

MAKING A WILL



THOMPSONS NI

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QUESTIONNAIRE

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

1. Union and branch:

Membership No:

2. First name(s):

Occupation:

Surname:

Date of Birth:

3. Home address:

Tel No:

4. Your marital status:

Single Married Separated Divorced Co-habitee Civil Partnership

5. Have you made a Will before?
(if so, provide a copy)

Yes No

6. Full name of husband/wife/civil partner

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 No

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 No

9. Names and ages of children:

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):

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.

| | |
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15. Any other relevant information

| | |
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| | |
|--|--|

Signature _____ Date _____

If your version of Adobe Reader/Acrobat allows you to insert an electronic signature, please insert it above,
save the file and email it to willsbel@thompsons.law.co.uk
Otherwise, print this file out, sign it and post to: WILLS SECTION, THOMPSONS NI, 171 Victoria Street, Belfast BT1 4HS

Please complete and return to WILLS SECTION, THOMPSONS NI, 171 Victoria Street, Belfast BT1 4HS
Tel. 90 890400 OR EMAIL TO willsbel@thompsons.law.co.uk