



mfg Solicitors: a new shape of lawyer

PERSONAL INFORMATION GUIDE

This Personal Information Guide
is presented to

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(We recommend that this form is kept in a safe place but that you notify
a reliable person where it is held)

With the compliments of mfg Solicitors LLP

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PERSONAL INFORMATION

Husband	
Name:	
Address:	
City, County:	Post Code:
Date of Birth:	Place of Birth:
Occupation (or retired from):	
Employer:	
Type of Business:	How long employed:
National Insurance No:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Tax District:	Tax Ref No:
Father's Name:	
Mother's Maiden Name:	

Wife	
Name:	
Address:	
City, County:	Post Code:
Date of Birth:	Place of Birth:
Occupation (or retired from):	
Employer:	
Type of Business:	How long employed:
National Insurance No:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Tax District:	Tax Ref No:
Father's Name:	
Mother's Maiden Name:	

If your spouse has predeceased you please complete the following:	
Name:	
Date of Death:	
Date of Marriage:	Place of Marriage:
Was Probate Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Value of Estate:	
NB Attach copy Death Certificate and Marriage Certificate	

PERSONS TO BE NOTIFIED

The following people are those whom I would like notified of my death/my funeral/my moving into long term care or other significant events (at your discretion) if I am unable to advise them myself.

Name:	Relationship:	Tel:
Current Address:		
Name:	Relationship:	Tel:
Current Address:		
Name:	Relationship:	Tel:
Current Address:		
Name:	Relationship:	Tel:
Current Address:		
Name:	Relationship:	Tel:
Current Address:		
Name:	Relationship:	Tel:
Current Address:		
Name:	Relationship:	Tel:
Current Address:		

ADDITIONAL CONTACT DETAILS

Accountant:	Tel:
Address:	
Financial Adviser:	Tel:
Address:	

MEDICAL HISTORY

Information regarding your medical history may be invaluable should you be unable to communicate this or there may be a delay in obtaining your medical records. You may set this information out here and ensure that an appropriate person knows how to find this Guide.

Husband	
I have had medical treatment for:	
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Circulatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	
I am allergic to the following drugs:	
Doctor:	Tel:
Address:	
Additional Remarks:	

Wife	
I have had medical treatment for:	
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Circulatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	
I am allergic to the following drugs:	
Doctor:	Tel:
Address:	
Additional Remarks:	

ENDURING/LASTING POWERS OF ATTORNEY

Husband		
Do you have:		
Enduring Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lasting Power of Attorney Personal Welfare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lasting Power of Attorney Property and Affairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EPA/LPA Location:		
Name of Attorney(s):		
Advance Directive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issues to be taken into account when making decisions of my behalf:		
Medical Treatment:		
Care Home Placement:		
Religious Beliefs:		

Wife		
Do you have:		
Enduring Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lasting Power of Attorney Personal Welfare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lasting Power of Attorney Property and Affairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EPA/LPA Location:		
Name of Attorney(s):		
Advance Directive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issues to be taken into account when making decisions of my behalf:		
Medical Treatment:		
Care Home Placement:		
Religious Beliefs:		

ESTATE INFORMATION



Husband		
Do you have a Will:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Will Dated:
Wife		
Do you have a Will:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Will Dated:
Location:		
Executors:		
Solicitor:		Tel:
Address:		

Husband	
Occupational/Private Pension:	
State Pension:	
Annuities:	
Wife	
Occupational/Private Pension:	
State Pension:	
Annuities:	

Bank Details		
Bank:		
Sort Code:	<input type="checkbox"/> Sole Account	<input type="checkbox"/> Joint Account
Account No:		
Bank:		
Sort Code:	<input type="checkbox"/> Sole Account	<input type="checkbox"/> Joint Account
Account No:		
Bank:		
Sort Code:	<input type="checkbox"/> Sole Account	<input type="checkbox"/> Joint Account
Account No:		
Bank:		
Sort Code:	<input type="checkbox"/> Sole Account	<input type="checkbox"/> Joint Account
Account No:		
Bank:		
Sort Code:	<input type="checkbox"/> Sole Account	<input type="checkbox"/> Joint Account
Account No:		

ESTATE INFORMATION

Life Assurance	
Husband	
Provider:	Policy No:
Provider:	Policy No:
Wife	
Provider:	Policy No:
Provider:	Policy No:

Stocks & Shares/ISA's - Attach schedule if appropriate	
Husband	
Company:	No. of shares held:
Company:	No. of shares held:
Company:	No. of shares held:
Wife	
Company:	No. of shares held:
Company:	No. of shares held:
Company:	No. of shares held:

National Savings		
Husband		
Premium Savings Bonds:	Holders No:	Value:
Savings Certificates:	Cert No:	Value:
Income Bonds:	Cert No:	Value:
Other:		
Wife		
Premium Savings Bonds:	Holders No:	Value:
Savings Certificates:	Cert No:	Value:
Income Bonds:	Cert No:	Value:
Other:		

Gifts made (Attach Valuation if available)	
Recipient:	
Description:	
Value:	Date made:
Assets transferred into trust:	
Value:	Date transferred:

FUNERAL SERVICE INSTRUCTIONS

Husband		
Funeral Directors:		
It is my wish to be: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Green Funeral		
Following a funeral service held at:		
Special Instructions:		
Donations to:		
Newspaper Notices:	Death Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Funeral Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Music Selection:		
Readings:		

Wife		
Funeral Directors:		
It is my wish to be: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Green Funeral		
Following a funeral service held at:		
Special Instructions:		
Donations to:		
Newspaper Notices:	Death Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Funeral Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Music Selection:		
Readings:		

THE IMPORTANCE OF A WILL

If you die without a Will the Courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a Will you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted Will. As a result of a common accident both you and your spouse may die before the survivor has had an opportunity to execute a proper Will and the property will pass according to the law.

The law is very exacting in its requirements with respect to the publication, signing and witnessing of Wills. It is recommended that this matter be handled by a competent lawyer. Homemade Wills often do not stand up in Court.

You should review your Will every few years, particularly if you have moved or your family situation has changed since you last executed a Will.

When you realise how much is at stake - the well being of your entire family and the protection of your property - you will find that the solicitor's fee for drafting your Will and planning your estate is a worthwhile investment.

In the same way that a Will instructs your executor to carry out those wishes, a pre-arranged or prepared memorial sets out your wishes regarding your memorial estate for your next of kin.

Our experience suggests that, like drawing up the provisions of a Will, the best time to make these plans is well before, without hurry or stress. It needs time and thought.