual?</p> <p>Do you want to release anyone from an obligation to repay any debts they owe you at your death?</p> <p>Please provide details:  Name of borrower:  Address:  Amount owed:  Date begun:  Terms of repayment:  Evidence of debt in writing? Please provide</p>	
<p>20. If you are married or in a civil partnership can you please provide your spouse/civil partner's full name and address if different to yours:</p>	
<p>20.1 Where is your spouse or civil partner domiciled?</p>	
<p>20.2 If you are not married or in a civil partnership are you expecting to get married or enter a civil partnership soon? Please state the full name of the person to whom you expect to marry or enter a civil partnership with:</p>	
<p>20.3 Have you previously been married or in a civil partnership? If yes, please advise how that relationship ending i.e. divorce/dissolution or your spouse/civil partner predeceased:</p>	



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QUESTIONS	YOUR ANSWERS
If they predeceased how was their estate left:	
<p>20.4 If you have children, please state their full names and dates of birth:</p> <p>Please state your relationship i.e. biological, adopted, surrogate, step-child etc.</p> <p>Please include all people in this category even if they are estranged/fallen out etc.</p>	
<p>20.5 If you have grandchildren, please state their full names and dates of birth:</p> <p>Please state your relationship i.e., biological, adopted, surrogate, step etc.</p> <p>Please include all people in this category even if they are estranged/fallen out etc.</p>	
<p>20.6 If you do not have a spouse/civil partner, children or grandchildren or other descendants, please provide details of your nearest relatives and their full names and relationship to you:</p> <p>Please include all people in this category even if they are estranged/fallen out etc.</p>	

The remaining questions deal with issues in the order that they are likely to appear in a typical Will. Not all of the questions will be relevant to every person. If a question isn't relevant to you, please skip to the next question. Also, please do feel free to use the questions that we ask as a prompt for you to tell us in your own words what you want us to include in your Will. Once you have done this, you can relax and let us translate what you have said into a correctly worded, properly presented, legally valid Will.

## PART B – FUNERAL ARRANGEMENTS AND EXECUTORS

QUESTIONS	YOUR ANSWERS
<p>21. Your funeral arrangements - Please tell us if you have any special wishes about your funeral arrangements:</p>	



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22.1 Your executors - Please tell us the full name, address and relationship to you of the people you wish to deal with your estate after your death. They must be adults to be executors and it is usually best to name alternative executors to take on the responsibility if your first choice executor dies before you or with you. Also, if any of the beneficiaries named in your Will are minors, you must appoint at least two executors to act jointly as they will need to act as trustees to look after the money for them. Beneficiaries can be named as executors.	<b>Name; Address; Relationship (executor/s)</b>
22.2 If your chosen executors cannot act please tell us the full name, address and relationship of any substitutes.	<b>Name; Address; Relationship (substitute executor/s)</b>

## PART C – LEGAL GUARDIANS

QUESTIONS	YOUR ANSWERS
<p>23. Guardians - If you have young children and wish to appoint someone to be a legal guardian for them, please tell us the full name, relationship to you and address of this person:</p> <p>You can name a substitute guardian as well if you wish.</p> <p>If you are already a guardian for someone else's child(ren) you can appoint successor guardians in your Will.</p> <p>If this isn't relevant to you, please skip to the next question</p>	<b>Name; Address; D.O.B; Relationship (Guardians AND children)</b>



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## PART D – SPECIFIC GIFTS AND LEGACIES

QUESTIONS	YOUR ANSWERS
<p>24. Specific gifts- Please provide full details of any specific gifts (e.g., my gold Rolex watch) and say who will benefit by telling us the full name, relationship to you and address of each intended beneficiary. If any of the beneficiaries are under 18, please tell us.</p> <p>Note. For couples who are making Wills together, it is also helpful if you tell us whether these gifts are to take place on the first death or only after both of you have died.</p> <p><i>Who should pay the costs of packing, transporting and insurance? Please select one of the following options: the estate or the person receiving the gift?</i></p> <p><i>If you prefer, you can ask us to include a clause to stipulate that your personal items are distributed in line with a letter of wishes left. Please let us have any letter of wishes to store with your Will.</i></p> <p>If this isn't relevant to you, please skip to the next question.</p>	<p><b>Name; Address; Relationship (Beneficiaries)</b></p> <p><i>Item:</i>  <i>Beneficiary name:</i>  <i>Beneficiary address:</i>  <i>Approx value:</i>  <i>Beneficiary over 18?</i>  <i>At what age: 18/21/25</i>  <i>Packing and transporting costs:</i>  <i>First or second death:</i>  <i>What happens on failure of gift?</i>  <i>Free of or subject to inheritance tax, if applicable?</i></p>
<p>25. Specific legacies - Please provide full details of any legacies (fixed cash sums) and say who will benefit by telling us the full name, relationship to you and address of each intended beneficiary. If any of the beneficiaries are under 18, please tell us.</p> <p>Note. For couples who are making Wills together, it is also helpful if you tell us whether these gifts are to take place on the first death or only after both of you have died.</p> <p>If this isn't relevant to you, please skip to the next question.</p>	<p><i>Amount:</i>  <i>Beneficiary name:</i>  <i>Beneficiary address:</i>  <i>Beneficiary over 18?</i>  <i>At what age: 18/21/25</i>  <i>First or second death:</i>  <i>Index linked?</i>  <i>What happens on failure of gift?</i>  <i>Free of or subject to inheritance tax, if applicable?</i></p>



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<p>What happens to the gift if the beneficiary dies before you? Falls into residue or directed to another beneficiary?</p> <p>If this isn't relevant to you, please skip to the next question.</p>	
<p>28. Do you want to give any person or persons the right to occupy or a life interest in a property?</p> <p>If so, please provide their full name, address and relationship to you.</p> <p>If so, is the property a freehold or leasehold?</p> <p>Please provide the address of the property, the land registry title number and the approximate value.</p> <p>If the property is mortgaged is the beneficiary to continue to pay this or will your estate pay the mortgage off first?</p> <p>Do you want the gift to be free of, or subject to inheritance tax, if applicable?</p> <p>What happens to the property when the interest ends, or the beneficiary dies?</p> <p>Do you want the right to occupy/life interest to apply to any subsequent property you purchase?</p> <p>Do you want the beneficiary to have the ability to downsize?</p> <p>What will happen to surplus sales proceeds?</p> <p>What events will terminate occupation/the life interest? I.e. death, remarriage, cohabitation etc.</p> <p>If this isn't relevant to you, please skip to the next question.</p>	
<p>29. Business and agricultural interests</p> <p>If you own a business and/or agricultural interests please advise how this is owned i.e. sole transfer/Ltd company, LLP.</p>	



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<p>Do you want to leave your business or share of business to a particular person or group of people?</p> <p>If so, please provide their full name, address and relationship to you.</p> <p>Please provide the full name, company number, address of business and note of business assets.</p> <p>Do you have any documents in place such as partnership agreement/articles of association/shareholder's agreement etc?</p> <p>If this isn't relevant to you, please skip to the next question.</p>	
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## PART E – YOUR REMAINING ESTATE

QUESTIONS	YOUR ANSWERS
<p>30. Your remaining estate - Please tell us the full name, relationship to you, address and approximate age (now) of each person who you wish to receive a share of your residuary estate (i.e., what is left after your funeral expenses and any debts have been paid and also after any specific gifts or cash legacies have been handed to the people entitled to them).</p> <p>You may wish to leave everything to each other on the first death in the case of a couple and then on second death between children or failing that between grandchildren. You may wish to stipulate who will receive your estate in the event of a family catastrophe i.e., charities or other family members.</p>	<p><b>Name; Address; D.O.B; Relationship (Beneficiaries)</b></p>
<p>31. Holding money in trust - If any of the people you have named are minors, please tell us what age they will inherit their share outright if you die before they reach this age:</p> <p><i>Note. The usual ages specified are 18, 21 or 25 and the executors, as trustees, will hold the person's share of the estate in trust until they attain the chosen age.</i></p>	



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32. Please detail any individuals that you wish to exclude from your Will and confirm your relationship to such individual their full name, address and any background information.	
33. Is there a requirement for to be held in trust for a vulnerable adult (this could simply be someone who cannot manage their money)?  If yes, please provide details: Name of beneficiary: Address: Relationship to you: Details of vulnerability i.e. disability, problems with addition, cannot manage money.	
34. Are any of your beneficiaries likely to become bankrupt or divorce/dissolve civil partnership in near future?	

## PART F – MISCELLANEOUS

QUESTIONS	YOUR ANSWERS
35. Please confirm whether you are under the care of any health care professional or mental health nurse. If the answer is yes, please give as much information as possible including details of any diagnosis, treatment and medication.	
36. Please confirm specifically if you have any diagnoses of the following or suffer/have suffered from any of the following: <ul style="list-style-type: none"> <li>Alzheimer's</li> <li>Dementia</li> <li>Parkinsons</li> <li>Huntingtons</li> <li>Schizophrenia</li> <li>Bipolar disorder</li> <li>Depression and/or anxiety</li> <li>Brain injury</li> <li>Stroke</li> <li>MS</li> </ul>	



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<ul style="list-style-type: none"> <li>• Learning difficulty</li> <li>• Recurring urinary tract infections</li> <li>• Memory issues or disorders</li> </ul> <p>Please provide as much detail as possible.</p>	
<p>37. Please advise of any physical conditions which we need to be aware about together with any upcoming operations, treatments or otherwise such as:</p> <ul style="list-style-type: none"> <li>• Cancers</li> <li>• MS</li> <li>• Stroke</li> </ul> <p>If you have a terminal diagnoses, please make us aware of this and please confirm your prognosis and current position.</p>	
<p>38. If you are completing this questionnaire prior to our meeting do you have any needs for our meeting/thereafter i.e., are you blind, partially sighted, deaf, in need of a translator, housebound etc. Please tell us how we can make this process easier.</p>	
<p>39. Any other comments - If you have any other comments in response to any of our questions or anything else to add concerning your Will, please tell us here:</p> <p>(e.g., "I have seen information on your website about including a Protective Property Trust in my Will in case me or my wife have to go into a nursing home in the future. Please include this in my Will and deal with the change to tenants-in-common on our behalf").</p> <p><i>Note. If you are completing this form on behalf of someone else, please tell us about it here.</i></p>	
<p><b>Internal use only</b></p>	
<p><b>Urgent Instructions</b></p> <p>Comment on urgent instructions i.e., terminally ill, mental capacity deteriorating, travelling etc. Action to be taken.</p>	
<p><b>Source</b></p>	
<p>Capacity/undue influence notes – did the client come in alone, was the importance of taking instructions from the testator on their own</p>	



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discussed. If accompanied record advice given and clients response.	
Risk of financial abuse Bereavement/illness	
Dealing with a couple – are they married or unmarried. Did we ask whether they wanted to be seen alone or together and advise of potential conflict of interest in the future and asked whether we could discuss finances together.	
If conflict of interest found to exist may not be able to act for both of them. Cannot take instructions to make major changes to Will later on without the other client knowing unless the other client lacks mental capacity.	
Where did the meeting take place Office/Home/Hospital/Hospice or other	
Third party advisors that we are required to get in touch with i.e., independent financial advisors/investment managers/accountants etc.	
Remind client that documents or information on the file forms part of their estate so on death personal representatives will be entitled to view them.	
Does the client require any additional written advice?	<ul style="list-style-type: none"> <li>Trust registration or other trust information <input type="checkbox"/></li> <li>Detailed executor and trustee role and responsibilities info <input type="checkbox"/></li> <li>Claims against estate and protection <input type="checkbox"/></li> <li>Inheritance Tax detailed advice* <input type="checkbox"/></li> </ul>
<p>*Inheritance tax advice provided to clients comprises of the following: -</p> <ul style="list-style-type: none"> <li>• Consideration of total estate and confirmation of this and confirmation as to whether the estate is taxable.</li> <li>• Consideration of the inheritance tax exemptions applicable to the estate based on the client's circumstances.</li> <li>• Confirmation of the rate of tax applicable.</li> <li>• Confirmation of likely inheritance tax charge based current information and legislation in place at this current time.</li> <li>• Confirmation of how any likely charge can be mitigated.</li> </ul>	
Quote agreed	
Timeframe agreed	
Date of meeting	



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<p>Discussed storage of Will and agreed action and any previous Wills.</p> <p>Discussed with client who is allowed to see a copy of the Will in the event that they lose mental capacity.</p> <p>Does the client wish to put in place a Power of Attorney or letter authorising disclosure of Will.</p>	
<p>Are any Letters of Wishes going to be prepared. If so, on what topics and have we advised the client whether they should prepare or we should prepare and have we discussed details and storage.</p>	
<p>Does the client wish for their Will to be registered with The National Will Register for £25.00 + VAT and £30.00 registration fee?</p>	
<p>Specific client notes:</p> <p>Additional requirements i.e. requires signature on their behalf, blind (requires reading), deaf (requires BSL interpreter), requires home visit, requires capacity assessment etc.</p>	

*Please sign below to confirm that you have filled in and completed this questionnaire personally.*

*Alternatively, if someone has filled the questionnaire in on your behalf, please sign below to confirm that you understand and approve the content of the questionnaire in that it reflects your independent instructions.*

*Signed:*.....

*Print Name:* .....

*Date:*.....

*Signed:*.....

*Print Name:* .....

*Date:*.....



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