

Will Instruction Form

Type of Will:

Costs:

	Self	Spouse / Partner
1. Your Details:		
All first names:		
Surname:		
Title: (Mr, Mrs, Ms etc)		
Full Address:		
Title Number:		
Date of Birth:		
Telephone No: Home		
Telephone No: Work		
Email Address		
2. Marital Status:		
If Single...		
...is this Will being made in anticipation of an imminent Marriage / Civil Partnership to your partner?	Not applicable Yes No	Not applicable Yes No
Have you previously been married / separated / divorced? Please specify	Not applicable Yes No	Not applicable Yes No
3. Special Instructions:		
Re funeral arrangements		
4. Children:		
Please supply the following information for each of your children. <i>Continue on a separate sheet if necessary.</i>		
Child's Full Names:		
Child's Address:		
Child's date of birth:		

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Child's Address:		
Child's date of birth:		

5. Executors:		
These are people, over 18 years of age, who will ensure that your wishes are carried out. They will also take care of anything you leave to someone under 18 years old until they reach adulthood.		
(a) Do you wish your spouse/partner to be an executor?	Yes No	Yes No
(b) Do you wish TG Baynes Solicitors to act as your executors?	Yes No	Yes No
(c) Supply the names and addresses of two executors to act in the event of your spouse / partner dying before you, or, should you not wish them to act as executor.		
1 st Executor. Full Names:		
1 st Executor. Address:		
2 nd Executor. Full Names:		
2 nd Executor. Address:		

6. Guardians:		
<p>If you have children under 18 years old you may appoint Guardians who will take responsibility for your children's upbringing until they reach adulthood. <i>Continue on a separate sheet if necessary.</i> NOTE: one or more of your Guardians may also act as Executors</p>		
Guardian's Full Names:		
Guardian's Address:		

7. Specific Gifts:		
<p>Eg. Jewellery. <i>Continue on a separate sheet if necessary.</i></p>		
Gift: (Describe it)		
Recipient:		
Gift: (Describe it)		
Recipient:		
Gift: (Describe it)		
Recipient:		
Gift: (Describe it)		
Recipient:		
Gift: (Describe it)		
Recipient:		
Do you wish these gifts to be made on your death or only if your spouse / partner dies before you?	On my death. Only if spouse / partner dies first.	On my death. Only if spouse / partner dies first.

8. Cash Gifts:		
State the amount clearly. <i>Continue on a separate sheet if necessary.</i>		
Gift: (State amount) Recipient: Full names		
Gift: (State amount) Recipient: Full names		
Gift: (State amount) Recipient: Full names		
Gift: (State amount) Recipient: Full names		
Gift: (State amount) Recipient: Full names		
(a) In the case of a child at what age is the gift to be paid?		
(b) Do you wish these gifts to be made on your death in any case or only if your spouse / partner dies before you?	On my death. Only if spouse / partner dies first.	On my death. Only if spouse / partner dies first.

9. The Remainder (residue) of your estate:		
(a) Do you wish this to pass to your spouse / partner, and if not (or not applicable) to whom?	Spouse / Partner To: (give full names)	Spouse / Partner To: (give full names)
(b) If any of the above beneficiaries dies before you who do you wish to inherit in their place?		

10. Other claims:		
Is there any person who could / would wish to claim against your estate whom you have omitted from your will (eg. Ex-spouse, children etc). If so, state reasons as this could prevent the success of such a claim.	Name: Reason:	Name: Reason:

11. Estate Value:		
What is the approximate total value of your estate (ie. of everything that you own)?		

12. Any other information		
or instructions you wish to give.		

Office Use Only	
Date of Interview:	
Fee Earner:	Lynn Oliver
Date Will produced:	
Matter Number:	
Accounts Number:	