

# Estate Administration Questionnaire

Specialist services from the  
Tax and Estate Planning Department

# 1. Introduction

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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 us: [enquiries@whitehead-monckton.co.uk](mailto:enquiries@whitehead-monckton.co.uk) or send it by facsimile: 01622 690050

We will confirm your instructions and provide you with an estimate of the costs and out of pocket 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 .....

## Section 1 ....about the person who has died

Please complete the following as comprehensively as possible.

### Personal Details

Title	Mr/Mrs/Miss/Ms/Dr/Prof/other	
Surname		
All Forenames		
Maiden name or Alias		
Male	<input type="checkbox"/>	
Female	<input type="checkbox"/>	
Date of birth		
Usual residential address		
	Post code	
Place of death		
Date of death		
Age at death		
Domicile		

### Details about the Will/Intestacy

1. Is there a Will?	Yes (Go to question 2) No (Go to question 6)	
2. Whereabouts of Will		
3. 1 <sup>st</sup> Executor's Name		
Usual residential address		
	Post code	
Occupation		
4. 2nd Executor's Name		
Usual residential address		
	Post code	
Occupation		
5. 3rd Executor's Name		
Usual residential address		
	Post code	
Occupation		

## Section 1....about the person who has died (continued)

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Please complete the following as comprehensively as possible.

<p><b>6. Name of:</b></p> <p>Surviving spouse</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Name of:</b></p> <p>Children and ages</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>Name of:</b></p> <p>Grandchildren and ages</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Name of:</b></p> <p>Parents</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>Name of:</b></p> <p>Brothers</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Name of:</b></p> <p>Sisters</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>Name of:</b></p> <p>Other relatives</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Name of:</b></p> <p>Deceased spouse(s) - Date of death - Will / Intestacy? - Grant obtained?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

## Section 3....Details about the assets and liabilities of the estate

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	£	Joint Names YES/NO	Co-owner:
Cars	£	Make/Model:	
Personal chattels	£		
Other valuables	£		
Total	£		

1 <sup>st</sup> Bank a/c	Name:	Address:	a/c holder:
	a/c no:		Joint names YES/NO
2 <sup>nd</sup> Bank a/c	Name:	Address:	a/c holder:
	a/c no:		Joint names YES/NO
1 <sup>st</sup> Building Society a/c	Name:	Address:	a/c holder:
	a/c no:		Joint names YES/NO
2 <sup>nd</sup> Building Society a/c	Name:	Address:	a/c holder:
	a/c no:		Joint names YES/NO
DSS Pension/Benefits	Office address:		NI No:
1 <sup>st</sup> Pension Company	Name:	Office Address:	Policy No:
2 <sup>nd</sup> Pension Company	Name:	Office Address:	Policy No:

## Section 3....Details about the assets and liabilities (continued)

Please complete the following as comprehensively as possible.

### Assets (estimated)

1 <sup>st</sup> Life Insurance Company	Name:	Office Address:	Policy no:
2 <sup>nd</sup> Life Insurance Company	Name:	Office Address:	Policy no:
Premium Bond Nos			
National Savings a/cs			
Stocks and shares			
Bank securities	Bank Name:	Branch Address:	Assets held:
	Deposit no:		
House contents	Give brief details:		
Cash in house	£		
Did the Deceased own a business?	YES/NO		
Name of Business			
Nature of Business			
Deceased's interest	£	Trading Address:	FREEHOLD/LEASEHOLD
Where are Title Deeds held?			

## Section 4....liabilities

Please complete the following as comprehensively as possible.

	Company Name	Office Address	Account /Policy Number
Council Tax			
Electricity Provider			
Gas provider			
Water Provider			
Sewerage undertaker			
Telephone Provider			
Buildings/Contents Insurer			
	Company Name	Office Address	Amount
Funeral Director			£
	Company Name	Office Address	Account Number
1 <sup>st</sup> Credit Card			
2 <sup>nd</sup> Credit Card			
Personal Loan			
Miscellaneous			

## Section 5....Tax details

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Please complete the following as comprehensively as possible.

Tax reference number

Tax District

Tax Office address

Accountants name

Accountants address

Accountants 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



## The Initial Meeting

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If this is the first time we have acted for you, or if you have not instructed us 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

## What next?

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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 therefore email to us a scanned copy of the completed questionnaire or return it to us by post. Thank you.

## Canterbury

Whitehead Monckton  
32-33 Watling Street  
Canterbury  
Kent  
CT1 2AN  
**dx** 5314 Canterbury  
**t.** 01227 643250  
**f.** 01227 643260

## Maidstone

Whitehead Monckton  
5 Eclipse Park  
Sittingbourne Road  
Maidstone Kent  
ME14 3EN  
**dx** 4807 Maidstone 1  
**t.** 01622 698000  
**f.** 01622 690050

## Tenterden

Whitehead Monckton  
3-4 Market Square  
High Street  
Tenterden  
Kent  
TN30 6BN  
**dx** 39003 Tenterden  
**t.** 01580 765722  
**f.** 01580 765180

**e.** [enquiries@whitehead-monckton.co.uk](mailto:enquiries@whitehead-monckton.co.uk)

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