



Will It
Solicitors
Suite 2124
26 Pembroke Street Upper
Dublin 2
www.willit.ie
Tel: (01) 637 3988
Fax: (01) 640 1901
Email: Siobhan@willit.ie

If you have downloaded this form from www.willit.ie, please complete and return to Will It Solicitors by email, post or fax.

Should you have any queries or in relation to completing this form, please contact Will It Solicitors at the above contact details.

WILL QUESTIONNAIRE

A CONTACT AND OTHER PERSONAL DETAILS

Full Name: _____

Address: _____

Phone No: _____

Email _____

D.O.B.: _____

Occupation/Profession: _____

Marital Status: _____

Single/Married/Civil Partnership/Cohabiting/Widowed or
Widower/Divorced/Dissolved Civil Partnership/Separated/Contemplating Marriage
or Civil Partnership

Previous
Names: _____



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B. PERSONAL, FAMILY AND FINANCIAL BACKGROUND

1. Have you been married/have a Civil Partnership? _____

2. If so, did that marriage/Civil Partnership end? And is there any ongoing obligation to pay maintenance? If so, give details.

3. Do you have any children? If so, please provide details of their names and ages.

4. Are any children maintained by a former spouse/partner? Please give details if appropriate.

5. Do you have a pension? If so please give details.



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6. Do you have any life assurance policies? Are these written in trust? Please give details.

7. Do you own any property (investments and interests in land) outside of Ireland, if so please provide details.

8. Do you have a business or do you farm any land? If so is this something which could continue after your death?

9. Do you own your own home?

If you own your own home –

a) Do you own it with anyone else?

b) If it is owned with another, do you know if the house is owned by you as joint tenants or tenants in common?



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c) **Is there a mortgage? If so, how much is outstanding (approximately)?**

d) **Are there any policies of life insurance linked to the mortgage?**

C. APPOINTMENT OF EXECUTORS/TRUSTEES AND GUARDIANS

1. If married, in a Civil Partnership or other relationship as a couple do you want your spouse/partner to be one of your Executors/Trustees?

Other Executors:

Name: _____

Relationship to
You: _____

Address: _____

Name: _____

Relationship to
You: _____

Address: _____

Are these Executors to be appointed with your spouse/partner or only in the event of your spouse predeceasing you?

GUARDIANS

If you are responsible for children under the age of 18 years of age, who is to take responsibility for them until they are 18? (children also includes illegitimate children, adopted children but not step children unless adopted).



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(i) Name: _____

Relationship to You: _____

Address: _____

(ii) Name: _____

Relationship to You: _____

Address: _____

D. SPECIFIC GIFTS AND LEGACEES

Are there any specific gifts or sums of money that you would like to leave?

(i) Name: _____

Relationship to You: _____

Is this beneficiary under 18 years of age: _____

Address: _____

Description of Gift/Sum of Money: _____

(ii) Name: _____

Relationship to You: _____

Is this beneficiary under 18 years of age: _____

Address: _____

Description of Gift/Sum of Money: _____



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(iii) Name: _____

Relationship to You: _____

Is this beneficiary under 18 years of age: _____

Address: _____

Description of Gift/Sum of Money: _____

(iv)
Name: _____

Relationship to You: _____

Is this beneficiary under 18 years of age: _____

Address: _____

Description of Gift/Sum of Money: _____

E. GIFT TO THE REST OF YOUR ESTATE (YOUR RESIDUARY ESTATE)

1. If you are single what would you like to happen to the remainder of your Estate (i.e. all of your estate other than that dealt with at clause D above) when you die?

2. If you are married or a civil partner what would you like to happen to the remainder of your Estate (i.e. all of your estate other than that dealt with at clause D above) if you die before your spouse or civil partner?

3. If you are married or a civil partner what would you like to happen to your Estate if you survive your spouse/partner?



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F. ANY OTHER POINTS RELEVANT TO YOUR ESTATE OR WILL

For instance –

(i) Any problems which may arise about your Will or the family generally?

(ii) Would you like to grant Enduring Powers of Attorneys so that members of the family or others whom you would like to deal with your affairs in the event of you becoming unable to manage them yourself?

G. ANY OTHER PROBLEMS/POSSIBLE PROBLEMS OR UNUSUAL POINTS e.g. IS THERE SOMEBODY WHO YOU DO NOT WISH TO INCLUDE AS A BENEFICIARY WHO MIGHT CLAIM THAT YOU OUGHT TO MAKE A PROVISION FOR THEM?

Thank you for downloading and completing this questionnaire. Please return it to Will It Solicitors at the above address and we will contact you upon receipt.