

INFORMATION ABOUT THE DECEASED

Before completing this form please read our guidelines about referring cases to us or look at our website www.bonavacantia.gov.uk. If you prefer, you can complete this form online on our website.

PERSONAL INFORMATION ABOUT THE DECEASED

Please do not incur any costs in completing this form, but please answer all questions as fully as you are able to based upon the information in your possession.

Full name			
Last known address			
Date and place of death			
Maiden Name			
Marital Status	If a widow/widower please give the name and date of death of	the husband/wife	
Date of birth			
Occupation			
National Insurance number			
Did the deceased leave a Will?	If yes, please return a copy with this form along with details of who holds the original.		
What searches have been made for a Will?			
Please give details of the whereabouts of any relatives.	Have you tried to contact them?		
ASSETS OF THE ESTATE IMPORTANT - please state the approximate value <u>before</u> any deductions for funeral costs etc. Please add details of any assets you are aware of – for example, cash, bank accounts, property & shares.			
Description of asset (including account numbers where appropriate)		Approximate Value (£)	
Example: Barclays Bank a/c 123456 held at Kingsway Branch, London 3 bed freehold property at 123 Avenue Road, London W1		£500 £120,000	

LIABILITIES O	F THE ESTATE		
Funeral Expenses – please include details of who arranged the funeral, the funeral directors, how much it cost, who paid for the funeral and from what monies?			
Please add det	LITIES OF THE ESTATE ails of any liabilities you are aware of – for example, mortgage or utility bills and enclose invoices and bills.	rent, nursing home fees,	
	liability (including account numbers where appropriate)	Amount Outstanding (£)	
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GENERAL INFORMATION/ LIFE HISTORY You have been asked to complete this form because it appears that the deceased has died without leaving a valid will or entitled blood relatives. Please use this space to give as much information as you can about the deceased's life history, blood relatives and any further details that you feel may be relevant.			
VOUD DETAIL			
YOUR DETAI	LS Date		
Address	Date		
Telephone	Fax		
E-Mail			
Please return this form along with any papers you are holding to:			
TSol (BV), One Kemble Street, London, WC2B 4TS			