

Babbé Wills Questionnaire

If you would like to make a Will, please complete the form below, either electronically or manually and send it by email to wills@babbelegal.com or by post to Babbé LLP, La Vieille Cour, La Plaiderie, St. Peter Port, Guernsey, GY1 1WG.

You may also call us on +44 1481 713371 to request a copy of our Wills questionnaire to be sent out to you in the post.

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Surname	
Forename(s)	
Father's full name	
Mobile no.	
Home no.	
Work no. If you wish to be contacted at work	
Email address	
Address	
Date of birth	
Country of birth	
Nationality	
Are you:	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated from your spouse <input type="checkbox"/> Living with a partner <input type="checkbox"/>
Full name(s) of current spouse or partner (including maiden name)	
Full name(s) of former spouse(s) and year of divorce/separation (if applicable)	

<p>Do you have any children with your current spouse/partner? If so, please state full names of children, address and date of birth</p>	
<p>Do you have any children from a previous marriage/relationship? If so, please state full names of children, address and date of birth</p>	
<p>Does your spouse or partner have children from a previous marriage/relationship? If so, please give details</p>	
<p>Have you ever made a Will or Wills before? If so, please give details and dates</p>	
<p>Do you own any assets outside of Guernsey? If so, please give details</p>	
<p>Do you own assets jointly with someone else? If so, please confirm relationship</p>	
<p>Whom do you wish to appoint as your Executors? Please provide full names and contact details. Please note that Babbé can act if you wish. NB: If your chosen Executor is an individual, please consider whether you would like to appoint a substitute Executor should this individual have died before you.</p>	

<p>Please state if you would like to make specific bequests (e.g. specific amount of money or specific items)</p>	
<p>Please indicate how you would like your assets to be distributed upon your death.</p> <p>Please state the full name and addresses of any beneficiaries and their relationship (e.g. relative, friend, charity etc.)</p>	
<p>Please indicate if you would like to name any substitute beneficiaries in the event that any one or more of your beneficiaries have died before you (or whether failed gifts should fall back into residue)</p>	
<p>Are any of your beneficiaries under the age of 18? If so, please give details</p>	
<p>Do you wish to name guardians for any minor children? If so, please state their full names and addresses and any substitute guardians</p>	
<p>Do you wish to include funeral preferences in your Will? If so, please confirm details</p>	

Any other comments or information (please continue on a separate sheet if necessary)

I confirm the information provided by me in this questionnaire is complete and accurate.

Print name:

Signature:

Date: