

Estate form

Customer reference number

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Estate Accounts of the late

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Estate assets

Please enter the details of **all** assets held in the **sole name** of the deceased (if assets are not held, please select not applicable where appropriate):

Property value

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**Property Ownership confirmation**

Please select appropriate option

Sole ownership of deceased ☐Tenants in Common ☐Joint ownership ☐**Bank account**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**Savings account**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**Building Society account**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**ISA account**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**Insurance policy paid out to estate**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**Pension paid out to estate**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**Shares/Unit Trusts**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐**National Savings account**

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐

Premium Bonds

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐

Motor vehicle

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐

Sole Trader Commercial vehicle(s)

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐

Sole trader Commercial property

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐

Sole Trader Commercial stock value

(please enter the value in first field,
or tick N/A if not applicable)

£ N/A ☐

Other (please specify)

Please tick if other is not applicable

Name of asset		Value of asset £		N/A	☐
Name of asset		Value of asset £		N/A	☐

Total value of assets

£

Estate liabilities

Please enter the details of **all** liabilities held in the **sole name** of the deceased (if liabilities are not held, please select not applicable where appropriate):

Funeral expenses

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Income tax

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Inheritance tax

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Capital Gains tax

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

National Insurance

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Solicitor's Fee

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Mortgage

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Credit Card no. 1

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Credit Card no. 2

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Credit Card no. 3

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Store Card

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Bank Loan no. 1

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Bank Loan no. 2

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Bank Loan no. 3

(please enter the value in first field, or tick N/A if not applicable)

£ N/A ☐

Motor vehicle finance

(please enter the value in first field,
or tick N/A if not applicable)

£

N/A	
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Other (please specify)

Please tick if other is not applicable

Name of liability

Value of liability £

N/A	
-----	--

[illegible]

Value of liability £	
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N/A	
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Total liabilities

£

Declaration

I declare that the information on the Estate account form is true and complete to the best of my knowledge.

Tick as applicable:

I have obtained Probate/Letters of Administration and enclose a copy for your records.

I am not obtaining Probate/Letters of Administration.

Name

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Signed (Executor/Personal Representative)

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Date (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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