



Confidential Will Drafting Client Information Form

Please complete this form comprehensively. Where a section does not apply, indicate 'Not Applicable'. If you are unsure of sections of the form, or sections that do not apply to your situation, leave them blank or make a note to discuss them during your appointment with us.

Unless specifically instructed otherwise in writing, we shall rely exclusively on the information and documentation provided by you and will not independently verify the existence, accuracy, ownership status, or registration details of any asset disclosed.

All information provided will be treated with strict professional confidentiality.

Data Protection & Client Consent

In accordance with the Nigeria Data Protection Act 2023 and applicable regulatory guidelines, Black Oak Legal collects and processes your personal data strictly for the purpose of providing estate planning, advisory and related legal services.

Your data will be processed lawfully, fairly and transparently. It will not be disclosed to third parties except where required for legal compliance, professional collaboration, regulatory reporting or with your express consent.

You retain the right to request access, correction, restriction, erasure or portability of your personal data subject to legal and professional limitations.

By signing below, you consent to the collection and processing of your personal information for the purpose of preparing your Will and associated estate planning documents.

Client Name: _____

Signature: _____

Date: _____

1. CLIENT INFORMATION

SURNAME	
OTHER NAMES	
PREVIOUS NAMES (IF ANY)	
GENDER	
NATIONALITY	
STATE OF ORIGIN	
ADDRESS	
MARITAL STATUS	
TYPE OF MARRIAGE	
OCCUPATION	
DATE OF BIRTH	
EMAIL ADDRESS	
PHONE NUMBER(S)	

2. PREVIOUS WILL / TESTAMENTARY DISPOSITION

Do you currently have an existing Will or any other testamentary instrument? YES / NO

(If yes, when was it made and where is it kept.)

3. SPOUSE INFORMATION

NAME OF SPOUSE	
DATE OF BIRTH	
ADDRESS	
PHONE NUMBER(S)	
TYPE OF MARRIAGE	
NAME OF SPOUSE	
DATE OF BIRTH	

PHONE NUMBER(S)	
TYPE OF MARRIAGE	

NAME OF SPOUSE	
DATE OF BIRTH	
ADDRESS	
PHONE NUMBER(S)	
TYPE OF MARRIAGE	

(Use additional sheets if necessary)

4. CHILDREN (BIOLOGICAL, ADOPTED, STEPCHILDREN)

FULL NAME	
DATE OF BIRTH	
ADDRESS	

FULL NAME	
DATE OF BIRTH	
ADDRESS	

FULL NAME	
DATE OF BIRTH	
ADDRESS	
FULL NAME	
DATE OF BIRTH	
ADDRESS	

(Use additional sheets if necessary)

5. OTHER DEPENDANTS

(List any other persons who depend on you financially, including elderly parents, relatives, or others.
Use additional sheets if necessary)

FULL NAME	
RELATIONSHIP	
ADDRESS	
FULL NAME	
RELATIONSHIP	
ADDRESS	

FULL NAME	
RELATIONSHIP	
ADDRESS	
FULL NAME	
RELATIONSHIP	
ADDRESS	

6. ASSETS & PROPERTIES

(Please list all significant assets. Attach additional sheets if necessary. Are you able to will out your interest in your joint property (ies), if any? If yes, state the name(s) of the beneficiary(ies).

A. REAL ESTATE

PROPERTY 1

DESCRIPTION	
ADDRESS/LOCATION	
TITLE	
JOINTLY OWNED? (State details of joint ownership)	

PROPERTY 2

DESCRIPTION	
ADDRESS/LOCATION	
TITLE	
JOINTLY OWNED? (State details of joint ownership)	

PROPERTY 3

DESCRIPTION	
ADDRESS/LOCATION	
TITLE	
JOINTLY OWNED? (State details of joint ownership)	

PROPERTY 4

DESCRIPTION	
ADDRESS/LOCATION	
TITLE	
JOINTLY OWNED? (State details of joint ownership)	

INSTRUCTIONS

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B. BANK ACCOUNTS

BANK NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	
ACCOUNT TYPE	
BANK NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	
ACCOUNT TYPE	

BANK NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	
ACCOUNT TYPE	

BANK NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	
ACCOUNT TYPE	

INSTRUCTIONS

C. INVESTMENTS

Shares, bonds, mutual funds, cooperative investments, crypto assets, etc. For crypto assets, do not disclose private keys.

S/NO	ASSET DESCRIPTION	NAME OF ISSUING ORGANISATION	ACCOUNT NUMBER / CSCS NUMBER / WALLET ID

INSTRUCTIONS

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D. BUSINESS INTERESTS

S/NO	NAME OF BUSINESS	NATURE OF INTEREST (Sole Proprietorship, Partnership, Shareholder)	PERCENTAGE OWNERSHIP

INSTRUCTIONS

E. INSURANCE POLICIES

S/NO	NAME OF INSURER	TYPE OF POLICY	POLICY NUMBER

INSTRUCTIONS

F. PENSION/ RETIREMENT BENEFITS

S/NO	NAME OF PENSION FUND MANAGER	NAME OF PENSION FUND ACCOUNT	RSA PEN

INSTRUCTIONS

G. VEHICLES, BOATS, YACHTS, AIRCRAFTS

S/NO	DESCRIPTION	REGISTRATION NUMBER

INSTRUCTIONS

H. PERSONAL PROPERTY

(Jewellery, Artworks, Heirlooms, Clothing)

INSTRUCTIONS

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I. INTELLECTUAL PROPERTY

TYPE	
TITLE	
REG. NO	
OWNERSHIP(sole, joint, corporate, licensee	
EXPIRY	

TYPE	
TITLE	

REG. NO	
OWNERSHIP (sole, joint, corporate, licensee)	
EXPIRY	

TYPE	
TITLE	
REG. NO	
OWNERSHIP (sole, joint, corporate, licensee)	
EXPIRY	

INSTRUCTIONS

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J. FOREIGN ASSETS

(List any property, accounts, or investments located outside Nigeria and instructions for distribution.)

K. DIGITAL ASSETS

Digital assets such as online businesses, domain names, monetised social media accounts, ,
or intellectual property?

LIST OF ASSETS

INSTRUCTIONS REGARDING ACCESS OR TRANSFER.

- L. **OUTSTANDING DEBTS, FINANCIAL OBLIGATIONS AND AMOUNTS DUE TO THE ESTATE** (Please disclose all outstanding debts, financial obligations, and any sums owed to you. Include relevant details of each creditor or debtor and indicate how liabilities should be settled or how recovered funds should be treated within your estate.)

i. **Liabilities Owed by You**

ii. **Liabilities Owed to You**



7. MINOR BENEFICIARIES

Do you have any child under the age of 18 years? If yes, provide their full names and dates of birth, and state the person you wish to appoint as guardian. Kindly note that guardianship ordinarily ends when the child attains 18 years.

S/NO	NAME	DATE OF BIRTH	GENDER

NAME OF GUARDIAN: _____

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE GUARDIAN: _____

ADDRESS: _____

RELATIONSHIP: _____

INSTRUCTIONS

8. TESTAMENTARY TRUST (OPTIONAL)

Do you wish to create a trust under your Will to hold and manage any part of your estate for designated beneficiaries after your death? A testamentary trust allows appointed trustees to control and distribute assets subject to specified terms and conditions.

TRUSTEE(S):

BENEFICIARY(IES)

TRUST ASSET(S)

INSTRUCTIONS

9. SPECIFIC DISTRIBUTION

- A. Do you wish to leave specific gifts to particular individuals not already captured above?
If yes, list item(s) and beneficiary(ies). Use additional sheets if necessary.

ITEM	
BENEFICIARY	
ADDRESS	
PHONE NUMBER	
EMAIL	

ITEM	
BENEFICIARY	
ADDRESS	
PHONE NUMBER	
EMAIL	
ITEM	
BENEFICIARY	
ADDRESS	
PHONE NUMBER	
EMAIL	

B. How do you wish the remainder of your estate (residuary estate) to be distributed ?

C. If any beneficiary dies before you, who should receive their share?

D. Are there any individuals you intentionally wish to exclude? Yes / No. If yes, please specify (with reasons if appropriate).

E. CHARITABLE GIFTS

Do you wish to make any gifts to a church, mosque, foundation, NGO, or other organisation? Yes / No. If yes, provide. Use additional sheets where necessary.

NAME OF ORGANISATION	GIFT

9. FUNERAL INSTRUCTIONS

(Preferred place of burial, religious or cultural instructions and any other final wishes)

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10. EXECUTORS

An Executor is the person or entity appointed to carry out the instructions in your Will and administer your estate. This includes applying for probate, settling outstanding debts and taxes, realising assets where necessary, claiming death benefits, and distributing the estate to beneficiaries.

NAME	
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	
CONSENT OBTAINED?	

NAME	
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	
CONSENT OBTAINED?	

NAME	
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	
CONSENT OBTAINED?	

NAME	
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	
CONSENT OBTAINED?	

ALTERNATE EXECUTORS

You may appoint an Alternate Executor to act if your primary Executor is unable or unwilling to serve. This helps avoid delays in estate administration.

NAME	
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	
CONSENT OBTAINED?	

NAME	
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	
CONSENT OBTAINED?	

11. ADDITIONAL INFORMATION

Use this section to provide any further details, instructions, or clarifications relevant to your estate that have not been captured elsewhere in the form. This may include special wishes, contingencies, notes on informal agreements, or guidance for your Executors and Trustees.

12. CLIENT DECLARATION

I confirm that the information provided above is true and complete to the best of my knowledge. I understand that my Will shall be prepared based on this information.

Client Name: _____

Signature: _____

Date: _____

NEXT STEP: LET'S FINALISE YOUR WILL

You're almost done. Once you've completed and signed this form, our team can draft your Will and guide you through the next steps to ensure it's legally valid and properly executed.

Submit your completed form now to begin your Will preparation, or **book a quick call** if you'd like help confirming your Executors, beneficiaries, or any special instructions.

Send your form to: clientforms@theblackoaklegal.com

Book an appointment: [Consult BlackOak](#)

Questions? Call us on: +234 813 538 0101; +234 915 432 8989