PROBATE
QUESTIONNAIRE

STRICTLY PRIVATE AND CONFIDENTIAL

This questionnaire is intended for use in a number of wide ranging circumstances. Some questions may not be appropriate to your particular circumstances, but please complete all relevant sections. The more information you provide now the easier it will be for us to complete matters on your behalf.

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DATE OF MEETING:		PLACE OF MEETING:	
ADVISOR:		PERSONS PRESENT:	
EXISTING CLIENT:		INTRODUCED BY:	

MISCELLANEOUS (Fees, Proceeding (Yes/No/TBC))

SECTION A – IMPORTANT NOTES

PART A. General Information

1. This questionnaire is intended for use for a number of wide ranging circumstances. You may find some questions inappropriate to your particular circumstances, but please complete all relevant sections. The more information you provide now the easier it will be for us to complete matters on your behalf.

2. If you do not understand any of the information included in this Probate questionnaire please contact us using our contact details supplied on the front/back page.

3. If you do not have the information requested or you are not sure regarding the accuracy of the information please send us either the original or copy documents relating to the information, such as old bank statements, general correspondence, building society books, pension books, old p60 forms or tax returns, social security details etc to allow us to contact the relevant bodies so as to ascertain the exact accurate information required.

4. Please use the space below to provide any information which you feel may be relevant in the administration of the estate.

PART B. Personal Details

1. Full Name of Deceased: *(Please also list any other names they were known by)*

2. Last known permanent address: *(Please confirm whether this address is a care home)*

3. Date of Death:

4. Date of Birth:

5. Occupation:

6. NI Number:

7. Income Tax District:

8. Self Assessment Ref:

9. Marital Status:

○ Single ○ Widowed ○ Divorced ○ Married

10. Did the deceased leave a Will? ○ Yes ○ No
(If **yes**, please provide a copy)

11. Was the deceased domiciled in England/Wales? ○ Yes ○ No
*(If **no**, where was he/she domiciled?)*

12. Did the deceased grant a power of attorney ○ Yes ○ No
*(If **yes**, please give further details below)*

PART C. Asset Information

1. Did the deceased make any gifts within the last 14 years? ○ Yes ○ No
(If ***yes***, please give further details below)

To Whom	Value of Gift	Date of Gift

2. Did the deceased hold any assets in joint names? ○ Yes ○ No

*(If **yes**, please give further details below)*

Details of each joint asset	Value of each asset	Liabilities	Deceased's share

3. Did the deceased, at any time during their lifetime give written instructions that any asset was to pass to a particular person on their death? ○ Yes ○ No

*(If **yes**, please give further details below)*

Asset	Nominee details

4. Did the deceased have any right to any benefit from any assets held in trust or in a settlement at the date of death? ○ Yes ○ No

*(If **yes**, please give further details below)*

Details of trust / settlement	Value

5. Did the deceased have provision for a pension from employers, a personal pension policy or other provisions made for retirement other than the State Pension? ○ Yes ○ No

*(If **yes**, please give further details below)*

Name and address of pension provider	Value of pension fund

6. Did the deceased own any bank accounts, stocks or shares? ○ Yes ○ No
(including online accounts, such as Paypal)
*(If **yes**, please give further details below)*

Name of bank, building society company and type of shares or stock or full name of units trust and type of units	Number held

7. Did the deceased lend any money either on mortgage or by personal loan that had not been repaid by the date of death? ○ Yes ○ No

*(If **yes**, please give further details below)*

Details of provider	Outstanding amount of loan to be repaid

8. Did the deceased pay any premiums on any life insurance policies or annuities which are payable to either the estate or to someone else or which continue after death? ○ Yes ○ No

*(If **yes**, please give further details below)*

Name and address of insurance providers	Is the policy payable to the estate or to a nominated other	Value of policy

9. Did the deceased own any household goods or other person possessions? ○ Yes ○ No

*(If **yes**, please give further details below)*

10. Did the deceased have a right to a legacy or a share of an estate of someone who died before them, but which they had not received before they died? ○ Yes ○ No

*(If **yes**, please give further details below)*

Value of legacy	Details of deceased leaving legacy

11. Did the deceased own any land or buildings in the UK? ○ Yes ○ No

*(If **yes**, please give further details below)*

Full address	Post Code	Tenure	Lettings/leases	Open Market Value

12. Did the deceased own any farm or agricultural land? ○ Yes ○ No

*(If **yes**, please give further details below)*

13. Did the deceased own all or part of a business or were they a partner in a business? ○ Yes ○ No

*(If **yes**, please give further details below)*

Business name and address	Company number	Type of business	Extent of deceased interest in the business	Value of deceased's interest in the business

14. Did the deceased own any assets outside the UK? ◯ Yes ◯ No

*(If **yes**, please give further details below)*

PART D. Family Details

1. Please give full details of the following surviving relatives of the deceased:

◯ Spouse ◯ Mother ◯ Father

Number Of Children: ____ Number of Grandchildren: ____ Number of Siblings: ____

(Please give details of any family related issues we should be aware of in the box below)

	Full Name(s)	Address	Age/Date of Birth
Mother			
Father			
Spouse			
Brother(s)			
Sister(s)			

	Child's Full Name(s) (or other dependant)	Age/Date of Birth	No. of their children (deceased's Grandchildren)	Please advise if Adopted/ Stepchild/ Illegitimate
1				
2				
3				
4				
5				
6				
7				

SECTION C – YOUR PERSONAL DETAILS

PART E. Personal Details

1. Full Name: *(Please also list any other names you are known by)*

2. Home Address: *(We will write to you at this address unless you specify a different address for correspondence)*

3. Home Tel No:

4. Work Tel No:

5. Mobile Tel No:

OUR OTHER SERVICES INCLUDE:

Wills | Trusts & IHT Planning | Court of Protection work | Powers of Attorney | Charity Registration

iWill
Solicitors

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