#### DAVIS·BLANK·FURNISS

# Personal Representatives Questionnaire



| Please complete this questionnaire to provide us with the information we need to obtain the Grant of Representation | ١. |
|---|----|
| Deceased's Name   |    |

## Part A – Deceased's personal details

#### 01. PLEASE GIVE DETAILS OF THE DECEASED

| Full name includi | ng any variations used                      |                              |              |
|-------------------|---|------------------------------|--------------|
|                   |   |                              |              |
|                   |   |                              |              |
| Address           |   |                              |              |
|                   |   |                              |              |
| Occupation        |   |                              |              |
| Place of Death    |   | Date of Death                | DD MM YYYY   |
| Place of Birth    |   | Date of Birth                | DD MM YYYY   |
| National Insuranc | ce Number                                   |                              |              |
| Marital status    |   |                              |              |
| Please give the n | ame of the deceased's spouse/civil partne   | er at date of death:         |              |
|                   |   |                              |              |
|                   |   |                              |              |
| If the deceased w | as widowed, please give details of the dec  | ceased's spouse/civil partn  | er:          |
| Name              |   |                              |              |
| Date of Birth     |   | Date of Death                |              |
| Place of Marriage | e/Civil Partnership                         |                              |              |
| Date of Marriage, | Civil Partnership DD MM YYYY                | Y                            |              |
| If the deceased w | as divorced/had their civil partnership dis | ssolved, please provide us v | with details |
|                   |   |                              |              |
|                   |   |                              |              |
|                   |   |                              |              |

## Part B – About the will

#### 01. ONLY COMPLETE THIS PART IF THERE IS A WILL

| Where is the will?  |
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|   |
| If you can, please give the full names, addresses, occupations and telephone numbers of all the executors and guardians:                  |
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| Was any letter left by the deceased with the will expressing wishes about gifts to be made or the funeral?  If so, please let us have it: |
|   |
| DO YOU KNOW IF:   |
| a. All the beneficiaries mentioned in the will are alive?   |
| b. The addresses given in the will are correct? (If any of the beneficiaries are under 18, please give parents' names and address):       |
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## Part C – If there is no will

#### 01. ONLY COMPLETE THIS PART IF THERE IS NO WILL OR NO EXECUTOR(S)

This information will help establish who will be in charge of the deceased's property for the time being, and who will inherit it eventually.

| If the deceased was married/in a civil partnership at death, please give spouse's/civil partner's address and telephone number:   |
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|   |
| If the deceased had children, please give their names, addresses and telephone numbers – or just dates of birth if they are under 18 and still living at home.  |
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| If the deceased did not leave a spouse/civil partner or children, what other relatives did he or she leave?  Do you have their addresses? Please indicate each person's relationship to the deceased: |
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## Part D – The deceased's assets

| )1.       | HOUSE   |
|-----------|---|
| <b>а.</b> | Was it solely owned or owned as joint tenants or tenants in common?   |
|           |   |
|           |   |
|           |   |
| b.        | Was it freehold or leasehold?   |
| С.        | Where are the title deeds?  |
|           |   |
|           |   |
|           |   |
| )2.       | PLEASE ESTIMATE THE VALUE OF THE FOLLOWING PROPERTY LEFT BY THE DECEASED (INDICATE IF THE DECEASED OWNED ANYTHING JOINTLY WITH ANOTHER PERSON): |
| <b>а.</b> | House   |
| b.        | Furniture   |
| С.        | Clothing  |
| d.        | Jewellery   |
| е.        | Car, Caravan, Motorbike, boat (giving make, type and year, if possible):  |
|           |   |
|           |   |
|           |   |
| f.        | Personal possessions (e.g. camera, hobby equipment, collections, books, records etc):   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| )3.<br>   | INSURANCE   |
| а.        | Is there adequate insurance cover for the deceased's assets?  |
| b.        | Please say which valuables have been removed and to where:  |
|           |   |
|           |   |
|           |   |
| С.        | Have the insurers been notified of the death?   |

| a.<br>—      | Please list these holdings and say where the certificates are  |
|--------------|--|
| b.           | . Are the shares in the deceased's name or otherwise?  |
| C.           | Please give name and address of stockbrokers   |
| 5.           | MONIES   |
| a.           | Have you found any uncashed cheques (for share dividends, for example) or other indications of money owed to the deceased? Please let us have these.                 |
| b.           | . Building society accounts (please give address of society and account numbers and send us the passbooks):  |
|              |  |
| C.           | Bank accounts (please give address of bank, and account numbers). In the case of joint accounts, do you know which of the joint holders paid money into the account? |
| _            |  |
| d.           | . Premium bonds (please list bond numbers or give the bond holder number):   |
| _<br>_<br>e. | National savings certificates, etc. (please list certificates or numbers)  |

| f.         | National savings bank (please give the book or account number). Did the deceased nominate the account in favour of anybody?   |
|------------|---|
| <br>       |   |
| g.<br>  g. | Deceased's cash – did you find any money in his or her wallet or purse?   |
| 06.        | LIFE INSURANCE & PENSIONS   |
| a.         | Did the deceased have any life insurance? If so, please give the policy numbers and say where the policies are:   |
|            |   |
| —          |   |
| b.         | Did the deceased pay any premium on any assurance policy apart from any referred to above within 14 years of death?   |
|            |   |
| c.         | Pensions (are they from an employment, from a spouse's/civil partner's scheme, or a state retirement pension: please give scheme trustees' address and deceased's reference number, and the deceased's pension number). Please also send us the pension books, etc: |
| <br>       |   |
|            |   |
| <br>       |   |
| <br>       |   |
| d.<br>—    | If applicable, has a widow's/widower's pension been applied for?  |

#### **07. SALARY, BUSINESS & PROPERTY**

| . Please give details of any salary due to the deceased, or any fees not yet paid:   |
|--|
| . Did the deceased have a business? Was the deceased a director of a company?  |
| . Did the deceased own a farm and/or agricultural land?  |
| . Did the deceased own any property which was rented out?  |
| . Did the deceased have any property in a safe deposit box at the bank?  |
| Was the deceased at the time of death entitled to a life interest, annuity or other interest in possession in settled property or a trust? |
| . Did the deceased own any property (such as a holiday cottage or family home) abroad? Please say what he<br>she owned and where it is:    |
| . Was the deceased in receipt of social security benefits? If so, please send allowance book?  |
| Was the deceased the joint owner of any property not mentioned above?  |
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## Part E – Debts and liabilities

| a. i. Please send us all bills that appear not to have been paid. The following list may be of assistance: credit cards or store cards, electricity, gas, water, telephone, mortgage, overdraft or loan account, council tax, rent, service charge (if the deceased lived in a flat). |
|---|
|   |
| ii. In addition, if the deceased had a business, there may well be outstanding debts. Do you know of these?   |
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| b. Do you know if the deceased guaranteed any loans?  |
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|   |
| c. If the deceased had an accountant or other adviser dealing with his or her tax, please give his or her name, address and telephone number:   |
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|   |
| d. Please give the address and reference of the deceased's tax inspector:   |
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| Part F – General  |
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| a. To establish the extent of tax payments due to be made, please give details and dates of all gifts (including money, objects or land or releases from settlements, made by the deceased within 14 years of his or her death): |  |
|--|--|
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| b. Do you know of any family trusts or settlements from which the deceased benefited or was involved as a trustee?  |
|---|
| c. Was anybody supported and maintained by the deceased at the time of his or her death, e.g. children and/or a former spouse/civil partner or partner?   |
| d. Did the deceased inherit any money within five years of death?   |
| e. Had the deceased executed a power of attorney?   |
| f. Any other points that you think would be of assistance [for example, please give the name, address and telephone number of any other professional adviser, such as an insurance broker, used by the deceased]: |
| g. May we remind you that you should check the insurance position of the deceased's car before using it.  |
| Part G – Further information  |
| 1. PLEASE ADD ANY OTHER INFORMATION YOU THINK WE SHOULD HAVE HERE:  |