

MAKING A WILL



THOMPSONS NI

Thompsons NI is Regulated by the Law Society of Northern Ireland

QUESTIONNAIRE

To 'tick' please type 'Y' into the appropriate box where necessary

1. Union and branch:	<input type="text"/>	Membership No:	<input type="text"/>
2. First name(s):	<input type="text"/>	Occupation:	<input type="text"/>
Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
3. Home address:	<input type="text"/>		Tel No: <input type="text"/>
4. Your marital status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Co-habitee <input type="checkbox"/> Civil Partnership <input type="checkbox"/>		
5. Have you made a Will before? (if so, provide a copy)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. Full name of husband/wife/civil partner	<input type="text"/>		
7. Do you wish your husband/wife/civil partner to inherit all your property and in this case do you wish your spouse to be your Executor?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. If your husband/wife/civil partner dies at the same time as yourself do you want your estate to go to your children?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Names and ages of children:	<input type="text"/>		
10. If your children are under 18 years of age, whom do you wish to be responsible for such children if you and your spouse/civil partner should die ? (usually a married couple):	<input type="text"/>		
11. Who do you want to act as executor in these circumstances? (preferably two people)	First name		Surname
	Address		
	First name		Surname
	Address		

Please attach extra sheets if necessary. Full reasons should be given if you wish to exclude anyone who is financially dependent on you. If that person makes a claim against your estate, your reasons for excluding them will be considered in court.

12. If you are not married whom do you want to inherit your property?
Please give their name, address and their relationship with you.

First name	Surname
Address	
Relationship	

First name	Surname
Address	
Relationship	

13. Who do you want to act as Executor in these circumstances?

First name	Surname
Address	
Relationship	

First name	Surname
Address	
Relationship	

14. Do you have anyone other than your immediate family who is financially dependant on you?
For example, separated or divorced spouse, children of a previous marriage.

--	--

15. Any other relevant information

--	--

Signature _____ Date _____