

Will Questionnaire (Jersey Resident)

PLEASE COMPLETE AND RETURN THIS WILL QUESTIONNAIRE TO VIBERTS' PRIVATE CLIENT DEPARTMENT:

Post: Private Client Department, Viberts House, Don Street, St. Helier, Jersey JE4 8ZQ Email: privateclient@viberts.com

Should you wish to speak to someone for help completing this form please call: The Private Client Department on +44 (0)1534 632263

Section 1: Your Personal Information	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Telephone Number - Home:	
Telephone Number - Mobile:	
Email:	
Are you an existing Viberts' client?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, how did you hear about us?	
Do you have any existing Wills?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide copies.
Where are the original Will(s) stored?	
Relationship status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Please provide full name of spouse, civil partner, partner (if applicable), including any middle names, maiden name and any previous names.	
Were you previously married or in a civil partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when was this dissolved?	
If yes, please provide the full name of your former spouse or civil partner (including maiden name).	
If yes, do you have a matrimonial agreement or an order of the court that affects, or might affect, how you wish to leave your assets in your Will?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy

Please provide details of any children or step children that you have:

Child 1:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 1 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 1 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

Child 2:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 2 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 2 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

Child 3:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 3 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 3 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

Child 4:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 4 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 4 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

If you have further children or stepchildren, please provide details of them in Section 10 of this questionnaire.

Additional Information:	
Except for children and a spouse/partner is anyone financially dependant upon you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

Section 2: Your Mental Capacity	
<p>To help avoid any challenges to your Will, please confirm whether you have been diagnosed with any medical impairment or illness, or whether you are on any medication, which may affect your ability to make decisions. E.g. dementia, Alzheimer's disease, a brain injury, terminal illness, or strong medication.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<p>Note: If you have been diagnosed with an illness that may affect your mental capacity, you may wish to consider obtaining a letter from your G.P. confirming your capacity to make a Will. This will help protect your Will from challenge.</p>	
<p>Lasting Powers of Attorney are available in Jersey. They enable you to name a family member, friend or professional who will be responsible for your financial affairs and health/wellbeing if you lose mental capacity. We strongly recommend that all our clients plan ahead and make Lasting Powers of Attorney to ensure they are protected.</p> <p>Please tick the box if you would like further information on this service. <input type="checkbox"/></p>	

Section 3: Your Movable (Personal) Estate

Movable estate includes for example **share transfer property, cash, investments, shares, motor vehicles, jewellery, household contents and digital assets.**

Your movable estate, unlike immovable estate, is governed by the law of your country of domicile. If you were born in Jersey and intend to live in Jersey for the rest of your days, then it is likely that you are domiciled in Jersey.

Domicile: If you were not born in Jersey but are resident in Jersey and intend to remain here for the rest of your days, you may well have acquired a domicile of choice in Jersey. We would be pleased to discuss this subject with you if you require further information.

Where are you domiciled?

Your current assets

This information is relevant to the making of your Will of movable estate and will assist Viberts in providing you with the necessary advice in relation to your wishes. It is also important if you require tailored estate planning advice.

What is the total value of your bank accounts?

£

Are any of these bank accounts held jointly with another?

Yes No

If yes, please confirm who with:

If you have any investments please confirm their total value:

£

Are any of these investments held jointly with another?

Yes No

If yes, please confirm who with:

Do you own share transfer property?

Yes No

What is the value of the property?

£

Is the property held jointly with another?

Yes No

If yes, please confirm who with:

Do you own movable estate outside of Jersey?

Yes No

If yes, please provide details of the asset(s), including where they are located, their value and whether they are jointly owned with another person:

Please note it may be necessary for you to make a separate Will in another jurisdiction to cover these assets.

Are your house contents owned jointly with your spouse, civil partner, partner or the person with whom you live?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who with?	
If no, what is the approximate value of the total contents?	£

Your digital assets	
Do you hold any digital assets e.g. crypto currency or payment services such as PayPal or Revolut?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

<p>Your Executor: You must appoint an executor in your Will. Your executor will apply for a Grant of Probate (a court certificate giving them the right to legally administer your estate). They will then distribute your estate in accordance with the wishes in your Will. An executor can be a beneficiary, spouse, family member, trusted friend or a professional. You may appoint more than one executor but the recommended number is one to two executors, unless a professional executor is chosen.</p> <p>Any executor named who does not live in Jersey will need to travel to Jersey after your death to obtain Jersey probate. Please ensure that your chosen executors are willing and able to travel to Jersey when the time comes.</p> <p>In the event that you do not want a family member or friend to be your executor, Viberts' executor company called 'Viberts Executors Limited', offers cost effective executor services.</p>	
Would you like Viberts Executors Limited to act as your executor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like Viberts Executors Limited to act as your alternate executor?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Executor 1:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Executor 2:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Alternative Executor: You should also appoint an alternate executor, to cover the possibility that your first chosen executors may die before you. **Please confirm who you wish to appoint as your alternate executor providing their full name (including any middle and maiden names):**

Alternate Executor 1:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Alternate Executor 2:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Section 4: Lifetime Gifts and Loans

Have you made any substantial gifts or transfers of movable assets to either your children or your spouse? This would include the transfer of the funds from your sole name into joint names.

Yes No

If yes, please provide details of the gift and value:

Have you loaned any money to anyone?

Yes No

If yes, please confirm the value and who you lent the money to:

Name of borrower:

Value of loan:

Is this loan to be repaid upon your death if not repaid beforehand?

Yes No

Section 5: Funeral Instructions

Funeral instructions are not compulsory but are a helpful guide to your wishes.

Would you prefer to be buried or cremated?

If you wish to be buried, please confirm where?

If you wish to be cremated please confirm if you have any wishes on where your ashes are to be scattered or interred:

Do you have a prepaid funeral plans?

Yes No

If yes, which funeral director is this with?

Do you have any funeral instructions (e.g. specific location, wishes on songs or poems specific funeral directors etc.)?

Section 6: Instruction for Movable Estate

Cash gifts and gifts of specific items

Are there any sentimental items or sums of money that you wish to leave to a particular person?

If you do wish to make any gifts, please provide details of these gifts, including a full and clear description of any specific items and confirmation of any cash amounts.

Beneficiary 1:

Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of the specific gift:	
Amount of cash gift:	£

Beneficiary 2:

Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of the specific gift:	
Amount of cash gift:	£

If you would like to make any gifts to charity, information on the charities registered in Jersey can be found on the Association of Jersey Charities website: www.jerseycharities.org

If you wish to make further specific gifts, please provide details of this in Section 10.

Your Remaining Movable Estate

After the payment of any debts and specific gifts/cash gifts, who would you like the remainder of your estate to go to?

Do you wish to leave 100% of your movable estate to your spouse, civil partner, or partner in the first instance?

Yes No

Do you wish to leave 100% of your movable estate to your children to be divided equally between them in the first instance?

Yes No

If no, to whom do you wish to leave your movable estate? Please provide full names of your chosen beneficiaries below.

Residual Beneficiary 1:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Is this person a minor? (under the age of 18)

Yes No

The share or percentage they are to inherit.

Residual Beneficiary 2:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Is this person a minor? (under the age of 18)

Yes No

The share or percentage they are to inherit.

Residual Beneficiary 3:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The share or percentage they are to inherit.	

Residual Beneficiary 4:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The share or percentage they are to inherit.	

Alternate Beneficiary:		
If the beneficiaries above you die before you, please confirm who you wish to inherit in their place by choosing an option below.		
Option 1:	Their share is to be divided between the remaining beneficiaries.	<input type="checkbox"/>
Option 2:	Their share is to be inherited by their children.	<input type="checkbox"/>
Option 3:	Their share is to go to an alternate beneficiary. Please provide the same details as requested above and complete them in section 10.	<input type="checkbox"/>

Section 7: Children, Guardians & Tuteurs

Guardian: A guardian takes over the responsibility of a child's day to day care and has a duty to ensure the welfare and upbringing of the child.

If you and your spouse, civil partner, or partner die leaving children who are under the age of 18 years old, please provide details of your chosen guardian below, including their full name (including any middle and maiden names). In Jersey only one guardian can be appointed at anyone time.

Guardian:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Alternate Guardian:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Tuteur:

If a minor (a person under the age of 18 years old) inherits immovable estate or movable assets over £25,000 a Tuteur is appointed by the Jersey Court to act as the child's financial custodian until the child has reached the age of 18 years old. The Tuteur and the Guardian can be the same person but does not have to be. **The Tuteur must be domiciled in Jersey.** If you believe it may be necessary to appoint a Tuteur, please provide details of your chosen Tuteur below. Please include their full name (including any middle and maiden names).

Tuteur:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Section 8: Your Immovable (Real) Estate

This section deals with immovable estate only.

Immovable estate includes **freehold land and buildings, flying freehold property, leases over 9 years and certain types of mortgages**. If you do not own immovable estate you do not need to complete this section.

Please note that share transfer property is treated as movable property. If you own a share transfer property your instructions relating to that property must be included in Section 3: Your Movable (Personal) Estate.

If you own property outside of Jersey, the law of the country where the property is situated governs the inheritance of that property. Viberts can only advise on Jersey, so if you own property outside of Jersey you must take advice from a lawyer in that country, in relation to your property rights and its succession.

Non-Jersey Property	
If you own immovable estate in another country, please confirm where and its value:	Country: Value:
Most, but not all, EU states allow the holder of a British passport, which has been issued in Jersey, to select Jersey inheritance law as the law which will govern the immovable property located in that EU state. Would you like further information on this option?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Jersey Property	
Full Postal Address:	Postcode:
Approximate current value:	£
Do you own this property in your sole name or jointly with another?	Solely <input type="checkbox"/> Jointly <input type="checkbox"/>
*If the ownership is joint, please confirm whether you hold the property jointly for the survivor of you, or jointly as tenants in common?	
Please also confirm the full name of the other joint owners:	
Are there any charges registered on the property, such as a mortgage or loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a life insurance policy assigned to the lender to cover your loan/mortgage in the event of your death?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Joint owners with the right of the survivorship have equal rights and ownership of immovable property. If one owner dies the surviving owners automatically retain full ownership of the entire property.

Tenants in common share ownership in a property. Each owner controls an equal or different percentage of the total property. When they die their share passes to the beneficiary named in their Will.

If you own any immovable property in Jersey, please provide further details in Section 10 of this questionnaire.

Section 9: Instruction for your Immovable Estate

Do you wish to leave 100% of your immovable estate to your spouse, civil partner, or partner in the first instance?

Yes No

If no, to whom do you wish to leave your immovable estate? Please provide the full names of your chosen beneficiaries below.

If you have ticked 'yes' in the box above, we would recommend that you and your spouse/partner consider including mirror provisions in your Will to cover the beneficiaries who will inherit when both of you have died. Otherwise, if your beneficiaries differ, upon the death of the first one of you, the property will pass to the survivor of you and then to the beneficiaries named only in their Will.

Please note that you cannot place Jersey immovable estate into Trust, nor can you stipulate that your immovable estate is sold upon your death and the proceeds of sale be divided in a certain way.

Beneficiary 1:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Is this person a minor? (under the age of 18)

Yes No

The share or percentage they are to inherit:

Beneficiary 2:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Is this person a minor? (under the age of 18)

Yes No

The share or percentage they are to inherit:

Beneficiary 3:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The share or percentage they are to inherit:	

Beneficiary 4:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The share or percentage they are to inherit:	

Alternate Beneficiary: If the beneficiaries above you die before you, please confirm who you wish to inherit in their place by choosing an option below.		
Option 1:	Their share is to be divided between the remaining beneficiaries.	<input type="checkbox"/>
Option 2:	Their share is to be inherited by their children.	<input type="checkbox"/>
Option 3:	Their share is to go to an alternate beneficiary. Please provide the same details as requested above and complete them in section 10.	<input type="checkbox"/>

Section 10: Additional Notes

Please include any additional questions/information here:

Thank you for completing this questionnaire. A draft of your Will will be sent to you for review.

Should we have additional questions, how would you prefer that we contact you? Phone Email Post

Our Wills Client Guides and Questionnaires can be found at www.viberts.com