

ESTATE QUESTIONNAIRE FOR

You can fill in this form electronically if you have **Acrobat Reader** on your device,
save it and email it to us at **questionnaire@pengillys.co.uk**

Alternatively you can print off, fill in the form and post it to us at either of our office addresses shown below.



Pengillys LLP

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Telephone

01305 768888

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01305 768777

OUR REF:

www.pengillys.co.uk

Please complete this form as fully and accurately as possible. This will enable us to advise you and to wind up the estate correctly. There are likely to be other questions we need to ask but answering these questions as far as possible will be very helpful.

If you are unsure about any questions or you would like assistance completing the form please do contact us on 01305 768888. If an answer is not known, please put 'not known' in the reply space on the right hand side of the form. All the following questions refer to the person who has died unless otherwise stated.

References to spouse includes civil partner as appropriate.

For the purpose of Data Protection Regulations - prior to providing us with the information on this form in relation to any third parties, you have obtained their express consent for us to hold the information in accordance with the Privacy Notice which you will have received.

| 1 Details of the person who has died | | | | | |
|---|--|-----|--|----|--|
| 1.1 | Please give their full name including any variations / aliases used: | | | | |
| 1.2 | Address: | | | | |
| 1.3 | Occupation: | | | | |
| 1.4 | Marital status: | | | | |
| 1.5 | Date of Birth: | | | | |
| 1.6 | Date of Death: | | | | |
| 1.7 | National Insurance number: | | | | |
| 1.8 | Income Tax office address and tax reference: | | | | |
| 1.9 | Did they die in hospital? | Yes | | No | |
| 1.10 | If yes, please provide the name and address, date of admission and details of any expenses paid for privately: | | | | |

| 2 Details of their Spouse | | | | | |
|---------------------------|--|-----|--|----|--|
| 2.1 | Full name of their Spouse: | | | | |
| 2.2 | Spouse Date of Birth: | | | | |
| 2.3 | Spouse National Insurance Number: | | | | |
| 2.4 | Date and Place of Marriage: | | | | |
| 2.5 | Any former Spouse? Please give details. | | | | |
| 3 Details of their Family | | | | | |
| 3.1 | Did the deceased have any:- | | | | |
| | • Surviving brothers / sisters? | Yes | | No | |
| | • Surviving parents? | Yes | | No | |
| 3.2 | How many children did the deceased have? | | | | |
| | Please provide their full names and addresses. | | | | |
| 3.3 | How many grandchildren did the deceased have? | | | | |

| 4 Funeral details | | | | |
|---|--|-----|--|----|
| 4.1 | Please provide name and address of the Funeral Directors dealing with arrangements: | | | |
| 4.2 | Has the funeral bill been paid or has there been any pre-payment arrangement? | | | |
| 4.3 | How much was:- | | | |
| | a) the funeral? | | | |
| | b) any wake? | | | |
| 4.4 | Will there be a memorial? | | | |
| 4.5 | Please provide us with at least three copies of the death certificate. | | | |
| 5 Will / Codicil - Please complete this section only if there is a Will / Codicil | | | | |
| 5.1 | Where is the Will? | | | |
| 5.2 | Are you aware of any Codicils? If so, where are they? | Yes | | No |
| | | | | |
| 5.3 | Executors | | | |
| | Executor 1: Please provide the following: <ul style="list-style-type: none"> • full name • address • telephone number • e-mail address • date of birth • national insurance number | | | |
| | Executor 2: Please provide the following: <ul style="list-style-type: none"> • full name • address • telephone number • e-mail address • date of birth • national insurance number | | | |

5 Will / Codicil - continued

| | | |
|------------|--|--|
| 5.4 | Beneficiaries | |
| | Beneficiary 1: Please provide their: <ul style="list-style-type: none">• full name• address• telephone number• e-mail address• date of birth• national insurance number | |
| | Beneficiary 2: Please provide their: <ul style="list-style-type: none">• full name• address• telephone number• e-mail address• date of birth• national insurance number | |
| | Beneficiary 3: Please provide their: <ul style="list-style-type: none">• full name• address• telephone number• e-mail address• date of birth• national insurance number | |
| | Beneficiary 4: Please provide their: <ul style="list-style-type: none">• full name• address• telephone number• e-mail address• date of birth• national insurance number | |

5 Will / Codicil - continued

| | | |
|------------|--|--|
| 5.4 | Beneficiaries - continued | |
| | Beneficiary 5: Please provide their: <ul style="list-style-type: none">• full name• address• telephone number• e-mail address• date of birth• national insurance number | |
| | Beneficiary 6: Please provide their: <ul style="list-style-type: none">• full name• address• telephone number• e-mail address• date of birth• national insurance number | |
| 5.5 | Guardians | |
| | Guardian 1: For each Guardian please provide their: <ul style="list-style-type: none">• full name• address• e-mail address - if applicable | |
| | Guardian 2: For each Guardian please provide their: <ul style="list-style-type: none">• full name• address• e-mail address - if applicable | |

5 Will / Codicil - continued

| | | | | | | |
|--------------------|---|------------|--|-----------|--|--|
| <p>5.6</p> | <p>Are there any letters or Memoranda left with the Will regarding gifts or funeral arrangements? If so please provide the originals.</p> | <p>Yes</p> | | <p>No</p> | | |
| | | | | | | |
| <p>5.7</p> | <p>Are all of the beneficiaries mentioned in the Will still alive?</p> | <p>Yes</p> | | <p>No</p> | | |
| <p>5.8</p> | <p>If not, please provide details of the date and place of death and send us a death certificate if possible.</p> | | | | | |
| <p>5.9</p> | <p>Are all the addresses given in the Will correct?</p> | | | | | |
| <p>5.10</p> | <p>Are any of the beneficiaries under the age of eighteen?</p> | <p>Yes</p> | | <p>No</p> | | |
| <p>5.11</p> | <p>If yes, please give names and addresses of their parents / guardians:</p> | | | | | |
| <p>5.12</p> | <p>Do you know if any of the beneficiaries are either:</p> | | | | | |
| | <p>a) Insolvent?</p> | | | | | |
| | <p>b) Higher rate tax payer?</p> | | | | | |

6 To be completed if there is no Will or Executor

6.1 If there is no spouse and no children, what other relatives did he or she leave? Please supply their full names and addresses and indicate each person's relationship to the deceased:

7 Personal Assets

Please estimate the value of the following assets. (Please indicate if anything was owned jointly with another person or persons) **NB:** Formal valuations are likely to be needed.

7.1 Furniture:

7.2 Jewellery:

7.3 Car, caravan, motorbike, boat or other vehicle. Please give make, type and year if possible:

7.4 Personal possessions (i.e. books, record collections, stamp collections, paintings etc):

7 Personal Assets - continued

| | | | | | | |
|-------------|---|--|--|----|--|--|
| 7.5 | Are the assets insured? | Yes | | No | | |
| 7.6 | If so, please provide details of the Insurance Company and Policy Number: | | | | | |
| 7.7 | Have the valuables been removed? | Yes | | No | | |
| 7.8 | If yes, where are they being kept? | | | | | |
| 7.9 | Did they have any property in a safe deposit box at a bank? | Yes | | No | | |
| 7.10 | If yes, please provide details: | | | | | |
| 7.11 | DIGITAL ASSETS | Did the deceased have any of the following: Please provide us with passwords and as much detail as possible | | | | |
| | a) email account | Yes | | No | | |
| | Details of email account(s): | | | | | |
| | b) social media account | Yes | | No | | |
| | Details of social media account(s): | | | | | |

7 Personal Assets - continued

| 7.11 | DIGITAL ASSETS | Did the deceased have any of the following: Please provide us with passwords and as much detail as possible | | | |
|------|---|--|--|----|--|
| | c) online storage resources | Yes | | No | |
| | Details of online storage resources: | | | | |
| | d) website domain names | Yes | | No | |
| | Details of website domain names: | | | | |
| | e) software / games / music / photographs | Yes | | No | |
| | Details of software / games / music / photographs: | | | | |
| | f) computer | Yes | | No | |
| | Details of computer: | | | | |
| | g) tablet / ipad | Yes | | No | |
| | Details of tablet / ipad: | | | | |
| | h) mobile telephone | Yes | | No | |
| | Details of mobile telephone: | | | | |
| | i) memory sticks / cds / external hard drive | Yes | | No | |
| | Details of memory sticks / cds / external hard drive: | | | | |

7 Personal Assets - continued

| | | | | | |
|------|---|--|--|----|--|
| 7.12 | Please let us know if anyone else had or has access to the deceased's computer / online dealings: | | | | |
| 7.13 | Who owns the assets? The deceased, their business or other family members? Please clarify: | | | | |
| 7.14 | Did the deceased have any of the following financial accounts: | If so, please provide us with as much information as possible, including account numbers and if anyone else had or has access to these accounts. | | | |
| | a) Paypal | Yes | | No | |
| | Details of Paypal account: | | | | |
| | b) Ebay | Yes | | No | |
| | Details of Ebay account: | | | | |
| | c) Bitcoin | Yes | | No | |
| | Details of Bitcoin account: | | | | |
| | d) Any other | Yes | | No | |
| | Details of any other account(s): | | | | |
| 7.15 | Was the deceased a member of any gambling organisation: | Yes | | No | |
| | If so, could you please provide us with the details: | | | | |

8 Property

| | | | | | | |
|------------|--|-----|--|----|--|--|
| 8.1 | Did they own their own property? | Yes | | No | | |
| 8.2 | Please supply the address of the property: | | | | | |
| 8.3 | Where are the title deeds? | | | | | |
| 8.4 | Is the property Mortgaged? | Yes | | No | | |
| | If so please provide details including the Mortgage Account Number: | | | | | |
| 8.5 | Is the property Insured? | Yes | | No | | |
| | Please provide details of the Insurance Company and the Policy Number: | | | | | |
| 8.6 | Have the Insurers been notified of the death and if appropriate that the property is now unoccupied? | Yes | | No | | |

| 8 Property - continued | | | | | | |
|------------------------|---|-----|--|----|--|--|
| 8.7 | Does anyone else occupy the property? | Yes | | No | | |
| | If so please provide details: | | | | | |
| 8.8 | Are you able to provide an estimate of the value of the property? | | | | | |
| 9 Other Properties | | | | | | |
| 9.1 | Did they own any other properties including: | | | | | |
| | a) Properties abroad (such as a holiday home) | Yes | | No | | |
| | b) Properties rented out | Yes | | No | | |
| 9.2 | Please supply the addresses of the properties: | | | | | |
| 9.3 | Where are the title deeds? | | | | | |

9 Other Properties - continued

| | | | | | | |
|-----|---|-----|--|----|--|--|
| 9.4 | Are the properties Mortgaged? | Yes | | No | | |
| | If so please provide details including the Mortgage Account Number: | | | | | |
| 9.5 | Are the properties Insured? | Yes | | No | | |
| | Please provide details of the Insurance Company and the Policy Numbers: | | | | | |
| 9.6 | Have the Insurers been notified of the death and if appropriate that the properties are now unoccupied? | Yes | | No | | |
| 9.7 | Does anyone else occupy the property? If so please provide details to include: | Yes | | No | | |
| | a) Tenancy Agreements | | | | | |
| | b) Rent Payable | | | | | |
| | c) Letting Agents | | | | | |
| 9.8 | Are you able to provide an estimate of the value of the properties? | | | | | |

10 Financial Assets

| | | | | | | |
|-------------|--|--|--|----|--|--|
| 10.1 | BANK, BUILDING SOCIETY AND POST OFFICE ACCOUNTS | Yes | | No | | |
| | Please provide any passbooks or up to date statements where appropriate: | When stating Account Names - please enter the account name exactly as it appears on the deceased's account. e.g. Mr T M Harris or Mr John Andrew Smith & Mrs Ann Mary Smith | | | | |
| | <p>Account 1: Please provide the following:</p> <ul style="list-style-type: none"> • name of: bank, building society, post office • branch address • sort code / account no. • account name • account type: current, personal, joint • In the case of joint accounts, which of the joint holders paid money into the accounts and in what proportions did they contribute to the account? | | | | | |
| | <p>Account 2: Please provide the following:</p> <ul style="list-style-type: none"> • name of: bank, building society, post office • branch address • sort code / account no. • account name • account type: current, personal, joint • In the case of joint accounts, which of the joint holders paid money into the accounts and in what proportions did they contribute to the account? | | | | | |
| | <p>Account 3: Please provide the following:</p> <ul style="list-style-type: none"> • name of: bank, building society, post office • branch address • sort code / account no. • account name • account type: current, personal, joint • In the case of joint accounts, which of the joint holders paid money into the accounts and in what proportions did they contribute to the account? | | | | | |

10 Financial Assets - Continued

10.1 BANK, BUILDING SOCIETY AND POST OFFICE ACCOUNTS - continued

Account 4:

Please provide the following:

- name of: bank, building society, post office
- branch address
- sort code / account no.
- account name
- account type:
current, personal, joint
- In the case of joint accounts, which of the joint holders paid money into the accounts and in what proportions did they contribute to the account?

Account 5:

Please provide the following:

- name of: bank, building society, post office
- branch address
- sort code / account no.
- account name
- account type:
current, personal, joint
- In the case of joint accounts, which of the joint holders paid money into the accounts and in what proportions did they contribute to the account?

Account 6:

Please provide the following:

- name of: bank, building society, post office
- branch address
- sort code / account no.
- account name
- account type:
current, personal, joint
- In the case of joint accounts, which of the joint holders paid money into the accounts and in what proportions did they contribute to the account?

11 Investments

| 11.1 | STOCKS AND SHARES | Yes | | No | | |
|------|---|-----|--|----|--|--|
| | a) Please list any holdings of stocks, shares or bonds and advise us where the certificates are kept: | | | | | |
| | b) Are the shares in their sole name? | | | | | |
| | c) Please give the name and address of any stockbroker / financial adviser used: | | | | | |
| | d) Are there any uncashed dividend cheques that were outstanding at the date of death? | | | | | |

11 Investments - continued

| | | | | | | |
|-------------|--|-----|--|----|--|--|
| 11.3 | NATIONAL SAVINGS AND INVESTMENTS | Yes | | No | | |
| | a) Please provide the premium bonds and tell us the bond holder number: | | | | | |
| | b) Please provide any National Savings certificates or numbers: | | | | | |
| | c) Please provide the account number of any National Savings bank, together with the passbook: | | | | | |
| | d) Did they nominate the account in favour of anyone else? | Yes | | No | | |
| | e) If yes, please provide details: | | | | | |
| | f) Please provide details of any other National Savings Investments: | | | | | |

11 Investments - continued

| | | | | | | |
|------|--|-----|--|----|--|--|
| 11.4 | CASH / LIFE INSURANCE POLICIES | Yes | | No | | |
| | a) Was there any money in his / her wallet or purse or in the home etc? | | | | | |
| | b) Did they have any life insurance? | Yes | | No | | |
| | c) If yes, please let us have the policy numbers and where the policies are kept: | | | | | |
| | d) Did they pay any premiums on any insurance policies that were not for their own benefit or did not pay out to the estate? | Yes | | No | | |

12 Income

| | | | | | | |
|------|---|-----|--|----|--|--|
| 12.1 | PENSIONS | | | | | |
| | a) Were they entitled to a pension from an employer, spouse's scheme or a state retirement pension? | Yes | | No | | |
| | b) Please advise us of the amount of state retirement pension that the deceased was receiving per week: | | | | | |
| | c) Please advise us of the amount of other pensions that the deceased was receiving per week: | | | | | |
| | d) Please give the scheme's trustee address and relevant reference number and pension number: | | | | | |
| | e) Please provide any pension documentation you can locate. | | | | | |

12 Income - continued

| | | | | | |
|---|------------------------------|--|----|--|--|
| 12.1 | PENSIONS - continued | | | | |
| f) If applicable, has a widow / widower's pension been applied for? | Yes | | No | | |
| | | | | | |
| g) Did they benefit from an alternatively secured pension fund? | Yes | | No | | |
| | | | | | |
| h) Did they have a pension from which they had not taken their full retirement benefits before the date of death? | Yes | | No | | |
| | | | | | |
| 12.2 | EMPLOYMENT / BUSINESS | | | | |
| a) Give details of any salary due or fees not yet paid: | | | | | |
| b) Did they own a business or were they a director of a company or a partner? If so please provide details: | Yes | | No | | |
| | | | | | |
| c) Did they own a farm or agricultural land? If so please provide details: | Yes | | No | | |
| | | | | | |

| 12 Income - continued | | | | | |
|--------------------------|--|-----|--|----|--|
| 12.3 | BENEFITS | | | | |
| | Were they in receipt of any benefits? If so please details of the benefit and the amount received: | Yes | | No | |
| 12.4 | OTHER INCOME | | | | |
| | Were they, at the time of death, entitled to any other income including a life interest annuity or other interest in settled property or a Trust? | Yes | | No | |
| 13 Debts and Liabilities | | | | | |
| 13.1 | Please send us all bills that appear not to have been paid. These may be credit cards, store cards, utility bills, council tax, mortgages, rent, nursing or residential home fees etc. | | | | |
| 13.2 | If they had a business, there may well be outstanding debts. Do you know of any? | Yes | | No | |
| | | | | | |
| 13.3 | Do you know if they guaranteed any loans on behalf of anyone else? | Yes | | No | |
| | | | | | |
| 13.4 | If they had an accountant or adviser dealing with their business, tax, insurance or investments, then please let us have his or her name, address and telephone number: | | | | |

14 Transfer of Nil-Rate Band

| | | | | | | |
|---|--|---|-----|--|----|--|
| 14.1 | If the deceased was the surviving spouse (i.e. was married where one spouse had already passed away) then it may be possible to claim the unused part of the first spouse's Nil Rate Band. In order to make a claim we will need the following information. Please provide:- | | | | | |
| 14.2 | The first spouse's full name including any variation / aliases used. | | | | | |
| 14.3 | Date of birth of the first spouse: | | | | | |
| 14.4 | Date of death of first spouse: | | | | | |
| 14.5 | Their address if it is different from the spouse who has just died: | | | | | |
| 14.6 | Date of marriage and place of marriage of spouses: | | | | | |
| 14.7 | First spouse's National Insurance Number: | | | | | |
| 14.8 | Please provide first spouse's:- a) Death certificate b) Copy Will c) Copy grant of representation e.g. Probate | | | | | |
| 14.9 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Were any gifts or other transfers of value made in the 7 years before the first spouse's death?</td> <td style="width: 12.5%; text-align: center; padding: 5px;">Yes</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center; padding: 5px;">No</td> <td style="width: 12.5%;"></td> </tr> </table> | Were any gifts or other transfers of value made in the 7 years before the first spouse's death? | Yes | | No | |
| Were any gifts or other transfers of value made in the 7 years before the first spouse's death? | Yes | | No | | | |
| 14.10 | Please provide details of the value of a share of jointly owned assets (excluding assets passing to the deceased): | | | | | |

14 Transfer of Nil-Rate Band - continued

| | | | | | | |
|-------|--|-----|--|----|--|--|
| 14.11 | Were any assets held in trust from which the first spouse was entitled to benefit? | Yes | | No | | |
| | | | | | | |
| 14.12 | Were there any gifts with reservation of any benefit made by the first spouse? | Yes | | No | | |
| | | | | | | |
| 14.13 | Pensions (where first spouse died on or after 06/04/2006) – was the first spouse receiving a pension from an Alternatively Secured Pension or a Pension Scheme or Annuity from which unauthorised payments were made after their death? | Yes | | No | | |
| | | | | | | |

15 Residence Nil-Rate Band

| | | | | | | |
|------|--|-----|--|----|--|--|
| 15.1 | Does any of the estate pass to the deceased's children or other direct descendants? | Yes | | No | | |
| | | | | | | |
| 15.2 | Does the estate include any residential property that the deceased owned and lived in? | Yes | | No | | |
| | | | | | | |
| 15.3 | What is the address of the resident? | | | | | |

| 15 Residence Nil Rate Band - continued | | | | | |
|--|---|-----|--|----|--|
| 15.4 | What is the value of the residence at the date of death? | | | | |
| 15.5 | Do you wish to transfer any unused Residence Nil-Rate Band from the estate of a predeceased spouse or civil partner of the deceased? | Yes | | No | |
| | | | | | |
| 15.6 | Did the deceased downsize a property after the 8th July 2015? If so please give dates. | Yes | | No | |
| | | | | | |
| 16 Gifts | | | | | |
| 16.1 | In order to establish the extent of any tax payments which may be required, we will need to obtain details and dates of all gifts (if any) including money, objects or land, or releases from Trusts made within 7 years of his or her death: | | | | |
| 16.2 | Did they:- | | | | |
| | a) Make any gifts or other transfers of value during the 7 years prior to their death. | Yes | | No | |
| | | | | | |
| 16.2 | b) Make any gifts where they continue to benefit from the asset that was given. | Yes | | No | |
| | | | | | |

16 Gifts - continued

| | | | | | |
|------|---|-----|--|----|--|
| 16.2 | continued:- | | | | |
| | c) make a gift where the person receiving it did not take full possession of it. | Yes | | No | |
| | | | | | |
| 16.2 | b) make an election that the income tax charge should not apply to assets they previously owned and which they retained a benefit or the deceased's contribution to the purchase price of assets acquired by another person in which the deceased retained a benefit. | Yes | | No | |
| | | | | | |

17 General Matters

| | | | | | |
|------|---|-----|--|----|--|
| 17.1 | Are there any family Trusts or settlements from which they benefitted or were involved as a Trustee? | Yes | | No | |
| | | | | | |
| 17.2 | Was anybody supported and maintained by them at the time of their death, e.g. children / step children and / or a former spouse or partner etc? | Yes | | No | |
| | | | | | |
| 17.3 | Did they inherit any money or assets within the 2 years prior to death? If so, please provide details including a copy of the estate accounts? | Yes | | No | |
| | | | | | |
| 17.4 | Did they receive any gifts or money during the 7 years prior to death? | Yes | | No | |
| | | | | | |

| 17 General Matters - continued | | | | | |
|--------------------------------|---|-----|--|----|--|
| 17.5 | Had they signed a Power of Attorney? | Yes | | No | |
| 17.6 | Please let us know if there are any other points that you think would be of assistance: | | | | |
| 17.7 | Have any of the executors of family incurred out of pocket expenses as a result of the death? If so please provide details and receipts so these can be reimbursed. | Yes | | No | |
| 17.8 | Executors are personally liable to any unpaid Beneficiaries and Creditors. S.27 Trustee Act Notices placed in the London Gazette and Local Paper give protection by asking interested parties to come forward and giving them not less than 2 months to do so. Can you please confirm whether you would like us to deal with the Notices on your behalf? NB If Partners in this firm are appointed as Executors these Notices will be dealt with as a matter of course. | Yes | | No | |

Thank you for your assistance in completing this questionnaire.
Please complete your contact details on the next page.

Please provide us with your contact details:

| | | |
|----------------------|----------------------|----------------------|
| Title | Forename(s) | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address

Contact number(s)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Email address

Please either sign or type name and date (depending on how you are completing this form - by hand or electronically).

Signed

| | |
|----------------------|----------------------|
| Name | Date |
| <input type="text"/> | <input type="text"/> |

Data Privacy

By giving us this information, you agree to us using it and contacting you in accordance with our privacy notice already supplied. Please tick the box below to confirm you are happy for us to do so.

If you have filled in this form electronically, please email it to us at questionnaire@pengillys.co.uk
Alternatively if you have printed off the form to fill in, please post the completed form to either of our office addresses shown below.

Pengillys LLP

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Challacombe House, Beechwood Square, Poundbury, Dorchester, Dorset. DT1 3SS