

Estate Administration Questionnaire

Specialist services from the Tax and Estate Planning Department

whitehead-monckton.co.uk



Introduction

This questionnaire gives us the information required to commence dealing with your instructions. The information will assist us to deal with your matter as efficiently as possible.

We would suggest that before completing this questionnaire you collect together as much of the paperwork you can find relating to the person who has died. Please ensure that you complete the form as fully as possible giving us as much information as you are able to. If any question is irrelevant please leave blank.

When you have completed the form please send it to us by post at:

Whitehead Monckton
5 Eclipse Park
Sittingbourne Road
Maidstone
Kent ME14 3EN

Alternatively you can email it to: tepsupport@wmlaw.uk

We will confirm your instructions and provide you with an estimate of the costs and other anticipated expenses, if one has not already been provided.

For marketing purposes would you please complete the following:

How did you hear about Whitehead Monckton?

Yellow Pages ☐ Website ☐ Advert ☐ Online Search ☐

Recommendation (by whom?)

Other (please state)



01

About the person who has died

Please complete the following as comprehensively as possible*

Personal Details	Details about the Will/Intestacy
Title	1. Is there a Will? If 'yes', go to Q2. If 'no', got to Q6.
Surname	2. Whereabouts of Will
Forenames	3. First Executor's Name
Gender	Usual Residential Address
Date of birth	Postcode
Usual Residential Address	Email
	Mobile Number
Postcode	4. Second Executor's Name
Place of death	Usual Residential Address
Date of death	Postcode
Domicile	Email
Occupation	Mobile Number
Zenplans Account (or similar)	5. Third Executor's Name
Was the deceased a long term tax resident in the UK? Yes ☐ No ☐	Usual Residential Address
	Postcode
	Email
	Mobile Number

* If there is insufficient space in any section of the questionnaire to fully answer the questions, please use the continuation sheets at the back of this document for additional information.

If there is a fourth executor, please provide their details on the continuation page.



01

About the person who has died (cont'd)

Please complete the following as comprehensively as possible

06. Name of surviving spouse	Names and ages of children
Names and ages of grandchildren	Names of parents
Names of full siblings	Names of half siblings
Names of other relatives (if no other living relatives named)	Names of deceased spouse(s) – Date of death – Will/Intestacy – Grant Obtained



02

Assets

Please complete the following as comprehensively as possible

Assets (Estimated £)			
Main Home		Joint Names YES/NO	Co-owner
Other Property		Joint Names YES/NO	Co-owner
Foreign Property (Please state jurisdiction eg Spain etc)		Joint Names YES/NO	Co-owner
Cars		Make/Model	
Personal Chattels			
Other Valuables			
Total			
Please list all Bank accounts held by deceased in sole or joint names, giving name of bank, account number and sort code. Please state as whether sole or joint account.			
1st Pension Company	Name	Address	Policy No.
2nd Pension Company	Name	Address	Policy No.



02

Assets (continued)
Please complete the following as comprehensively as possible

1st Life insurance Company	Name	Address	Policy No.
2nd Life insurance Company	Name	Address	Policy No.
Premium Bond No's.			
National Savings Acc. No.			
Stocks and shares			
Safety Deposit Box	Branch Name	Branch Address	Assets held
	Deposit No.		
House Contents	Give brief details		
Cash in House			
ISA/GIAs	Name & Account Number		

Did the deceased own any crypto currency or other digital assets? Yes No

Did deceased own all or part of a business?

Name of business	
Nature of business/trade	
Did the deceased own the business solely or with others	
If with others, what percentage of the business did the deceased own?	
Was the business a Limited Company?	

03

Liabilities
Please complete the following as comprehensively as possible

	Company Name	Office Address	Account/Policy Holder
Council Tax			
Electricity			
Gas			
Water			
Phone			
Broadband			
TV			
Buildings/Contents Insurer			
	Company Name	Office Address	Amount (£)
Funeral Director			
	Company Name	Office Address	Account Number
1st Credit Card			
2nd Credit Card			
Personal Loan			
Mortgage			
Miscellaneous, such as sub- scriptions (Amazon, Netflix, Newspapers etc.), Gardener, Cleaner, Carer etc.			

04

Tax Details

Please complete the following as comprehensively as possible

Unique Taxpayer Reference (UTR)	NI Number
Independent Financial Adviser's (IFA) name	Accountant's name
Independent Financial Adviser's (IFA) reference	Accountant's reference

Please provide details of any inheritance received by the person who has died within the last 5 years

Please provide details of any gifts made by the person who has died during the last 7 years before their death

Examples:

- Giving cash to children or grandchildren
- Paying for a deposit on a relative's house
- Transferring ownership of a valuable item, such as a car or jewellery
- Paying off someone else's debt

List who received the gift, what was given, and when it happened.

Continuation Sheet

Please enter any other information that you have been unable to fit within the previous sections because of insufficient space.

Continuation Sheet

Please enter any other information that you have been unable to fit within the previous sections because of insufficient space.



Next Steps

The Initial Meeting

If this is the first time we have acted for you, or if we haven't acted for you in the last three years, we are required to verify your identity and address. When you visit us, please produce the original of one document from each of the following two categories

- Proof of Identity (the document MUST include a photograph)**
- Current valid passport
 - National identity card/validated National Insurance number
 - Current driving licence
 - For companies – incorporation certificate

- Proof of Address (no more than 3 months old)**
- Utility Bill
 - Council Tax bill
 - Bank/Credit Card statement

Please advise us before our meeting if this is likely to cause any problems for you.

What next?

This questionnaire is a key stage in the Discovery Process for the Initial Meeting.

The questionnaire is deliberately comprehensive and we make no apologies for that. By giving us information about you to the level contained here, you are giving yourself the best opportunity of receiving the bespoke advice that your circumstances deserve.

It is our experience that having the completed questionnaire before the meeting will result in a productive Initial Meeting.

Please email a scanned copy of the completed questionnaire to tepsupport@wmlaw.uk

Alternatively please bring it along with you to our meeting.

Thank you.



With offices in Maidstone, Tenterden and Canterbury and Canary Wharf, Whitehead Monckton has grown to be one of the largest legal practices in the area.

We balance our practice between our business and personal clients. This ensures that every single client will receive the very best advice, support and quality of work, no matter what their background, tailored to their specific needs.



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