

Basic Mirror Wills

For couples

The Loughborough
where people make the difference

Questionnaire

Basic Mirror Wills are suitable for couples who wish to have similar Wills in place to ensure that their assets pass to people of their choice.

By preparing basic Mirror Wills, you can choose who you wish to appoint as your executors and guardians of children under 18. You can also make specific gifts of money or property and decide who is to receive the remainder of your estate.

It may be that you have existing Wills in place already, but that your personal circumstances have changed and you need to update your Wills.

Your Details (Client A) – please use capitals

<p>Full name including middle names:</p> <hr/> <hr/>	<p>Date of birth:</p> <hr/> <p>Place of birth:</p> <hr/> <p>Are you permanently resident in England or Wales?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Address:</p> <hr/> <hr/> <hr/>	<p>Telephone numbers:</p> <p>Home:</p> <hr/> <p>Work:</p> <hr/> <p>Mobile:</p> <hr/>
<p>Marital status (please circle):</p> <p>married / single / cohabiting / divorced / separated / widowed / engaged / registered civil partnership</p>	<p>Email address:</p> <hr/>

Your Spouse/Partner (Client B)

<p>Full name including middle names:</p> <hr/>	<p>Date of birth:</p> <hr/> <p>Place of birth:</p> <hr/> <p>Are you permanently resident in England or Wales?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Address:</p> <hr/> <hr/> <hr/>	<p>Telephone numbers:</p> <p>Home:</p> <hr/> <p>Work:</p> <hr/> <p>Mobile:</p> <hr/>
<p>Marital status (please circle):</p> <p>married / single / cohabiting / divorced / separated / widowed / engaged / registered civil partnership</p>	<p>Email address:</p> <hr/>

Your Personal Circumstances

1. If you are unmarried, do you intend to marry or enter into a civil partnership in the near future? Yes No

2. If you are intending to marry or enter into a civil partnership in the near future, is the Will to be effective only after the marriage/civil partnership takes place? Yes No

3. If the Will is to take effect prior to and continue to be effective after the marriage/civil partnership, must the marriage/civil partnership occur within a particular time? Yes. By what date _____ No

4. Please give the name of your future spouse/civil partner. _____

Please complete where relevant:

5. Have you ever been divorced or dissolved a Civil Partnership?	Client A	Client B
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Former spouse/partner's name _____	Former spouse/partner's name _____
	Date of divorce/dissolution _____	Date of divorce/dissolution _____
	<input type="checkbox"/> No	<input type="checkbox"/> No

6. Are you intending to be divorced or intending to dissolve a civil partnership in the near future?	Client A	Client B
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Spouse/partner's name _____	Spouse/partner's name _____
	<input type="checkbox"/> No	<input type="checkbox"/> No

7. Are you separated, legally or otherwise from your spouse/civil partner or are you intending to become separated in the near future?	Client A	Client B
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Spouse/partner's name _____	Spouse/partner's name _____
	<input type="checkbox"/> No	<input type="checkbox"/> No

Please answer the following questions:

1. Is your estate worth more than £312,000 (Inheritance Tax threshold for tax year 2008-2009)? Yes (please provide details of your assets on page 12)
 No

2. Are you a director of a company or a partner in a firm? Yes (please provide details on page 12)
 No

3. Are you a beneficiary of a trust, whether or not you receive income from it? Yes (please provide details on page 12)
 No

4. Do you have any foreign assets (including property and bank accounts)? Yes (please provide details on page 12)
 No

5. Do you have any agricultural assets? Yes (please provide details on page 12)
 No

6. How do you own your home? Sole owner
 Joint owner with someone else
Names of all owners: _____
Property held as: Joint tenants (where the property automatically passes to the surviving joint tenants)
 Tenants-in-common (where you each own an individual share in the property)
 Don't know
 Rented

7. Have you ever made a Will before? No
 Yes (please state below where it is kept)

Children & Dependents

1. Please provide details of your children:

Name: _____
DOB: _____ Male/Female

Address: _____

Children & Dependants continued

Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____

2. Please provide details of any children from previous relationships:

Name: _____ DOB: _____ Male/Female	Address: _____ _____ Name of mother: _____ Name of father: _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ Name of mother: _____ Name of father: _____

3. Certain dependants may be able to make a claim against your estate in the event that you make little or no provision for them in your Will

Do you have a spouse/former spouse who has not remarried/
common law spouse/civil partner/child/or a person who is
dependant upon you who will not be included in your Will? Yes
 No

Do you pay towards the maintenance of any person
who will not benefit under your Will? Yes
 No

If the answer to either of the above is 'yes' please give details and reasons below:

Executors

Executors are the people who you appoint to deal with your estate after your death. They may include family members (over the age of 18), solicitors or even your bank (although professional executors may charge). It is possible to appoint up to four executors and at least two are recommended if you are leaving money to children under 18 years of age. Beneficiaries in your Will can also be appointed as executors.

1. Would you like to appoint your spouse/partner to act as your executor? Yes
 No

2. Would you like to appoint this firm as your executors? Yes
 No

3. Would you like to appoint this firm or your spouse/partner to act with other executors of your choice? Yes (please provide details below of the other executors of your choice)
 No

Full name: _____
Relationship: _____

Address: _____

Full name: _____
Relationship: _____

Address: _____

4. If none of the above, please provide details of your chosen executors. You may also wish to appoint back-up executors in the event that your chosen executors are unable or unwilling to act. If so, please fill in their details below and state whether they are to act as your primary or back-up executors.

Full name: _____
Relationship: _____
 Primary Executor Back-up Executor

Address: _____

Full name: _____
Relationship: _____
 Primary Executor Back-up Executor

Address: _____

Full name: _____
Relationship: _____
 Primary Executor Back-up Executor

Address: _____

Full name: _____
Relationship: _____
 Primary Executor Back-up Executor

Address: _____

Guardians of your Children

If you have children under 18 years of age for which you have parental responsibility, it is very important to give consideration to the appointment of guardians.

1. How many guardians do you wish to appoint? 1

2/more

2. Please name the children you wish to appoint guardians for:

3. Is there anyone else who has parental responsibility for your children e.g. spouse/partner or former spouse/partner? Yes Name: _____
Relationship to you: _____

No

4. Please state the names and addresses of your chosen guardians below:

Full name: _____

Relationship: _____

Address: _____

Full name: _____

Relationship: _____

Address: _____

Full name: _____

Relationship: _____

Address: _____

Distribution of your Estate – Gifts of Money/Property

1. Do you wish to leave a cash sum or specific gift to a particular person, or organisation?

Yes

No. If no, please go to next page

First gift

Full name of person/organisation:

Address:

Amount/item to be left:

Relationship:

If a minor is to benefit, at what age would you like them to receive their legacy? 18 is the legal minimum but this can be increased.

21

25

Other

Second gift

Full name of person/organisation:

Address:

Amount/item to be left:

Relationship:

If a minor is to benefit, at what age would you like them to receive their legacy? 18 is the legal minimum but this can be increased.

21

25

Other

Distribution of your Estate – Gifts of Money/Property continued

Third gift

Full name of person/organisation: _____	Address: _____ _____ _____
Amount/item to be left: _____	Relationship: _____ _____ _____
If a minor is to benefit, at what age would you like them to receive their legacy? 18 is the legal minimum but this can be increased. <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	

Distribution of your Estate – The Residue

Your residuary estate is the balance after all debts, taxes, legacies and specific gifts have been paid.

The residue of your estate can be left to one person or organisation, or you can leave a percentage to two or more people and/or organisations. Residuary legacies have the advantage of keeping pace with inflation over specified sums of money or items.

1a. Do you wish to leave everything to your spouse/partner in the first instance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
1b. If both you and your spouse/partner have died, do you wish to leave everything to your children equally and if so, at what age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> Other
1c. If you are leaving any part of your estate to your children, do you wish to name them individually or refer to "my children". (The latter is recommended if there is a possibility of you having future children).	<input type="checkbox"/> By name	<input type="checkbox"/> My children				
1d. If any of your children have died before you or your spouse/partner leaving children of their own (ie your grandchildren), would you wish for the deceased child's share to pass to their children and if so, at what age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> Other

Distribution of your Estate – The Residue continued

2. If none of the above, please set out below who you would like to leave your residuary estate to and in what shares.

First residuary beneficiary

Full name: _____	Address: _____ _____ _____
Share to be left ie 50% etc: _____	Relationship: _____ _____ _____
If under 18, at what age would you like them to inherit? <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	If this person dies before you, would you wish their share to pass onto their children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Second residuary beneficiary

Full name: _____	Address: _____ _____ _____
Share to be left ie 50% etc: _____	Relationship: _____ _____ _____
If under 18, at what age would you like them to inherit? <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	If this person dies before you, would you wish their share to pass onto their children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Third residuary beneficiary

Full name: _____	Address: _____ _____ _____
Share to be left ie 50% etc: _____	Relationship: _____ _____ _____
If under 18, at what age would you like them to inherit? <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	If this person dies before you, would you wish their share to pass onto their children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alternative Provisions - Optional

Please use this section to state the names and addresses of those you would like your estate to pass to in the event that all the above have died before you. Please also state what share the alternative beneficiaries are to receive.

Full name of person/organisation: _____

Address: _____

Share to be left ie 50% etc: _____

Relationship: _____

If under 18, at what age would you like them to inherit?
 18 21 25 Other

If this person dies before you, would you wish their share to pass onto their children?
 Yes No

Full name of person/organisation: _____

Address: _____

Share to be left ie 50% etc: _____

Relationship: _____

If under 18, at what age would you like them to inherit?
 18 21 25 Other

If this person dies before you, would you wish their share to pass onto their children?
 Yes No

Full name of person/organisation: _____

Address: _____

Share to be left ie 50% etc: _____

Relationship: _____

If under 18, at what age would you like them to inherit?
 18 21 25 Other

If this person dies before you, would you wish their share to pass onto their children?
 Yes No

Funeral Instructions

Please complete this section if you have any particular preferences.

Client A Burial Cremation

Special instructions:

Client B Burial Cremation

Special instructions:

Further Information

Please use this space to provide any additional information. Continue on a separate sheet if necessary.

Declaration:

Client A

I consent to FB Wills Direct acting on my behalf in order to prepare my Will in accordance with the instructions I have provided herein.

The information I have provided is true and represents my own wishes.

<p>Signed:</p> <hr/>	<p>Full name:</p> <hr/> <p>Date:</p> <hr/>
----------------------	--

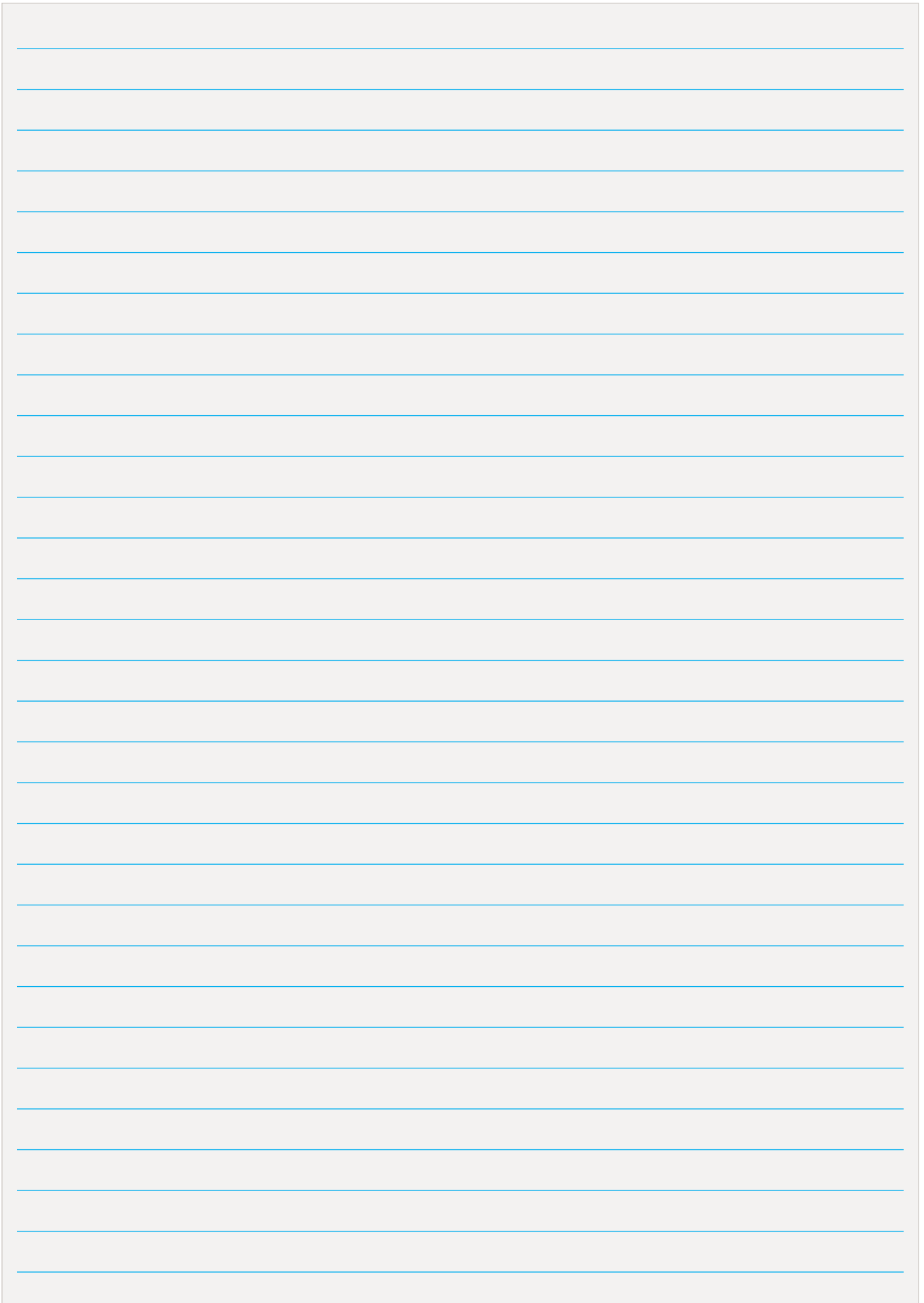
Client B

I consent to FB Wills Direct acting on my behalf in order to prepare my Will in accordance with the instructions I have provided herein.

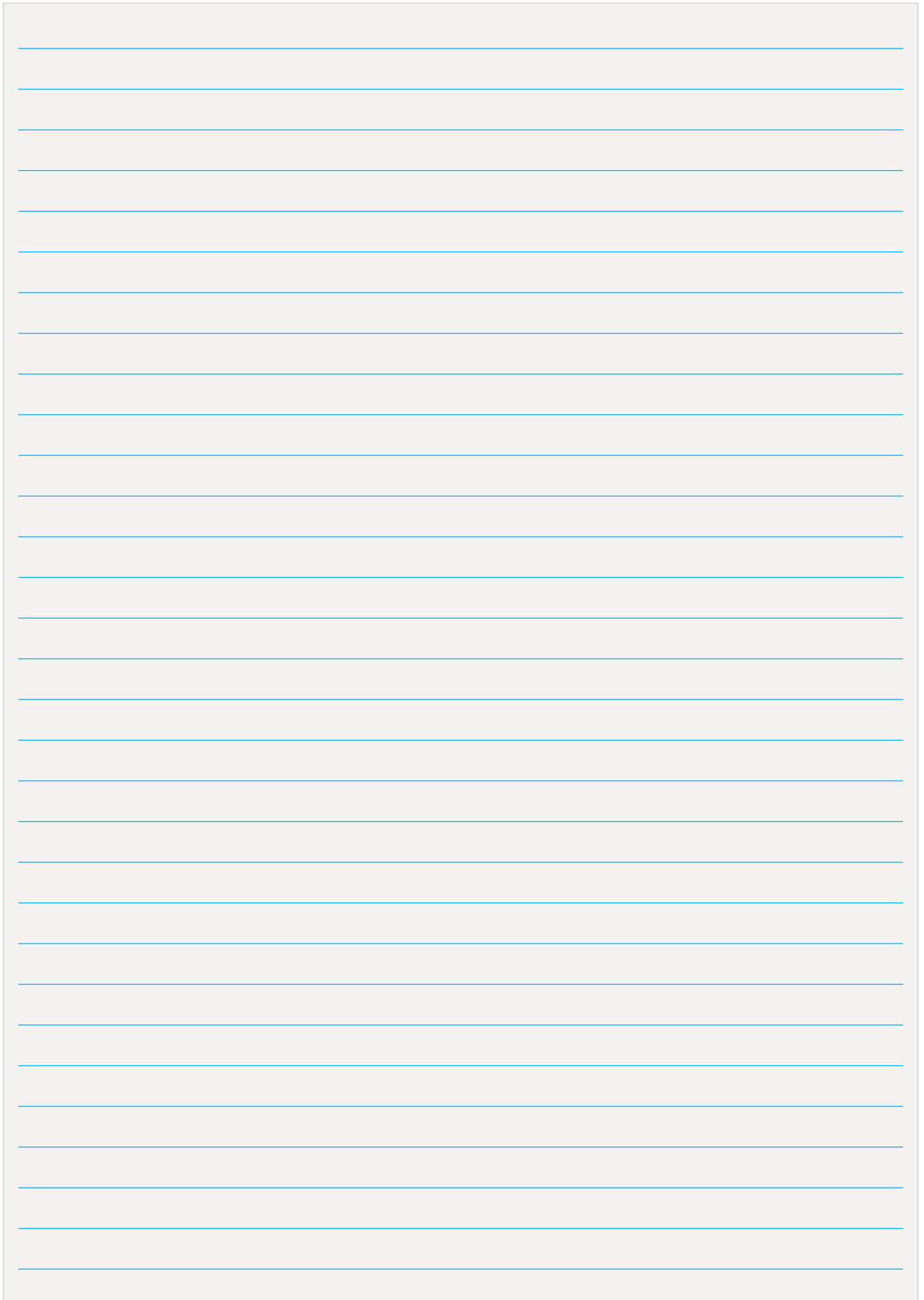
The information I have provided is true and represents my own wishes.

<p>Signed:</p> <hr/>	<p>Full name:</p> <hr/> <p>Date:</p> <hr/>
----------------------	--

Notes:



Notes:





St. Michael's Court, St. Michael's Lane, Derby DE1 3HQ

[T 01332 254420](tel:01332254420) [F 01332 340273](tel:01332340273) [E info@fbwillsdirect.com](mailto:info@fbwillsdirect.com) [W www.fbwillsdirect.com](http://www.fbwillsdirect.com)



FB Wills Direct is part of Flint Bishop Solicitors. A list of partners is available to view at our office. Regulated by the Law Society. Authorised and regulated by the Financial Services Authority.