



INHERITANCE CLAIM QUESTIONNAIRE

Date: / /

1. Your details

- 1.1 Full name:
- 1.2 Address:
- 1.3 Home / mobile:
- 1.4 Email:
- 1.5 Date of Birth:
- 1.6 Occupation:
- 1.7 Marital status:

2. Your personal information

- 2.1 Relationship to the deceased:
- 2.2 Do you have any permanent disabilities? Yes / No
If yes, what are they?
- 2.3 Do you have any medical conditions? Yes / No
If yes, what are they?
- 2.4 Do you have any children? Yes / No
If yes, please list their name and date of birth below:
Full Name: Date of Birth: / /
Full Name: Date of Birth: / /
Full Name: Date of Birth: / /
Full Name: Date of Birth: / /

2.5 Financial circumstances:

2.5.1 Please list any assets you have and their approximate value below:

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2.5.2 Are you on the pension or any other financial support? Yes / No
If yes, what kind of benefit are you receiving and how often?

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2.5.3 Please list any outstanding debts that you may have (eg mortgage payments etc):

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3. Details regarding will and deceased etc

3.1 Has anything been left to you in the will? Yes / No

If yes, please list these assets and give an estimate of their value:

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3.2 Has the deceased ever supported you? (ie education, loans etc): Yes / No

If yes, how did they support you?

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3.3 What kind of relationship did you have with the deceased?

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3.4 Is there anyone else that may have a claim on the estate? Yes / No

If yes, please provide details below:

Name, address and date of birth of these proposed persons:

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Their relationship to the deceased (ie father, mother, sister, brother etc)

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The nature of their relationship with the deceased:

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Their financial position (if known)

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Do they have any special needs (ie medical or financial)? Yes / No

If yes, please list:

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What is their entitlement under the will (if known)?

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4. Additional notes

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