



The Professional Will Writer
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INITIAL GATHERER to form the basis for discussions
 (If a couple and your Wills are not to be similar, please use two forms)

Please complete in capitals unless you have very neat writing.

For COUPLES we must speak to both.

NON DISCLOSURE: if you do not disclose information, we cannot take it into account!!

1. Your full name including all middle and previous/ alternative names:				
Your date of birth:		Previous Will? Yes (copy please) / No		
2. Partner (if any) full name including all middle and previous/ alternative names:				
Partner (if any) date of birth:		Previous Will? Yes (copy please) / No		
Legal relationship (if a couple)				
Full and correct address:				
				Postcode:
Email 1			Email 2	
Phones:	1		2	
Health 1:	OK/ Not	OK/ Not	OK/ Not	OK/ Not
Health 2	OK/ Not	OK/ Not	OK/ Not	OK/ Not
Domicile	You & father born England / Wales?		Client 1 Yes/ No	Client 2 Yes/ No
Do you have	Enduring Power of Attorney		Client 1 Yes/ No	Client 2 Yes/ No
	LPA* Property & Financial Affairs		Client 1 Yes/ No	Client 2 Yes/ No
	LPA* Health & Welfare		Client 1 Yes/ No	Client 2 Yes/ No

*Lasting Power of Attorney

Please note any issues of concern so that our Consultant can be sure to address them:

E.g. funerals, beneficiaries needing care, Inheritance Tax, Care Fees, your health issues, pets. (if none, write NONE)

Do you have a prepaid funeral plan? **YES/NO** with: _____ Plan number: _____

Is there anyone else who might possibly EXPECT to benefit? **YES/NO**

Is there anyone you wish to specifically exclude? YES / NO

FAMILY TREE

This is useful to demonstrate that you have considered all of the relevant people and not accidentally forgotten someone who might later challenge your Will.

We appreciate not all families will fit this standard grid, so please feel free to use arrows and notes to suit your own family or draw your own.

Please do NOT leave any blank boxes – write NONE or DECEASED as appropriate:

	Your mother	Your father & BIRTH COUNTRY		Your mother	Your father & BIRTH COUNTRY
Your Parents			Partners Parents:		
You:			Your partner (if any):		
Your brothers and sisters:			Partners brother and sisters:		
Your children: (and ages)			Partners children: (and ages)		
JOINT Children of this relationship: (and ages)					
Grandchildren					
Anyone else you might be considered responsible for?					

If either of you have divorced or separated or have responsibility for anyone else, we need to know the details, especially if there is an ongoing liability. **Is there anyone else who might feel that they might have a claim on your estate** that might not benefit? If you don't mention someone who could claim, you may actually strengthen their claim.

COUPLES: please feel free to call us individually.

Your specific concerns:

I will generally include joint birth children or grandchildren as a group rather than individually to keep costs down: more than 8 people named may increase the fee.

Please list people likely to be **Executors, Guardians and Beneficiaries**. Why not use the codes “**X**” – Executor (they get to do all the paperwork when you die), “**B**” – beneficiary (those who inherit), “**G**” guardian (person who is responsible for any underage children if both parents have died.) Who would you like to look after your finances (**F**) or Welfare (**W**) if you were unable to – more than one ideally.

FULL name including all middle names and CORRECT address (check with those named)	Relationship & age	Role

In the unlikely event that none of your beneficiaries or their children survived you (disaster clause), would you be happy for your Estate to be divided amongst your relatives (and those of your spouse if any) under the Rules of Intestacy? **YES/NO** – make a note below. Or perhaps a charity?

Disaster clause beneficiaries:

ASSETS (rough values is fine – we don’t want any specific information)

Owned by	You	Joint (if any)	Partner if any
Home	£	£	£
Other properties			
Home contents, valuables, collections antiques, cars etc	£	£	£
Bank/ savings / investments	£	£	£
Overseas assets (details please)	£	£	£
Pension Funds death value inc D.I.S.	£	£	£
Business assets			
Agricultural assets			
Life insurance	£	£	£
Total	£	£	£
Liabilities			
Mortgage/s	£	£	£
Other e.g. loans, finance, guarantees	£	£	£
Maintenance, school fees etc;			
Total Liabilities			
Total Net Assets	£	£	£

Have you inherited anything in the last 2 years? Client 1 Yes/ No Client 2 Yes/ No
(If Yes, please supply basic details on a separate sheet)

Are you likely to inherit in the foreseeable future? Client 1 Yes/ No Client 2 Yes/ No

Any property or other assets such as investments or interest in a Trust? **Yes / No**

Such trusts are often used to save Inheritance Tax.

GIFTS: including transfers into Trusts may be brought into the Inheritance Tax net figure on death:

Have you made any gifts in the last 7 years of over £250 Yes / No

Have you made any gifts in the last 7 years of over £3,000 in any one year? Yes / No

Assets overseas – if any please give details.

Your ID: Legislation obliges me to verify the identification of their clients. To complete this check we will require the following:

ONE OF EITHER:

A) your driving licence OR	
your passport photo	

AND

A utility bill / bank statement dated within the last 3 months showing your current full address including post code.	
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I have a list of other options if needed – the easiest are probably an original birth certificate and NHS card.