

ARE YOUR AFFAIRS IN ORDER?

AND

DOES YOUR FAMILY KNOW?

When someone dies, a number of legal formalities have to be completed. Experience has shown that even in the best organised families not all the required information is available and occasionally there is no one available to give the answers.

To alleviate this matter, we recommend that you complete this questionnaire, keep it in a safe place with your other important papers, and tell your family where to find it.

PERSONAL DETAILS

Full name _____

Identity number _____

Date and place of birth _____

Country of domicile _____

Married in or out of community of property _____

Date and place of marriage _____

Full name of your spouse _____

His/Her identity number _____

Her maiden name _____

Particulars of children:

Full name Number	Address	Date of birth	Identity
(a)			
	Tel		
(b)			
	Tel		
(c)			
	Tel		
(d)			
	Tel		

Name and address of nominated guardian for minor children _____

Full name of predeceased spouse _____

Date and place of his/her death _____

To which Master's office estate reported _____

Estate number _____

Full names and dates of death of your predeceased children

(a) _____

(b) _____

Particulars of their children (i.e. children of your predeceased children)

Full name Number	Address	Date of birth	Identity
(a)			
	Tel		
(b)			
	Tel		
(c)			
	Tel		
(d)			

Tel _____

Description of property let

Description p.m.	Name and address of person to whom let	Rental

Name and address of person/institution to whom property is bonded _____

Document check list – where to be located:

Title Deed(s) _____

(if bonded, usually held by bondholder)

Deed(s) of Sale _____

Lease Agreement _____

DETAILS OF MOVABLE ASSETS

Registration numbers of cars, caravans, boats etc.

Cars	Caravans	Boats
(a)		
(b)		
(c)		
(d)		

Document check list – where to be located

Registration certificates re cars, caravans, boats _____

Current receipts re above _____

Firearm licences _____ (in identity document if issued with one)

Safe custody receipts _____

DETAILS OF CASH ASSETS (Insurance policies – including bond insurance)

Name of company policy	Policy No.	Name of beneficiary	Loan against Yes/No
(a)			
(b)			
(c)			
(d)			
(e)			

DETAILS OF BANK ACCOUNTS

Name of Bank	Branch Code	Account No.	Type of account
(a)			
(b)			
(c)			
(d)			
(e)			

Other investments – details of shareholdings

Name of company or building Society	No. of shares held	Type of investment
(a)		
(b)		
(c)		
(d)		
(e)		

Full name, address and telephone number of your divorced husband/wife _____

Date and place of divorce _____

Case number _____

Full names of your parents

(a) father _____ Alive/Predeceased

(b) mother _____ Alive/Predeceased

Document check list – where to be located

Identity document – your own _____

Identity document – your spouse _____

Identity document – your children _____

Ante-nuptial or Post-nuptial contracts _____

Order of divorce _____

Maintenance agreement _____

Passport _____

Copy of Will and liquidation and distribution account of predeceased spouse _____

DO YOU HAVE A WILL?

Are you quite satisfied that it provides for all possible contingencies such as, for example, one or more of your heirs dying before you?

If you have answered in the negative, your estate could devolve contrary to your wishes and/or cause needless hardship to your heirs.

Name and address of your executor _____

Document check list – where to be located

Original Will and codicil(s) _____

Duplicate Will and codicil(s) _____

DETAILS OF IMMOVABLE PROPERTY

Description and street address of each property

(a) _____

(b) _____

(c) _____

Title deed, number and date of each property

(a) _____

(b) _____

(c) _____

State the full name, address and telephone number of any purchaser of any immovable property sold but not yet transferred _____

Description of such property _____

Balance due to you in respect of such property and at what date _____

LIABILITIES

Details of creditors (excluding day to day household accounts)

Name of creditor	Asset	Type of contract eg. HP or Loan	Balance owing
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			

Do you have credit insurance to cover above?

If yes, give details _____

Have you guaranteed any one else's debts?

If yes, give details _____

GENERAL

State full names and addresses of your employer and pension fund as well as that of your husband/wife.

Employer _____

Pension Fund _____

Wife's employer _____

Wife's Pension Fund _____

Medical Aid scheme name _____

Medical Aid scheme address _____

Medical Aid scheme Membership No. _____

Your Income Tax reference number _____

Which Office of the Receiver _____

Names and addressed of your:

Attorney _____

Bookkeeper _____

Auditor, accountant etc _____

List all household, houseowners, all risks, motor policies etc.

Name of Company	Type of Policy	Renewal Date
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		

Give details of foreign assets:

Description of items held by a bank in safe custody

List of all firearms and their serial numbers

IMPORTANT INSTRUCTIONS

BURIAL _____

CREMATION _____

MEMORIAL SERVICE _____

OTHER IMPORTANT INFORMATION

Death Certificate is required _____

Death Notice if required _____
