Gerrard L McGowan

SOLICITORS

PROBATE QUESTIONNAIRE

PART 1 - PERSONAL DETAILS OF THE DECEASED

| Full name | |
|----------------------------------|--|
| Date of death | |
| Domicile at death | |
| Domicile of origin | |
| Confirm if resident or ordinary | |
| resident in State at death | |
| Did the deceased live in the UK | |
| during their lifetime and if so | |
| please specify the dates. Please | |
| provide UK national insurance | |
| number. | |
| Marital status: | |
| Single | |
| Married | |
| Civil Partner | |
| Widow/er | |
| Divorced (provide Divorce Order) | |
| Separated (provide Court | |
| Order/Deed of Separation) | |
| Qualifying Cohabitee | |
| Name of spouse/civil partner and | |
| date of marriage or civil | |
| partnership | |
| Names of Children, Addresses | |
| And state if any are minors | |

PART 2 – PERSONAL REPRESENTATIVES / EXECUTORS

| Full names, addresses, email, | |
|---|----------------------------------|
| telephone number and occupations | |
| of executors named in the Will (or | |
| personal representatives, if intestate | |
| estate) | |
| | |
| Please confirm relationship of | |
| Executor/Personal Representative | |
| to Deceased | |
| Do all Executors/Personal | |
| Representatives intend to deal with | |
| the estate? | |
| | |
| PART 3 – THE WILL | |
| Location of Will and any Codicils | |
| or Letter of Wishes (if not stored at | |
| Gerrard L. McGowan Solicitors) | |
| Details of any Will(s) in other | |
| jurisdictions | |
| | |
| Beneficiaries – please provide a list | |
| of addresses for all beneficiaries | |
| named in the Will and let us know: | |
| (i) if any are deceased. | |
| (ii)If any are minors please provide | |
| names and addresses of | |
| parents/guardians and provide | |
| dates of birth of minors if known. | |
| (iii) if any are non-resident. | |
| | |
| PART 4 – TAXATION | |
| Please provide a copy of the deceased's | latest tax return (if available) |
| Personal Public Service (PPS) | |
| number for the deceased | |



| Any unpaid tax/repayment due or | |
|-------------------------------------|--|
| forthcoming liability (if known) | |
| Are there any outstanding health | |
| expenses claims in the last 4 years | |
| that are yet to be submitted to | |
| Revenue? | |
| Name and address of accountant or | |
| tax adviser (if any) | |
| | |

PART 5 – ASSETS/PENSIONS/POLICIES

Please provide details and specify if any were jointly held, with details of co-owner(s).

Please give account numbers where applicable, and approximate values if known.

| Residence of the deceased | Professional valuations may be required. We will discuss |
|---------------------------------------|--|
| | the tax implications of this valuation with you in advance |
| | of valuations being obtained. |
| | |
| | |
| | |
| | |
| Other land and property | As above. |
| (include details of lettings, if any) | |
| | |
| Overseas property and overseas | |
| assets | |
| | |
| | |
| Cars, boats and other vehicles | |
| (include car registration numbers, | |
| make, model, year and | |
| approximate value) | |
| Other household & personal goods | |
| | |
| including jewellery, antiques, | |
| collections, ornaments and | |
| furniture | |
| | |



| Bank/Building society accounts | |
|-------------------------------------|---|
| (please provide account numbers | |
| and sort codes if known) | |
| | |
| | |
| | |
| | |
| Credit Union Accounts | |
| (Please confirm if the account was | |
| nominated and name(s) of | |
| nominee(s) if known) | |
| An Post Investments (Bonds, | |
| Savings Certificates, Accounts) | |
| Stocks/Shares/Securities | A professional valuation may be required which we can |
| | arrange if required. |
| | |
| | |
| Details of stockbroker, investment | |
| manager and/or financial adviser | |
| | |
| | |
| | |
| | |
| Cash, foreign currency and | |
| uncashed cheques | |
| | |
| Life insurance | |
| | |
| | |
| | |
| Pensions (please furnish contact | |
| details of administrators if known) | |
| | |
| | |
| | |
| | |



| Debts owed to the deceased | |
|---|--|
| Details of buildings/contents | |
| insurance policies | |
| NOTE insurer must be notified as | |
| soon as possible of the death | |
| Did the deceased have health | |
| insurance and if so, is there any | |
| claim outstanding? | |
| Business interests | |
| | |
| | |
| Agricultural assets (livestock, farm | |
| machinery, details of any | |
| entitlements) | |
| | |
| Other assets | |
| | |

PART 6 – LIABILITIES



PART 7 – FURTHER PARTICULARS

| Did the deceased have any interest | |
|---------------------------------------|--|
| in a trust or settlement? | |
| | |
| | |
| Was the deceased the owner of a | |
| limited interest e.g. right of | |
| residence or life interest or annuity | |
| Did any person take a gift or after 5 | |
| December 1991 made by the | |
| deceased | |
| Was the deceased in receipt of any | |
| Social Welfare payments? | |
| Was the deceased in receipt of | |
| payments under the Nursing Home | |
| Support Scheme? Please provide | |
| Client ID number and confirm if | |
| there is a nursing home loan. | |
| Please confirm the length of | |
| occupancy by the deceased in a | |
| nursing home if applicable. | |

PART 8 - PROPERTIES HELD BY THE DECEASED

| Provide location of Title Deeds | |
|------------------------------------|--|
| Please provide LPT Property ID | |
| and Pin Numbers. We can apply | |
| for a LPT Deferral if required. | |
| Please provide utility account | |
| details at the deceased's address. | |
| We can apply for cancellation or | |
| continuation of supply and hold on | |
| payments during the administration | |
| period if requested | |
| | |



| In respect of any properties held by | |
|--------------------------------------|--|
| the deceased (other than their | |
| principal private residence) please | |
| provide NPPR Account details | |

PART 9 - MISCELLANEOUS

If you require clarification on any question in this form please contact us.

| Signed | |
|--------|--|
| | |
| Date | |

Checklist of documents to be furnished by you (where applicable):

- Death Certificate
- Funeral Bill to include funeral director's bank account details if payment is to be requested by us from a financial institution.
- Funeral Catering Bill and receipts for any funeral related expenses such as memorial cards, headstone etc.
- Addresses for all Will beneficiaries as above /names and addresses for any beneficiaries entitled on intestacy (we will discuss entitlement on intestacy with you if applicable)



- LPT login details to include Property ID and Pin number for the deceased.
- Original Share Certificates
- Original An Post Savings Certificates/Bonds/Account Books
- Original Prize Bonds
- Original Life Policies
- Title Deeds if held by you.
- Letting Agreements in relation to any properties rented to or by the deceased.
- Passport and Driving Licence of the deceased if cancellation is required.
- Log Book for any vehicles
- **Copy passport and proof of address** (e.g. bank statement/utility bill dated within the last 3 months) for you for compliance purposes.

