SERVICE ID	
CLIENT ID	
TASK ID	

File note – Signing will

General information	
Client details	
Full name:	
Date of birth:	
Date of signing:	
Time of signing:	
Place of signing:	
Who is present for signing:	

□ Solicitor went through the will

□ Client understood the contents of the will and it reflects their wishes

□ Client wants to sign the will and it's a true account of what they want done with their estate.

□ We will not hold the original, but we will keep a copy

Time spent with client:	
Legal Practitioner name:	
Legal Practitioner signature:	Date:
Responsible / Nominated Person signature:	Date: