



hardmans  
solicitors

# Property Sale

Information Form

[www.hardmansolicitors.com](http://www.hardmansolicitors.com)

# Welcome to 'stress-free' conveyancing

**W**e know that **moving house** can be a stressful enough business without adding to the pressures with complex conveyancing problems.

That's why we've come up with a swift, simple scheme to make your house move as **straightforward** as possible.

Whether you are buying, selling or doing both, we have the legal expertise and experience to make moving a positive, **painless** process.

Our **promise** to you is simple. We will carry out your conveyancing requirements at a **Fixed Fee**. That means you know up front what the costs will be - there are **no hidden charges**. And there are **no abortive fees** should your sale fall through.

Please complete the relevant attached instruction form and return it to us. Then **relax** while we do the rest for you.

If you require any further information, don't hesitate to contact us on:

**01604 634466**

Our **three** short steps to a stress-free move

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**1.**

Complete the enclosed instruction form and return it to us as soon as possible

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**2.**

Remember - our fees are fixed.

That means no hidden costs, no add-on charges, and no abortive fees if your transaction falls through.

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**3.**

Now leave the rest to us.

The moment we receive your completed application we will proceed with your conveyancing requirements.

And to give you complete peace of mind, we will keep you up to date with developments and respond rapidly to any queries you may have.

**Take the pressure out of your move.**

# Sale Instructions

Please complete this form and tick boxes where appropriate

Address of Property to be sold

  
  
 Postcode: 

Sale price: £

## PROPERTY OWNER DETAILS:

IF MORE THAN TWO PEOPLE ARE SELLING PLEASE GIVE DETAILS SEPARATELY

Full Name:

Title (Mr/Mrs/Ms/Miss/other):

Address:

  
  
 Postcode: 

Occupation:  Date of birth:

Telephone-home:  work:

Mobile phone:

Email address:

Full Name:

Title (Mr/Mrs/Ms/Miss/other):

Address:

  
  
 Postcode: 

Occupation:  Date of birth:

Telephone-home:  work:

Mobile phone:

Email address:

Who introduced you to this firm?

## ESTATE AGENTS:

Agents name:

Address:

  
  
 Postcode: 

Please confirm agreed Agents fees: £

Please note that we will pay the Agent's fees upon completion from the sale proceeds unless we receive your written instructions advising us not to make such payment.

Name of Purchasers (if known)

Name & address of purchaser's solicitors (if known)

  
  
 Postcode: 

When do you hope to complete this sale:

Is the Sale to be linked with the Purchase of an alternative property?  
YES  NO

If "YES" do you wish us to act in your Purchase also?  
YES  NO

Is the property you are selling in mortgage?  
YES  NO

If "YES" approximately how much do you owe? £

Please advise us where your Title Deeds are kept? (e.g. Bank, Building Society)

Name & Address:

  
  
 Postcode: 

Account/Roll No.

Have you ever been Bankrupt? YES  NO   
If "YES" please provide us with full details

## If your Title Deeds are in your possession please forward them to us.

Have you ever entered into any second or statutory charge banking agreement or hire purchase with, for example, your Bank, First National Securities, Legal Aid Board?  
YES  NO

If so, please state the name, address and Bank or Company and quote your account number and amount owed, since this charge or agreement will have to be discharged out of the proceeds of sale:

Name:

Address:   
  
 Postcode:

Account No.

Approximately how much do you owe? £

Signed:

Date:

Signed:

Date:

Please return this form to us as soon as possible to avoid delay in dealing with the legal formalities.

Signing this form indicates that you have received a written quotation for fees which you accept in accordance with our terms of business.

## Sellers Property Information Form

### **IMPORTANT NOTE – PLEASE READ**

Please complete this form carefully. If you are unsure how to answer the questions, please ask us before doing so.

The answers should be those of the person(s) whose name appears on the deeds. If there is more than one of you, you should prepare the answers together and ensure that all parties sign each form.

This form in due course will be sent to the Buyer's Solicitors and will be seen by the Buyer who is entitled to rely on the information. Incorrect or incomplete information given to the buyer direct through us or the selling agent or even mentioned to the Buyer in conversation between you, may mean that the Buyer can claim compensation from you or even refuse to complete the purchase.

If you do not know the answer to any question you must say so. You should let us have any letters, agreements or other documents which help answers the questions. If you know of any which you are not supplying with these answers, please let us know.

The Buyer takes the property in its present physical condition and should, if necessary, seek independent advice, e.g. instruct a Surveyor. You should not give the Buyer your views on the condition of the property.

If anything changes after you fill in this questionnaire but before the sale is completed, tell us immediately. THIS IS AS IMPORTANT AS GIVING THE RIGHT ANSWERS IN THE FIRST PLACE.

Please pass to us immediately any notices you have received which affect the property, including any notices which arrive at any time before completion of the sale.

If you have a Tenant, tell us if there is any change in the arrangement but do nothing without asking us first.

Please complete and return the separate Fixtures, Fittings and Contents Form. It is an important document, which will form part of the contract between you and the Buyer. Unless you mark clearly on it the items, which you wish to remove, they will be included in the sale and you will not be able to take them with you when you move.

You may wish to delay the completion of the Fixtures, Fittings and Contents Form until you have a prospective Buyer and have agreed the price.

# Sellers Property Information Form

## PROPERTY INFORMATION

Address of Property to be sold

Postcode:

Which Boundary Fences do you consider to be yours, viewing the property from the Road:

(a) **on the Left?** *Please tick the right answer*

We do  Next door  Shared  Not known

(b) **on the Right?**

We do  Next door  Shared  Not known

(c) **at the Back?**

We do  Next door  Shared  Not known

Have you moved any of the Boundaries?

YES  NO

If "YES" please give details:

Are you aware of any disputes that have arisen in respect of the property or any neighbouring property?

YES  NO

If "YES" please give details:

Have you received any complaints about anything you have or have not done as owner?

YES  NO

If "YES" please give details:

Have you had to complain about the behaviour of neighbours?

YES  NO

If "YES" please give details:

Have you received any letters or notices of any kind affecting the property or adjoining land or Boundaries? (for example, from neighbours, the Council or a Government Department)

YES  NO

If "YES" please give details:

Does the property have the benefit of any guarantees, for example in respect of Timber or Damp Treatment, NHBC, Double Glazing, Heating System or Roofing?

YES  NO

If "YES" please give details and forward the originals with this form:

1.   
2.   
3.   
4.

Have you made or considered making claims under any of these?

YES  NO

If "YES" please give details:

Does the property have:

Mains Drainage? YES  NO  Water? YES  NO   
Gas? YES  NO  Electricity? YES  NO   
Cable TV? YES  NO  Telephone? YES  NO   
Septic Tank? YES  NO  Cesspit? YES  NO

Are all the services connected?

YES  NO

Is the Water supply metered?

YES  NO

Please supply copy of the latest Water Charge Account

Have you been called upon to pay any charges in connection with joint drainage, footpaths, party walls etc?

YES  NO

If "YES" how much and when and who is responsible for organising the work and collecting the contributions?

Do any drain pipes or cables for these cross your property or any neighbour's property?

NOT KNOWN  YES  NO

Do you need access to neighbours land to repair your property or maintain any of the boundaries?

YES  NO

# Sellers Property Information Form

If "YES" please give details and state whether or not the permission was verbal or written:

  
  

Are there any informal rights over the property exercised by any persons, e.g. rights of way etc?

YES  NO

If "YES" please give details:

  
  

Please list all persons (apart from yourselves) who occupy the property and their respective ages and relationship to you. (This is necessary to ensure that vacant possession is given)

Full Name

Age  Relationship

Full Name

Age  Relationship

Full Name

Age  Relationship

Are there any persons other than yourselves who have a financial interest in the property?

YES  NO

If "YES" please give details:

  
  

Have they all agreed to sign the contract for sale agreeing to leave with you (or earlier)?

YES  NO

Have any of the following taken place to the whole or any part of the property (including the garden)?

Building works (including loft conversions and conservatories) YES  NO

If "YES" when

Change of use YES  NO

If "YES" when

Sub-division YES  NO

If "YES" when

Conversion YES  NO

If "YES" when

Business activities

YES  NO

If "YES" when

If "YES" what consents were obtained under any restrictions of your title deeds?

(Note: The title deeds of some properties include clauses which are called "restricted covenants". These may, for example, forbid the owner of the property from carrying out any building work or for using it for business purposes or from parking a caravan or boat on it unless someone else (often the builder of the house) gives consent.)

  
  

Has consent under those restrictions been obtained for anything else done at the property?

YES  NO

If any consent was needed but not obtained:

(a) Please explain why

  
  

(b) From whom should it have been obtained?

Is the property only used as a private home?

YES  NO

If "NO" please give details

  
  

Has the property been designated as a Listed Building or the area designated as a Conservation Area?

YES  NO

If so when did this happen?

Was planning permission, building regulation or listed building consent obtained for each of the changes mentioned?

YES  NO

(Please list separately and supply copies of the relevant permissions and, where appropriate, certificates of completion)

What Council Tax Band is the property in?

How much do you pay per annum?

£

Are there any other unusual charges, which effect the property?

YES  NO

If "YES" please give details:

# Sellers Property Information Form

Please confirm at least one key to every lock at the property will be handed over at completion:

YES  NO

Please confirm that none of the Fixtures and Fittings included in the sale are subject to H.P. or any similar charges?

YES  NO

Are any telephones being left?

YES  NO

If "YES" are they your own or BT's?

Are you transferring your number?

YES  NO

If not, do we have the authority to disclose the number to the buyer?

YES  NO

Does the property have Central Heating?

YES  NO

When was it installed?

Is it in good working order?

YES  NO

Is there a Guarantee or Service Agreement?

YES  NO

If "YES" please enclose it.

Has the property suffered from:

- a) Subsidence? YES  NO
- b) Drainage Defects? YES  NO
- c) Flooding? YES  NO
- d) Damp? YES  NO
- e) Timber Infestation? YES  NO
- f) Wet or Dry Rot? YES  NO
- g) Burglary? YES  NO

If "YES" please give details:

  
  

When was the electrical wiring last tested or renewed?

Was this carried out by a qualified electrician? YES  NO

Has the Property been tested for Radon Gas? YES  NO

If "YES"

- a) Supply a copy of the test result
- b) Have all recommended works (if any) been completed? YES  NO

Please confirm that you will remove all furniture, effects and rubbish on completion YES  NO

Please confirm that any damage to the structure or decoration of the property in removal of the furniture, fixtures and fittings will be made good at your expense prior to completion. YES  NO

Signed:

Date:

Signed:

Date:

**THE ABOVE REPLIES ARE GIVEN ON THE BEHALF OF THE VENDOR AND ARE BELIEVED TO BE ACCURATE. HOWEVER, NO GUARANTEE CAN BE GIVEN AS TO THEIR ACCURACY AND THE PURCHASER SHOULD RELY ON THEIR OWN INVESTIGATIONS AND INSPECTIONS. THE REPLIES ARE GIVEN WITHOUT RESPONSIBILITY ON THE PART OF THE VENDOR'S SOLICITORS, THEIR PARTNERS OR EMPLOYEES.**

# Fixtures, fittings & contents

1. Place a tick in one of these three columns against every item  
 2. The second column ("excluded from the sale") is for items on the list which you are proposing to take with you when you move. If you are prepared to sell any of these to the buyer, please write the price you wish to be paid beside the name of the item.  
 3. Please include any further relevant information.

	Included in the Sale	Excluded from the Sale	None at the Property		Included in the Sale	Excluded from the Sale	None at the Property		Included in the Sale	Excluded from the Sale	None at the Property
<b>Kitchen Fitments</b>				<b>Curtains (including nets):</b>				<b>Security</b>			
Fitted Cupboards and Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lounge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burglar Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shutters / Grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridge/Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All fitted security locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooker – built in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doorbell/Chimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooker – free standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Knocker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Split Level Cooker/Hob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Furniture Internal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extractor Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Furniture External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Disposal Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Rooms (state which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Outside</b>			
Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV Ariel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumble Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curtain Rails/ Poles/ Pelmets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conservatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutlery/Spice Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please state in which room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bathroom Fitments</b>				<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotary Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garden Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel Rail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Greenhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap & Toothbrush Holder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venetian Blinds & Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trees, Plants, Shrubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Roll Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please state in which room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garden Ornaments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock of Oil/Solid Fuel/ Propane Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Curtain and Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Butts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extractor Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roller Blinds & Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dustbins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sanitary Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please state in which room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Others</b>			
<b>Bedroom Fitments</b>				<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Mirrors, Picture Hooks, etc.			
Fitted Wardrobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please state in which room			
Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carpets and other floor coverings:</b>				<b>Light Fittings:</b>				<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lounge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>N.B. If these are to be removed, it is assumed that they will be replaced by ceiling rose and socket, flex, bulb holder and bulb.</small>				<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hall, Stairs & Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lamp Shades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dimmer Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flourescent Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Rooms (state which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Heating Systems</b>				Signed:			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immersion Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Cylinder Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Central Heating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed:			
<b>Telephone Receivers:</b>				Night Storage Heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>			
British Telecom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:	<input type="text"/>		
Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Wall Heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

# Hardmans Solicitors Legal Services

Moving house is an ideal time to consider other legal matters such as:-

**WILLS:** A Will is essential to ensure that your estate goes to the correct beneficiary at the appropriate time. We could also save your family from a substantial Inheritance Tax bill using a simple Trust. Ask us about it when you next speak to us.

**POWER OF ATTORNEY:** It is always possible that you might have a stroke or an accident leaving you incapacitated. This document will ensure that you choose your own representative as an alternative to obtaining an expensive and time consuming Court of Protection Order to appoint a Receiver.

**TRUST DEED:** If two or more of you are buying with unequal shares we can prepare a Trust Deed to ensure that your assets are protected if you should separate or die.

**In the future remember that we deal with all property and business matters including remortgaging your home or acquiring a business or business premises.**



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