

WILLS Instruction Form

PART A - General

	CLIENT 1	CLIENT 2
Surname (Incl. Title):		
First names (Incl. All Middle Names):		
Address Line 1:		
Address Line 2:		
Address Line 3:		
Town:		
Postcode:		
Home Telephone No:		
Work Telephone No:		
Mobile Telephone No:		
Fax No:		
E-mail Address:		
Date of Birth:		
Occupation:		
National Insurance No:		
Are you an existing Client?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you recommended by anyone?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, who?	

If you answered NO to the above or if it is relevant, please complete the following.

I am using Ola Leslie as a result of:

- ☐ Newspaper Ad.
 ☐ Circulars
 ☐ Late Opening
 ☐ Yellow Pages
 ☐ Seeing the Office
 ☐ Signs
☐ Sponsored Listing on Google
 ☐ Other

Have you made a Will? Yes ☐ No ☐
If so, where is it held?

Please read through the details on the accompanying document which sets out the levels of will writing service and prices we can offer and select your desired level.

Will Level

1 ☐ 2 ☐ 3 ☐ 4 ☐

PART B - Executors

Do you wish your Wife/Husband to be sole Executor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to appoint Ola Leslie as Executor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In any event, do you wish Ola Leslie to deal with your estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please give details if the above do not apply or if you wish to appoint additional executors (where there are children under 18, two executors must be named)

Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Occupation:	Occupation:
Relationship (if any)	Relationship (if any)
Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Occupation:	Occupation:
Relationship (if any)	Relationship (if any)

PART C – Guardians

ARE GUARDIANS REQUIRED? Please note that the guardian is usually the person with whom the children will live and who will make decisions with regard to education and medical treatment, therefore it is difficult to appoint two people unless they are a married couple although any person can be named as an alternative. You can appoint a guardian if you have parental responsibility for a child.

Full Name:
Address:
Post Code:
Relationship (if any):

PART D – Children's Details

Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Age (if under 18) Date of Birth	Age (if under 18) Date of Birth
Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other
Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Age (if under 18) Date of Birth	Age (if under 18) Date of Birth
Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other
Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Age (if under 18) Date of Birth	Age (if under 18) Date of Birth
Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other
Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Age (if under 18) Date of Birth	Age (if under 18) Date of Birth
Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other
Full Name:	Full Name:
Address:	Address:
Post Code:	Post Code:
Age (if under 18) Date of Birth	Age (if under 18) Date of Birth
Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	Age you wish to inherit: 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other

PART E – Legacies (individual gifts of money and/or property)

Do you wish the following to be made during the lifetime of your Husband / Wife / Partner Yes ☐ No ☐

(1) To whom (Full Name):

Address:

Postcode:

Relationship:

Amount of Money or Description of Item(s)

(2) To whom (Full Name):

Address:

Postcode:

Relationship:

Amount of Money or Description of Item(s)

(3) To whom (Full Name):

Address:

Postcode:

Relationship:

Amount of Money or Description of Item(s)

(4) To whom (Full Name):

Address:

Postcode:

Relationship:

Amount of Money or Description of Item(s)

PART F – House(s) And/Or Land

PROPERTY DESCRIPTION 1:

Address:

Post Code:

HM Land Registry
Number if registered:

Is It in joint names? Yes ☐ No ☐ Is the property held as Joint Tenants (JT) or Tenants in common (TIC)? JT ☐ TIC ☐ Don't Know ☐

Please give details of what you wish to happen to the property (i. e. do you wish to leave this to a specific person or do you wish it to be part of the residue of your estate in part G below?)

PROPERTY DESCRIPTION 2:

Address:

Post Code:

HM Land Registry
Number if registered:

Is It in joint names? Yes ☐ No ☐ Is the property held as Joint Tenants (JT) or Tenants in common (TIC)? JT ☐ TIC ☐ Don't Know ☐

Please give details of what you wish to happen to the property (i. e. do you wish to leave this to a specific person or do you wish it to be part of the residue of your estate in part G below?)

PART G – Residue Of Your Estate

(What's left of your Estate after specified Gifts have been made)

Is your Spouse / Civil Partner / Partner to be sole beneficiary of residue? Yes ☐ No ☐

If he/she dies before you, are ALL your children to benefit Yes ☐ No ☐

If "YES" are they to benefit equally? If not, please show below the proportions you wish them to benefit:

(1) To whom (Full Name):

Share to be received:

(2) To whom (Full Name):

Share to be received:

(3) To whom (Full Name):

Share to be received:

(4) To whom (Full Name):

Share to be received:

If no children, please state below the names and addresses of person(s) to benefit and proportions to receive:

(1) To whom (Full Name):

Address:

Postcode:

Relationship:

Share to be received:

(2) To whom (Full Name):

Address:

Postcode:

Relationship:

Share to be received:

(3) To whom (Full Name):

Address:

Postcode:

Relationship:

Share to be received:

(4) To whom (Full Name):

Address:

Postcode:

Relationship:

Share to be received:

<p>If any of your children die before you, are ALL your grandchildren to receive their deceased parents share? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you and all your children die before you have any grandchildren, or there are no surviving grandchildren (e.g. in an accident), who do you wish to inherit your estate? Please provide the names and addresses of such beneficiaries below.</p> <p>If a charity please give correct name / title and state whether your bequest is for a specific purposes or for general charitable purpose of the charity.</p>
(1) To whom (Full
Name): Address:
Post Code:
Share to be received:
(2) To whom (Full
Name): Address:
Post Code:
Share to be received:
(3) To whom (Full
Name): Address:
Post Code:
Share to be received:
(4) To whom (Full
Name): Address:
Post Code:
Share to be received:

PART H – Funeral Arrangements		
	CLIENT 1	CLIENT 2
Do you carry a Donor Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish any of your organs to be donated for other people?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be	Buried <input type="checkbox"/> Cremated <input type="checkbox"/>	Buried <input type="checkbox"/> Cremated <input type="checkbox"/>
Do you wish a church service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other requirements?		

PART I - Asset Details

	CLIENT 1	CLIENT 2
House 1	£	£
House 2	£	£
Car(s)	£	£
National Savings	£	£
Stocks & Shares	£	£
Bank	£	£
Building Societies	£	£
Pensions/Insurance Policies	£	£
Household contents	£	£
Jewellery	£	£
Any other assets (e.g.business interests)	£	£
Total Assets	£	£

Liabilities	CLIENT 1	CLIENT 2
Mortgage 1	£	£
Mortgage 2	£	£
Loans/HP arrangements	£	£
Credit card debts	£	£
Any other debts	£	£
Total Liabilities	£	£

Total Assets	£	£
LESS		
Total Liabilities	£	£

Current value of your Estate	£	£
Additional information affecting your estate		
<p>Have you made any single gifts over the value of £3,000 in the last 7 years?</p> <p>If YES, give details</p>		

Listed below are the basic factors to be aware of when considering what to leave under your Will and whom to leave it to. Please could you read through the following information and tick the box to confirm you understand these issues and how they relate to your Will.

You understand:

- your Will comes into effect on your death and not before.
- your Will can be changed (by you only) at any time before death provided you have the mental capacity (understanding) to do this.
- who your executors are to be and the importance of having executors and/or trustees.
- who gets what under your Will.
- whether a beneficiary's gift is outright or conditional (e.g. that a beneficiary can only receive it if they reach your specified age; or a beneficiary only gets the benefit of the gift during their lifetime and on their death it passes to someone else whom you specify).
- that if you spend your money or dispose of an item the beneficiary of that money or that item under your Will now might lose out.
- a beneficiary might die before you.
- that you may already have a Will and that this one may be different and that you understand how it is different and that a new Will will stand in place of your current Will.
- that if you marry or enter into a civil partnership at a later date this would revoke your Will.
- what property you own in your sole name.
- that certain property / assets can be owned jointly. Any such assets owned at the date of death may pass automatically to the surviving joint owner and not under your Will.
- that there may be benefits payable under a Death in Service scheme or under a pension or insurance policy which may not pass under your Will.
- that what you own and how you own it could change during your lifetime after the date of your Will and may not be able to pass therefore under your Will if you do not keep your Will updated.

I / We have read the above information and have no queries about how this relates to my / our Will(s).

PLEASE RETURN THE COMPLETED WILLS INSTRUCTION FORM TO:-

OLA LESLIE SOLICITORS
60 BOROUGH HIGH STREET
LONDON SE1 1XF

Or Fax to 0207 183 0084
Or [E-mail it to wills@Olaleslie.com](mailto:wills@Olaleslie.com)

