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Incorporating Richard Ellis & Co Solicitors

**Personal Assets Log of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please store these details securely and also provide us with a sealed copy to place with your Will.

You should update this document annually or when your circumstances change.

This document includes both physical and digital assets.

**PERSONAL DETAILS**

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**AVERY WALTERS ELLIS SOLICITORS** of 27 Harrogate Road, Chapel Allerton, Leeds LS7 3PD

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Date and Place of Birth:

Maiden Name:

Occupation:

National Insurance Number:

Tax District/Ref Number:

Next of Kin:

Telephone Number:

My Original Will is Lodged with:

Under Reference Number:

Date of Will:

Date(s) of any Codicil(s)

Name of Executor (1):

Address:

Telephone Number:

Name of Executor (2):

Address:

Telephone Number:

**FUNERAL ARRANGEMENTS**

You may wish to leave details of your plans and wishes for your funeral arrangements below.

Cremation or Burial? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

If **Cremation**, are your ashes to be Interred or Scattered? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Where? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

If **Buried**, where would you like to be buried? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Would you like a service in Church? **Yes No**

If **yes**, which church? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Would you like music at entry? **Yes No**

If **yes**, what song? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Would you like music at exit? **Yes No**

If **yes**, what song? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Would you like hymns to sing? **Yes No**

If **yes**, what hymn? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Would you like a reading? **Yes No**

If **yes**, what reading? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Any other wishes or requests?

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**DETAILS OF ASSETS AND LIABILITIES**

Please use this section to record any investments, savings, life assurance, stocks and shares and any other assets such as premium bond/national savings.

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| --- | --- | --- | --- |
| **SAVINGS & LIFE ASSURANCE PLANS** | Investment Details | Plan or Account Number | Contact |
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| **ISAs** | Investment Details | Plan or Account Number | Contact |
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| **BONDS &**  **UNIT TRUSTS** | Investment Details | Plan or Account Number | Contact |
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| **STOCKS & SHARES** | Investment Details | Plan or Account Number | Contact |
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| **OTHER ASSETS** | Investment Details | Plan or Account Number | Contact |
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**PENSIONS**

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| --- | --- | --- | --- |
| **PROVIDERS NAME AND ADDRESS** | Latest Pension Value | Plan Number | Contact |
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**PROPERTY**

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| --- | --- | --- | --- |
| **MAIN RESIDENCE** | Approximate Value | Ownership | Outstanding Loan |
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| --- | --- | --- | --- |
| **OTHER PROPERTY** | Approximate Value | Ownership | Outstanding Loan |
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**CLAIMING THE TRANSFERABLE NIL RATE BAND**

When an individual who has been previously married or in a civil partnership dies, a claim can be made to transfer the nil rate band, where any part of it was unused, from the spouse or civil partner who died first.

The following documents are needed to support such a claim:

|  |  |
| --- | --- |
| **DOCUMENT** | **LOCATION** |
| Copy of the Grant of Administration of the deceased spouse/civil partner |  |
| Will of deceased spouse/civil partner |  |
| Any Deed of Variation or disclaimer executed in respect of property inherited from a deceased spouse/civil partner |  |
| Death certificate of spouse/civil partner |  |

**POWERS OF ATTORNEY**

Date made: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Name of Attorney: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Has the document been registered at the Office of the Public Guardian? **Yes No**

**GIFTS MADE DURING LIFETIME**

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| --- | --- | --- | --- |
| **RECIPIENT** | Date | Amount or Asset | Tax Year in which the Gift was Made |
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**MISCELLANEOUS INFORMATION**

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**DIGITAL ASSETS**

**Email Accounts**

Home: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Work: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Security System Password: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Safe/Lockbox Location: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Combination: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**FINANCIAL INSTITUTIONS**

**Bank Accounts**

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| **BANK NAME AND ADDRESS** | Customer Number/Username | Password | ATM/Debit Card PIN |
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**Credit Cards**

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| **CREDIT CARD COMPANY NAME AND ADDRESS** | Account Number | ATM/Debit Card PIN |
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**ONLINE ACCOUNTS**

In the table below, please provide details for any email, retail, gaming, social networking, and instant messaging accounts and any other accounts you may have. Examples include:

**Netflix**

**PayPal**

**Pinterest**

**PlayStation Network**

**Snapchat**

**Spotify**

**Steam**

**Tumblr**

**Twitter**

**WhatsApp**

**Xbox Live**

**Yahoo**

**Yelp**

**Amazon**

**Ancestry.com**

**AOL Mail**

**Apple ID (covering iCloud, iTunes, the App Store etc)**

**Dropbox**

**eBay**

**Facebook**

**Google Accounts (covering Gmail, Google Play, Google+, Google Drive, YouTube etc)**

**Instagram**

**LinkedIn**

**Microsoft Outlook/Hotmail**

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| **ACCOUNT** | Username | Password | Comments/Instructions to your Personal Representatives |
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| **ACCOUNT** | Username | Password | Comments/Instructions to your Personal Representatives |
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**SUBSCRIPTIONS TO BE CANCELLED**

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**DEVICES**

Please provide details of any personal computers, laptops, mobile phones, and tablets:

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| **DEVICE** | Username | Password | Comments/Instructions to your Personal Representatives |
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**INTELLECTUAL PROPERTY**

Please provide details of any websites, writing, photographs, videos , artwork, or other intellectual property you own.

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| **DESCRIPTION OF THE CONTENT AND ITS LOCATION** | Username | Password | Comments/Instructions to your Personal Representatives |
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**MISCELLANEOUS INFORMATION**

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