QUESTIONNAIRE FOR PERSONAL REPRESENTATIVES

PART 1 – DECEASED'S PERSONAL DETAILS

1.	Please	e give deceased's:
	a.	Full name – please include any variations he or she used:
	h	
	b.	Address:
	C.	Occupation:
	d.	Marital status
	(i)	If married/in a registered civil partnership:
		 please provide the spouse/civil partner's full name, date of birth, date of marriage and place of marriage
	(ii)	If widowed:
		 please provide the full name, date of birth, date of death, date and place of marriage of deceased's former spouse/civil partner please provide (if available) a copy of the former spouse/civil partner's death certificate, grant of probate, deed of variation and IHT forms
		- did the Deceased's former spouse/civil partner use their Nil Rate Band?

(iii) If divorced:

2.

3.

4.

	 please provide the name of any former spouse/civil partner and dates separation and divorce – attach copy of decree absolute please provide a copy of the decree absolute and any information regarding maintenance of the former spouse/civil partner and/or children of the relationship
(iv)	If single
	 please provide the full name and date of birth of any person with whom the deceased was cohabiting at the date of death please provide full names and dates of birth of any children of the deceased born outside of marriage/civil partnership
Date a	and place of death:
Date a	and place of birth:
Natio	nal Insurance number:
Has th	ne funeral taken place? YES NO

PART 2 – ONLY COMPLETE THIS PART IF THERE IS A WILL

- 1. Where is the Will? Any realistic possibility there were later Wills?
- 2. If you can, please give full names, addresses, occupations and telephone numbers of all the executors:

Executors: _____

- 3. Was any letter left by the Deceased with the Will expressing wishes about gifts to be made or the funeral? If so, please let us have it:
- 4. Do you know if all the beneficiaries mentioned in the Will are alive?
- 5. Are all Executors and Trustees willing and able to act? Renunciation or power reserved?
- 6. Any other information regarding the Will?

PART 3 - ONLY COMPLETE THIS PART IF THERE IS NO WILL OR NO EXECUTOR(S)

This information will help establish who will be in charge of the Deceased's property for the time being, and who will inherit it eventually.

- 1. a. If the Deceased was married/in a registered civil partnership at death, please give spouse's/civil partner's address and telephone number:
 - c. If the Deceased had children, please give their names, addresses and telephone numbers and dates of birth if they are under 18:

d. Are all children naturally born of the deceased, named on birth certificate? Any other children (adopted in or out of family, illegitimate or estranged)?

e. If the Deceased did not leave a spouse/civil partner or children, what other relatives did he or she leave? Do you have their addresses? Please indicate each person's relationship to the Deceased:

PART 4 – THE DECEASED'S ASSETS

Was it freehold or leasehold
owing to or from estate?
ceased owned anything jointly with another person). Are any of these items subj ecific gift in the Will or likely to be required by any beneficiary in specie?: House:
luations will be required, usually three)
Furniture:
Clothing:
Jewellery:
Car, caravan, motorbike, boat (giving make, type and year, if possible), numberplate
Personal possessions (e.g. camera, hobby, equipment, collections, books, reconcert.):
Other property, please specify freehold / leasehold and value:

(official valuations will be required, usually three)

4. Stocks and shares:

	Please list name of share, type and number of shares held:
b.	Are the shares in the Deceased's name or otherwise?
	you found any uncashed cheques (for share dividends, for example) or other tions of money owed to the Deceased? Please let us have these.
indica	tions of money owed to the Deceased? Please let us have these.
indica	tions of money owed to the Deceased? Please let us have these.
Indica	tions of money owed to the Deceased? Please let us have these.
Indica	tions of money owed to the Deceased? Please let us have these.
Indica	tions of money owed to the Deceased? Please let us have these.
Indica Buildin Bank a Bank a	ng Society accounts. Please list account name, type and value as at date of death for each

- 10. Deceased's cash did you find any money in his or her wallet or purse?
- 11. Did the Deceased have any life insurance? If so, please give the value:

Were they written in trust?

- 12. Pensions (are they from an employment, from a spouse's scheme, or a state retirement pension: please give details of any money owed to or from the estate:
- 13. Please give details of any salary due to the Deceased, or any fees not yet paid, e.g., Director's fees:
- 14. Did the Deceased have a business? Was the Deceased a Director of a company?
- 15. Did the Deceased own a farm and/or agricultural land?
- 16. If the Deceased owned property which was rented out, was there any rent owing?
- 17. Did the Deceased have any property in a safe deposit box at the bank?
- 18. Was the Deceased at the time of death entitled to a life interest, annuity or other interest in possession in settled property or a trust?
- 19. Did the Deceased own any property (such as a holiday cottage or family home) abroad? Please say what he or she owned and where it is:
- 20. Was the Deceased in receipt of social security benefits? E.g. OAP, AA, Disability Living Allowance. If so, any money due to or from estate:

21. Was the Deceased the joint owner of any property not mentioned above?

22. **DIGITAL ASSETS**

- a. Did the Deceased own any hardware or software of particular value?
- b. Did the Deceased own a website/blog/other online interest?
- c. Did the Deceased own any other digital assets of any value, e.g., domain names, games characters, etc.?
- c. Did the Deceased have an account with Betfred or similar gambling account?

PART 5 – DEBTS AND LIABILITIES

1. Please let us have all details of bills that appear not to have been paid. The following list may be of assistance: credit cards or store cards, electricity, gas, water, telephone, mortgage, overdraft or loan account, community charge/council tax, rent, service charge (if the Deceased lived in a flat). Have mobile telephone, television and broadband been cancelled? Water rates? (has furniture been removed?)

b. In addition, if the Deceased had a business, there may well be outstanding debts. Do you know of these?

- 2. Do you know if the Deceased guaranteed any loans?
- 3. If the Deceased had an accountant or other adviser dealing with his or her tax, please give his or her name, address and telephone number. Or provide UTI reference:

4. Any medical bills, home help or care home fees outstanding?:

PART 6 – GENERAL

1. To establish the extent of inheritance tax payments due to be made, please give details and dates of all gifts (including money, objects or land) or releases from settlements, made by the deceased within 14 years of his or her death together with details of the name, address and relationship of the donee to the donor:

PART 7

Please add any other information you think we should have here:

