

REQUEST FOR THE DRAFTING OF A WILL

• Please draft a will for me/us in accordance with the following particulars: (Indicate your choice with an X)

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Contact:	NICOLE	NE VILJOEN		
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Fax:	086 643	5810		
E-mail:	nicolene	@lhk.co.za		
Single request		Joint request		
1. TESTAT	OR			
Surname				Title
Full name				,
Cell no			Tel. No. (w)	
E-mail				
I.D. Number				
2. TESTAT	RIX			
Surname				Title
Full name				
Maiden Name				
Cell no			Tel. No.(w)	
E-mail			,	
I.D. Number				

3. MARITAL STATUS

Married	In community of property			
Married	Out of community of property	Without accrual	With accrual	
Divorced	Never married	Widower	Widow	
Co -				
Habitation				

4. ADDRESS

Residential Address		
	Code	
Postal address		
	Code	

5. CHILDREN

• Full names (all children, including predeceased children who left issue and legally adopted children)

	ormaron,		
a) F	Present marriage	Sex (M/F)	Date of birth
b) F	revious marriage of testator		
c) F	revious marriage of testatrix		

6. ASSETS		
	Testator first dying Rand value	Testatrix first dying Rand value
Fixed property:		
1. Residential:		
2. Commercial:		
Movable assets:		
1. Vehicles:		
2. Firearms:		
3. Other:		

Liquid Assets:	
1. Cash Investments:	
2. Bonds i.f.o:	
3. Listed Shares:	
4. Unit Trusts:	
4. Offic Trusts.	
Assurance payable to estate /	
Name of company / Policy	
Number(s):	
,	
Group life cover / Details of	
beneficiary and value:	
F	
Farming:	
Agricultural land:	

2. Livestock:	
3. Implements:	
4. Farming vehicles:	
5. Other:	
Business interest:	
Shares in private companies (% and rand value):	
Close Corporation interests (% and rand value):	
3. Partnership/Sole proprietor:	
4. Loan account(s) in above:	
Trusts:	
Loan(s) made to trust(s):	

TOTAL ASSETS	

7. LIABILITIES

	Testator first dying Rand value	Testatrix first dying Rand value
Mortgage bonds		
Bank overdrafts		
Loans / hire purchase		
Capitalised value of alimony claims		
Income Tax		
Surety		
Claims i.r.o. accrual system		
Loans from banks (except overdrafts)		

Loans from Trust(s)							
Loans from CC/Co's							
Other							
TOTAL LIABILITIES							
8. ASSURANCE NOT PAYABLE TO ESTATE							
Assurance payable to							
beneficiary(ies)/name(s) of beneficiary(ies) and value(s)							
9. PREDECEASED SPOUS	SE						
Full names							
Date of death / Estate No.							
Estate Administered by							
Detail of limited interests to surviv	ing spouse						
10. HEIRS							
10.1 Will of Testator if first dying		Testatrix sole hei	ess	Yes		No	

10.2	Will of Testatrix if firs	dying				Testator sole	heir		Yes		No	
If not	:											
				_	_ [<u> </u>	
	Will of survivor and/o	r si mu l	taneou	us deat	ih [Child/ren sole	e heir/		Yes		No	
	Inharitanas of minara	1			I		1	1	I	I	 	
10.4.	Inheritance of minors in trust	No		Yes		Until age	21		25		Other Ander	
10.5	Will in event of family	obliter	ation (option	al)							
	(Full nar	mes, re	lationsI	nip and	I ratio if more th	nan one	heir)				
44	CHARDIAN											
11. Full n	GUARDIAN: names of guardian(s)											

If not

Related to	Testator		Testatrix					
Or Address								
12. LAST WISH:								
Testator:	Cremation	/Buriel	Place:					
Testatrix:	Cremation	/Buriel	Place:					
p13. EXECUTOR:								
Lacante Henn Inc Attor	neys and:							
(If a co-executor is required, furnish full names and relationship)								
14. TRUSTEE:								
Trusts Direct (Pty) Ltd	and:							
(If a co-trustee is required, furnish full names and relationship)								

5. PAYMENT

All payments to Lacante Henn Inc Attorneys please

Our account details are as follows:

ACCOUNT TYPE: CHEQUE ACCOUNT

BANK: ABSA BANK

BRANCH CODE: MONTANA

ACCOUNT NAME: LACANTE HENN KLOKOW INC TRUST ACCOUNT

ACCOUNT NUMBER: 405 973 1092

REFERENCE: (Initials and surname)