

COLLAS DAY | PRIVATE CLIENT

Will check list

PRIVATE CLIENT | WILL CHECKLIST

If you would like to make a Will, or to discuss making a Will, it helps to prepare for the discussion. If you complete as much of this Checklist as you can and either send it to us or bring it with you when you come for your appointment, your advocate will be able to assess your circumstances more quickly, avoiding wasted time and perhaps the need for another appointment.

If you can't answer a question or are not sure about the answer, don't worry - your advocate will deal with the question with you when you meet. If you run out of space, please continue on a separate sheet of paper, noting the Section and the number of the Question you are answering.

SECTION A - General Information

1. Full name

(including any middle names, maiden names or former names where applicable).

2. Address

3. Marital Status

i.e. single / engaged / married / widowed.

4. Spouse's Name if Applicable

(Including any middle names, maiden names or former names where applicable).

5. Father's Name

Please provide the full name of your father.

6. Details of Children of the Current Marriage/Relationship

Please include full name, date of birth and date of adoption (if applicable).

7. Details of Any Other Children

Please state the full name and date of birth of any children (including any middle names, maiden names or former names where applicable).

Were the children born within a previous marriage/relationship? Are they legitimate (i.e. born outside of marriage), illegitimate (i.e. born outside of marriage) or step-children.

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8. Details of Any other Intended beneficiaries

Please include full names (including any middle names, maiden names or former names where applicable) and addresses of any other beneficiaries.

Are any of these beneficiaries minors, i.e. under the age of eighteen?

If the beneficiary is a charity, what is the purpose of the gift?

9. Type of Will Required

Please state whether you would like to make a Will dealing with your Real Estate only, Personal Estate only, or both.

If you would like to make provision for both your Real and Personal Estate please note that it is now possible to make a single, combined Will.

Please state below whether you would prefer to make a combined Will, or two separate Wills relating to Realty and Personalty. In doing so please consider that if a combined Will is made, details relating to your Personal as well as Real Estate will become a public record on your death.

If you wish to make a combined Will, or separate Wills, dealing with both your Real and Personal Estate please complete both Sections B and C below.

If you wish to make a Will dealing with your Real Estate only, please complete Section B below only.

If you wish to make a Will dealing with your Personal Estate only, please complete Section C below only.

PLEASE NOTE - SECTIONS A AND D MUST BE COMPLETED IN EITHER CASE

SECTION B - Guernsey Real Estate

1. Details of Real Estate in Guernsey

Please state how this property is owned, e.g. solely or jointly; in survivorship or undivided shares.
Please attach a copy of your title deeds.

2. Details of Real Estate outside of Guernsey

Please provide a brief description including the ownership of any property you own which is situated outside of Guernsey.

Have you have previously made a Will disposing of this property?

3. Beneficiaries

If you have either children or grandchildren please state which of them are to inherit your Real Estate under your Will and, if more than one, in what proportion (i.e. equal shares, percentage shares etc).

If you do not have any children or grandchildren please state who you would like to inherit your Real Estate.
If more than one person and, if more than one, in what proportion (i.e. equal shares, percentage shares etc).

SECTION C - Personal Estate

1. Domicile

Please state whether you were born in Guernsey and if not how long you have lived here.

Please also state whether you intend to remain in Guernsey permanently.

2. Executor

Please state who you would like to be the Executor of your Will, including their full name (including any middle names, maiden names or former names where applicable) and address.

3. Second Choice of Executor

Please state your second choice of Executor in the case that your first choice cannot act, including their full name (including any middle names, maiden names or former names where applicable) and address.

4. Specific Gifts

If you would like to make any specific bequests, (for example: of sums of money or specific items), please provide a full description of the items in question and state the full names and addresses of these beneficiaries.

5. Contents of Home

Please state whether you wish the contents of your home to be disposed of or sold.

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6. Life Assurance

Please state whether you own any life assurance policies. If so please attach a copy to enable us to ascertain for whose benefit and to whom they are payable on death.

7. Beneficiaries

Please state who should be the principal beneficiaries of the remainder of your estate. If more than one beneficiary please state the shares in percentages or fractions.

8. Will Trust

Please state whether a Will trust is required for minor beneficiaries, whereby the executor will hold the beneficiary's share on trust until he or she attains a certain age. If such a trust is required please state at what age you would like the minor beneficiaries to inherit the capital.

9. Guardian of Minor

Please state whether a Testamentary Guardian should be appointed under your Will in relation to any minor children existing at the time of your death. If a guardian is required please state who you would like this to be, including their full name and address, and who your second choice would be in the case that your first choice is unable to act.

10.

Assets

Please provide a list of your personal assets, e.g. bank accounts, stocks, shares etc, and state whether these are owned by you solely or in joint names.

SECTION D - Other

1. Pets

Please detail any requests relating to pets which may be alive at the time of your death.

2. Burial or Cremation

Please state whether you would like to be buried or cremated and any requests relating to your funeral.

3. Any other comments

For further information please contact:

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