Single Will Instruction Form

1. Your Details

|  |
| --- |
| Title: Click here to enter text. |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| E-mail Address: Click here to enter text. |
| Telephone Number: (Home) Click here to enter text. (Mobile) Click here to enter text. |
| Gender: Male ☐ Female☐ |
| Date of Birth:Click here to enter a date. |
| Nationality: Click here to enter text. |
| Occupation: Click here to enter text. |
| Marital Status: Married ☐ In a Civil Partnership ☐ Living with Partner ☐  Single ☐ Divorced ☐ Separated ☐ Widowed ☐  *If separated/divorced, please provide further information on the terms of your separation* Click here to enter text. |
| If you have ever been known by any other name, please give details:  Click here to enter text. |

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| What is your preferred method of contact? Email ☐ Post ☐ |

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| Have you made a Will? Y ☐ N ☐  Where is it held? Click here to enter text. |

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| Please tick the boxes to confirm that you do not:  Have assets outside of England and Wales ☐  Own a property as joint tenants with someone else who you do not wish to leave your share to the other joint owner ☐  Wish to leave specific instructions relating to the continuation of a business ☐  *If you have left a box un-ticked please contact us to discuss further* |
| Please tick the boxes to confirm that you:  Are of sound mind ☐ Are aged 18 or over ☐ Are able to read and write ☐ Understand that by making and executing this will you are revoking any previous Wills ☐ |

1. Your Children (optional)

Child 1 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Gender: Male ☐ Female ☐ |
| Date of Birth: Click here to enter a date. |

Child 2 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Gender: Male ☐ Female ☐ |
| Date of Birth: Click here to enter a date. |

Child 3 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Gender: Male ☐ Female ☐ |
| Date of Birth: Click here to enter a date. |

**(Please enter any additional information at Section 10)**

1. Your Assets

|  |
| --- |
| Please give the name of your bank/building society and the approximate amounts held in either savings or current accounts:  Click here to enter text. |
| If you own a property or properties, please give the estimated value: £Click here to enter text. |
| If you hold any shares, please give details: Click here to enter text. |
| If you have any life insurances, please give details: Click here to enter text. |
| If you receive income from any trusts, please give details: Click here to enter text. |
| Including the assets mentioned above, please estimate the total value of your estate: *(the total of your property, money and possessions)* £Click here to enter text. |
| If you have made any gifts totalling more than £3,000 in the last 7 tax years, please give details: Click here to enter text. |
| If you have ever made any promises to anyone regarding the distribution of your estate, please give details: Click here to enter text. |

|  |
| --- |
| Please give details of any debts owed (including mortgages): Click here to enter text. |

**(Please enter any additional information at Section 10)**

1. Funeral Wishes (optional)

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| Do you wish for your body to be: Buried ☐ Cremated ☐  I have no preference ☐ |
| If you want to specify any further wishes, please give details: Click here to enter text. |

1. Appoint Executors

Your executors are the organisation, person or persons appointed by you to look after your affairs and make sure the wishes expressed in your Will are carried out. You can appoint the partners of Hegarty Solicitors to act as your executor either alone or together with a family member or friend. If appointed, Hegarty Solicitors will incur a fee at the time of administering your estate. It is important you consider your executors carefully as it involves a great deal of responsibility. As well as appointing executors, we also advise that you appoint a substitute executor to act should your first chosen executors predecease you or be unwilling or unable to act.

|  |
| --- |
| Do you wish to appoint Hegarty Solicitors to act as Executor: Yes ☐ No ☐ Substitute Executor ☐ |

Executor 1 (optional)

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| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you have chosen to appoint Hegarty Solicitors, do you wish for Executor 1 to act:  Together with Hegarty Solicitors ☐  As Substitute Executor if Hegarty Solicitors are unable to act ☐ |

Executor 2 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| Do you wish for Executor 2 to act:  Together with the above named Executors ☐  As Substitute Executor if the above named Executors are unable to act ☐ |

Executor 3 (optional)

|  |
| --- |
| First Name(s): Click here to enter text. |
| Middle Name(s): Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| Do you wish for Executor 3 to act:  Together with the above named Executors ☐  As Substitute Executor if the above named Executors are unable to act ☐ |

**(Please enter any additional information at Section 10)**

1. Appoint Guardians (optional)

Guardian 1 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |

Guardian 2 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Home Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| Do you wish for Guardian 2 to act:  Together with Guardian 1 ☐  As Substitute Guardian if Guardian 1 is unable to act ☐ |

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| Do you wish to authorise your Executors to advance monies to the Guardians for their reasonable costs in caring for your children? Click here to enter text. |

**(Please enter any additional information at Section 10)**

1. Specific Gifts (optional)

Specific Gift 1 (optional)

|  |
| --- |
| Would you like to leave:  A specific item (jewellery, items of sentimental value or other) ☐  Property (house, flat or other) ☐  Stocks/Shares ☐ |
| Please give details: *(eg description of the item, address of the property, insurance company name and policy number, details of shares portfolio or specific shares)*  Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this gift, please give details: *(eg the age at which the beneficiary is to receive the gift, who is to receive the gift if the beneficiary should die before you, who is to pay any inheritance tax due on the gift if any)*  Click here to enter text. |

Specific Gift 2 (optional)

|  |
| --- |
| Would you like to leave:  A specific item (jewellery, items of sentimental value or other) ☐  Property (house, flat or other) ☐  Stocks/Shares ☐ |
| Please give details: *(eg description of the item, address of the property, insurance company name and policy number, details of shares portfolio or specific shares)*  Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this gift, please give details: *(eg the age at which the beneficiary is to receive the gift, who is to receive the gift if the beneficiary should die before you, who is to pay any inheritance tax due on the gift if any)*  Click here to enter text. |

Specific Gift 3 (optional)

|  |
| --- |
| Would you like to leave:  A specific item (jewellery, items of sentimental value or other) ☐  Property (house, flat or other) ☐  Stocks/Shares ☐ |
| Please give details: *(eg description of the item, address of the property, insurance company name and policy number, details of shares portfolio or specific shares)*  Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this gift, please give details: *(eg the age at which the beneficiary is to receive the gift, who is to receive the gift if the beneficiary should die before you, who is to pay any inheritance tax due on the gift if any)*  Click here to enter text. |

**(Please enter any additional information at Section 10)**

1. Cash Gifts (optional)

Cash Gift 1 (optional)

|  |
| --- |
| Amount: £Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this cash gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this cash gift, please give details: *(eg the age at which the beneficiary is to receive the cash gift, who is to receive the cash gift if the beneficiary should die before you)*  Click here to enter text. |

Cash Gift 2 (optional)

|  |
| --- |
| Amount: £Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this cash gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this cash gift, please give details: *(eg the age at which the beneficiary is to receive the cash gift, who is to receive the cash gift if the beneficiary should die before you)*  Click here to enter text. |

Cash Gift 3 (optional)

|  |
| --- |
| Amount: £Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this cash gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this cash gift, please give details: *(eg the age at which the beneficiary is to receive the cash gift, who is to receive the cash gift if the beneficiary should die before you)*  Click here to enter text. |

Cash Gift 4 (optional)

|  |
| --- |
| Amount: £Click here to enter text. |
| Please give details of the beneficiary: *(the individual, organisation or charity who is to receive this cash gift)*  First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| If you would like to specify any conditions on the beneficiary’s receipt of this cash gift, please give details: *(eg the age at which the beneficiary is to receive the cash gift, who is to receive the cash gift if the beneficiary should die before you)*  Click here to enter text. |

**(Please enter any additional information at Section 10)**

1. Residuary Estate

Your residuary estate is what is left of your estate after your funeral expenses, any specific gifts, any cash gifts, inheritance tax (if any) and all other liabilities and expenses have been paid.

Beneficiary 1

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| % of your residuary estate this beneficiary is to receive: Click here to enter text. % |
| If you would like to specify any conditions on the beneficiary’s receipt of their share of your residuary estate, please give details: *(eg the age at which the beneficiary is to receive their share, who is to receive the share if the beneficiary should die before you)*  Click here to enter text. |

Beneficiary 2 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| % of your residuary estate this beneficiary is to receive:Click here to enter text. % |
| If you would like to specify any conditions on the beneficiary’s receipt of their share of your residuary estate, please give details: *(eg the age at which the beneficiary is to receive their share, who is to receive the share if the beneficiary should die before you)*  Click here to enter text. |

Beneficiary 3 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| % of your residuary estate this beneficiary is to receive: Click here to enter text. % |
| If you would like to specify any conditions on the beneficiary’s receipt of their share of your residuary estate, please give details: *(eg the age at which the beneficiary is to receive their share, who is to receive the share if the beneficiary should die before you)*  Click here to enter text. |

Beneficiary 4 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| % of your residuary estate this beneficiary is to receive:Click here to enter text. % |
| If you would like to specify any conditions on the beneficiary’s receipt of their share of your residuary estate, please give details: *(eg the age at which the beneficiary is to receive their share, who is to receive the share if the beneficiary should die before you)*  Click here to enter text. |

Beneficiary 5 (optional)

|  |
| --- |
| First Name: Click here to enter text. |
| Middle Name: Click here to enter text. |
| Last Name: Click here to enter text. |
| Name of Organisation/Charity: Click here to enter text. |
| Address: Click here to enter text. |
| Relationship to you: Click here to enter text. |
| % of your residuary estate this beneficiary is to receive: Click here to enter text. % |
| If you would like to specify any conditions on the beneficiary’s receipt of their share of your residuary estate, please give details: *(eg the age at which the beneficiary is to receive their share, who is to receive the share if the beneficiary should die before you)*  Click here to enter text. |

**(Please enter any additional information at Section 10)**

1. Additional Information (optional)

|  |
| --- |
| Please give details of any other provision you wish to make in your Will or any other information that you think will be of assistance in drafting your Will:  Click here to enter text. |

**Declaration**

I confirm the information provided is correct to the best of my knowledge and instruct Hegarty LLP to create a Will based on these facts. I understand that the cost of £375+VAT is for a straightforward Will only.

I have read, understand and agree to your Terms & Conditions of Business.

Signature of client                     DOB            Date      