

The information provided on this form is confidential and once received by us, it will not be divulged to anyone other than the Partners and staff of RF&C involved with the estate administration.

PART A: GENERAL INFORMATION

1. DETAILS OF THE DECEASED	
<b>Title:</b>	
<b>Deceased's full name:</b> <i>Please state the full true name of the deceased</i>	
<b>Any other names by which they may be known:</b>	
<b>Date of birth:</b>	
<b>Country of birth:</b>	
<b>Domicile or deemed domicile:</b>	
<b>Details of death:</b> <i>Please state date and place of death</i>	<p style="text-align: right;"><i>Have you provided a copy of the death certificate?</i></p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>Was the death due to circumstances which might give rise to negligence or insurance claims?</b> <i>e.g., holiday insurance</i>	
<b>Occupation:</b>	
<b>National Insurance No.:</b>	
<b>Last permanent address:</b> <i>(including postcode)</i>	
<b>Did the deceased have any Lasting Powers of Attorney (LPAs)?</b> <i>Please state type of LPA and provide the original LPA</i>	

2. TAX CONSIDERATIONS	
Was the Deceased treated as a resident in England or Wales for tax purposes and that your domicile (permanent home) is in England or Wales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Deceased make any substantial gifts (more than £3,000 in any tax year) in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Deceased expect to inherit any substantial amounts over the next few years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. SPOUSE OF THE DECEASED	
<b>Title:</b>	
<b>Spouse's full name:</b>	
<b>Date of birth:</b>	
<b>Country of birth:</b>	
<b>Domicile or deemed domicile:</b>	
<b>Date of Marriage:</b>	
<i>Please provide a copy of the marriage certificate</i>	
<b>If the spouse passed away first, please provide the following:</b> <ul style="list-style-type: none"> <li>• <i>Date of death</i></li> <li>• <i>Copy of their Will</i></li> </ul>	<input type="checkbox"/> Was Grant of Probate issued?  <input type="checkbox"/> Have you provided a sealed copy of the Grant?

4. CHILDREN OF THE DECEASED				
<i>Please give details of any surviving or predeceased children.</i>				
Full name	Sex	Address	Date of birth	Status*

\*Please indicate whether the child is natural, adopted or a stepchild.

5. THE DECEASED'S WILL	
<b>Did the Deceased have a Will?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, where is it held?</b>  <i>Please provide the Original Will</i>	

6. EXECUTORS / ADMINISTRATORS			
<i>Please state full names, occupations, addresses and contact details for the executors named in the Will or the personal representatives acting.</i>			
Full name and Occupation	Address	Relationship to Dec'd	Contact details

7. BENEFICIARIES			
<i>Only fill in this section if there is a Will – confirm and give details of all beneficiaries listed in the Will and if the beneficiary is deceased, give details of their next of kin.</i>			
Full name and Occupation	Address	Relationship to Dec'd	Contact details

<b>Are any of the beneficiaries named in the Will Under 18 or under disability?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are any of the beneficiaries under any age stated in the Will to receive their gift?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**8. PROVISION FOR FAMILY & DEPENDANTS**

*Please supply details of any persons in the categories listed below who might apply to the Court for reasonable financial provision within 6 months of the Grant:*

**(a) Spouse**

**(b) Child (or person treated as child)**

**(c) Person being wholly or partially maintained by the Deceased**

PART B: DECEASED'S ESTATE

9. GIFTS		
<i>Please give details of all gifts made within 7 years before death. This information is necessary to establish the rate of IHT on a lifetime gift.</i>		
Item description or amount of cash	Full name of beneficiary	Date of Gift
<b>Did the Deceased pay any life policy premiums where policy monies do not form part of the Estate?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please give details of any gifts made after 17<sup>th</sup> March 1986 where the Deceased reserved or enjoyed a benefit from the gifted property:</b> <i>In the case of such gifts, please state who dealt with any CGT or IHT returns</i>		

10. SETTLED PROPERTY	
<i>Settled property is any money or land held in trust by the Deceased for persons in succession or upon a contingency.</i>	
<b>Was the Deceased interested in any settled property (including any settled annuity) at his date of death or within 7 years of his death?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the Deceased have any power of appointment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Did the Deceased have any reversionary interest expectant on the death of any person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If you answered 'Yes' to any of the previous questions, please give details of settlement, name and reference of solicitors who were acting:</i></p>	

11. LAND & BUILDINGS			
<i>Please give details of all land and buildings owned by the Deceased.</i>			
Property address & Estimated value	Details of mortgage and its insurance, if applicable	Location of Deeds & Tenure	Is the property subject to any tenancy?

12. JOINT PROPERTY			
<i>Please give details of all joint property owned by the Deceased.</i>			
Joint Property	Date joint ownership began	names of joint owners and beneficiaries	How was any income dealt with?

**13. NOMINATIONS**

*Did the Deceased nominate any Savings Bank account, Savings Certificates, or other assets in favour of any person?*

<b>Asset Nominated</b>	<b>Full name of beneficiary</b>

**14. STOCKS AND SHARES**

*Please supply schedule of stocks, shares, unit trusts etc., owned by the Deceased*

<b>Which firm of stockbrokers should be instructed for valuation and sale purposes?</b>	
<p><b>In the case of private company shares, please give the name and address of the accountants or any other person who could advise on values.</b></p> <p><b>Please also give details of any related shares held by the Deceased's spouse.</b></p>	

**15. CASH, BANKS & BUILDING SOCIETIES**

*Please give details of all cash, bank and building society accounts owned by the Deceased.*

<b>Name of Bank/Building Society</b>	<b>Account Number</b>	<b>Sort Code</b>

<p>Please state amount of cash held at death, its whereabouts and how it is to be dealt with:</p>		

**16. DECEASED'S ESTATE - NATIONAL SAVINGS & PREMIUM BONDS**

*Please supply details of any assets from the Department of National Savings*

(a) Premium Bonds:

(b) National Savings Certificates:

(c) National Savings Bank Account:

(d) National Savings Capital or Income Bonds:

(e) S.A.Y.E.:



**17. SALARY, PENSIONS & LIFE ASSURANCE**

*Please give details of salary, life assurance and all pensions (or annuities) paid to the Deceased, including reference number.*

<b>Salary – please give name and address of employer</b>  <i>If any redundancy payment is due, please give details</i>	
<b>DOSS Re: State Retirement Pension</b>	
<b>DOSS Re: Income Support</b> <i>(Previously supplementary benefit)</i>	
<b>Other Government Departments</b>	
<b>Private Pension Company</b>	
<b>Life Assurance</b>  <i>Please give details of any policies, annuities, bonds or pensions which become payable on death of the deceased of the Deceased either to the Estate or to any relative or other beneficiary</i>	

**18. BUSINESS INTERESTS**

*Please give details of all the Deceased business interests*

<b>Was the Deceased in business as a sole trader or as a partner?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the Deceased have any underwriting interests?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Is there any potential claim for redundancy payment due from the Deceased to an employee who works 16 hours or more per week and is under retirement age?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If you answered 'Yes' to any of the previous questions, please give details of the accountants/underwriting agents who were acting:</i></p>	

<p><b>19. MONIES OWED TO THE DECEASED</b></p>	
<p><i>Please give details of all loans made by the Deceased and all other monies owing to the Deceased at date of death.</i></p>	
<p><b>Monies Owed</b></p>	
<p><b>Loans Made</b></p>	
<p><b>Monies lent for Mortgage</b></p>	<ul style="list-style-type: none"> <li>• <u>Where are the deeds?</u></li> <li>• <u>What principal and interest are outstanding?</u></li> <li>• <u>Name and address of Borrower / Agent making payments for Borrower?</u></li> </ul>

<p><b>20. FURNITURE &amp; PERSONAL EFFECTS</b></p>
<p><i>Please estimate values (sale value) and give details of any item sold</i></p>
<p><b>(a) <u>If a professional valuation is required, which firm of valuers should be instructed?</u></b></p>

(b) Please give details of any car (including age)

(c) Is there anything of national, scientific, historic or artistic interest?

(d) Who will deal with the distribution of furniture and personal effects?

PART C: LIABILITIES

<b>21. DEBTS AND LIABILITIES</b>	
<i>Please give full details of any debts or liabilities due from the Deceased. If any debts have been paid already, please state by whom and forward receipts.</i>	
<b>Funeral Account</b>  <i>Please indicate name and address of undertaker and indicate amount of known</i>	
<b>Other Liabilities and Debts</b>	
<b>Outstanding Credit Cards or Charge Cards</b>	
<b>Potential or Contingent Liabilities</b>  <i>e.g., as a guarantor of a loan or lease</i>	

PART D: ADMINISTRATION

22. INSURANCE (Buildings, contents, car, etc.)	
<i>Please confirm all insurance policy details.</i>	
<p><b>Please confirm that we should advise all insurance companies of the personal representatives' interest?</b></p> <p><i>If so, please forward all policies to us</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>In the case of a car, please give details of persons in whose favour cover should be issued:</b></p>	
<p><b>Please let us know whether the amounts in which buildings and/or contents are insured should be increased:</b></p>	

23. STATUTORY ADVERTISEMENTS & TAX CONSIDERATIONS	
<p><b>Who is to deal with the tax during the Administration period?</b></p>	
<p><b>Please confirm that the statutory advertisements for creditors and claimants should be inserted:</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>NOTE:</b> <i>The statutory advertisement provides statutory protection for personal representatives who could be personally liable if property is distributed to beneficiaries in ignorance of unknown debts, liabilities or claimants such as an illegitimate relative.</i></p>	

PART E: GENERAL CONSIDERATIONS

24. VARIATION OF WILL OR INTESTACY	
Is it desired to re-arrange terms of the Will or the Intestacy by a Deed of Variation within two years after the death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it wished to make any ex-gratia payments or comply with any memorandum of wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. MISCELLANEOUS	
<i>Please give details of any other assets or material factors not specifically covered by the above:</i>	

Document Checklist

Please ensure you have provided the following:

<b>DOCUMENTS REQUIRED (as applicable)</b>	<b>PROVIDED?</b>
<b>ID &amp; Proof of Address</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Original Will</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Original Death Certificate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Marriage Certificate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Original Lasting Powers of Attorney</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Deeds of Property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Property Valuation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>All Certificates and passbooks for assets listed above</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Invoices for liabilities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow
<b>Insurance policies</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow

**Signed:** .....

**Print name:** .....

**Dated:** .....

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Please return the completed form to Ronald Fletcher & Co LLP via the email address below or bring it along to your appointment. If required, please include any additional information on a separate sheet. Thank you for your assistance.