

# WILLS QUESTIONNAIRE



## PART A: PERSONAL DETAILS

NAME: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

DOMICILE: \_\_\_\_\_

INCOME TAX NUMBER: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_

MARITAL STATUS:

- UNMARRIED       DIVORCED       WIDOW/WIDOWER
- MARRIED IN COMMUNITY OF PROPERTY       FOREIGN MARRIAGE
- MARRIED OUT OF COMMUNITY OF PROPERTY SUBJECT TO ACCRUAL SYSTEM
- MARRIED OUT OF COMMUNITY OF PROPERTY
- CIVIL UNION                       CO-HABITATION RELATIONSHIP
- CUSTOMARY MARRIAGE       ISLAMIC MARRIAGE

IF MARRIED:

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S ID NUMBER: \_\_\_\_\_

IF MARRIED OCOP:

ANY ANC DONATIONS: \_\_\_\_\_

OR TESTAMENTARY \_\_\_\_\_

DISPOSITIONS: \_\_\_\_\_





**IF MARRIAGE SUBJECT TO ACCRUAL:**

**EXCLUSIONS:** \_\_\_\_\_  
\_\_\_\_\_

**COMMENCEMENT VALUES: SPOUSE 1:** \_\_\_\_\_ **SPOUSE 2:** \_\_\_\_\_

**IF DIVORCED:**

**EX SPOUSE'S NAME:** \_\_\_\_\_

**EX SPOUSE'S ID/D.O.B:** \_\_\_\_\_

**DATE OF DIVORCE:** \_\_\_\_\_

**DIVORCE COURT:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**SETTLEMENT:** \_\_\_\_\_

**MAINTENANCE:** \_\_\_\_\_

**IF WIDOWED:**

**FULL NAME:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**MASTER'S REFERENCE:** \_\_\_\_\_

**MASTER'S OFFICE:** \_\_\_\_\_

**CHILDREN:**

**NUMBER OF CHILDREN:** \_\_\_\_\_

**NAMES AND ID NUMBERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please indicate whether child is biological – (B) or adopted - (A))



**ANY CHILDREN WITH DISABILITIES:**

\_\_\_\_\_  
\_\_\_\_\_

**MINOR CHILDREN:**

**FULL NAME OF GUARDIAN/S:**

\_\_\_\_\_

**IDENTITY NUMBER OF GUARDIAN/S:**

\_\_\_\_\_



**ALTERNATIVE GUARDIAN:** \_\_\_\_\_

**IDENTITY NUMBER:** \_\_\_\_\_

**GRANDCHILDREN:**

**FULL NAMES AND** \_\_\_\_\_

**IDENTITY NUMBERS OR** \_\_\_\_\_

**DATES OF BIRTH** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER POSSIBLE BENEFICIARIES**

**FULL NAMES AND** \_\_\_\_\_

**IDENTITY NUMBERS OR** \_\_\_\_\_

**DATES OF BIRTH** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS ANY BENEFICIARY INSOLVENT?**

\_\_\_\_\_

\_\_\_\_\_



**PART B: ASSETS AND LIABILITIES**



**SOUTH AFRICAN ASSETS:**

**IMMOVABLE PROPERTY:**

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(Please specify erf numbers, physical addresses & municipal / market values)

**MORTGAGE BONDS:** \_\_\_\_\_

(Please specify \_\_\_\_\_  
 Bank, account number \_\_\_\_\_  
 Amount outstanding) \_\_\_\_\_

**MOVABLE PROPERTY:**

**MOTOR VEHICLES:** \_\_\_\_\_

(Please specify year, \_\_\_\_\_  
 Make, model and \_\_\_\_\_  
 Registration number) \_\_\_\_\_

**CAR FINANCE:** \_\_\_\_\_

(Please specify bank, \_\_\_\_\_  
 Account number & \_\_\_\_\_  
 Balance outstanding) \_\_\_\_\_

**UNIT TRUSTS:**

**NAME:** \_\_\_\_\_

**NUMBER OF UNITS:** \_\_\_\_\_



**NAME:** \_\_\_\_\_

**NUMBER OF UNITS:** \_\_\_\_\_

SHARES:  
NAME OF COMPANY: \_\_\_\_\_  
NUMBER OF SHARES: \_\_\_\_\_



NAME OF COMPANY: \_\_\_\_\_  
NUMBER OF SHARES: \_\_\_\_\_

BANK ACCOUNTS:

BANK: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_

BANK: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_

BANK: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_

BANK: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_

SHAREHOLDINGS/PARTNERSHIPS/ MEMBERS INTEREST

NAME OF COMPANY: \_\_\_\_\_  
NUMBER OF SHARES: \_\_\_\_\_



Shareholders Agreement?  YES  NO  
Arrangements re Disposal at death  YES  NO  
Buy back agreements / Life Policies  YES  NO

NAME OF COMPANY: \_\_\_\_\_

NUMBER OF SHARES: \_\_\_\_\_



Shareholders Agreement?  YES  NO

Arrangements re Disposal at death  YES  NO

Buy back agreements / Life Policies  YES  NO

**TRUSTS**

ARE YOU A BENEFICIARY IN EXISTING TRUST?  YES  NO

NAME OF TRUST: \_\_\_\_\_

TRUST NUMBER: \_\_\_\_\_

TYPE OF TRUST:  TESTAMENTARY  *INTER VIVOS*

ARE YOU A BENEFICIARY IN EXISTING TRUST?  YES  NO

NAME OF TRUST: \_\_\_\_\_

TRUST NUMBER: \_\_\_\_\_

TYPE OF TRUST:  TESTAMENTARY  *INTER VIVOS*

**LIFE INSURANCE:**

INSTITUTION: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

SURRENDER VALUE: \_\_\_\_\_

NOMINATED BENEFICIARIES: \_\_\_\_\_

**PENSION POLICIES:**

INSTITUTION: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

SURRENDER VALUE: \_\_\_\_\_

NOMINATED BENEFICIARIES: \_\_\_\_\_



**ACCOUNTANT/FINANCIAL ADVISOR:**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



**FOREIGN ASSETS**

COUNTRY: \_\_\_\_\_

TYPES OF ASSETS: \_\_\_\_\_

VALUE OF ASSETS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TYPES OF ASSETS: \_\_\_\_\_

VALUE OF ASSETS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TYPES OF ASSETS: \_\_\_\_\_

VALUE OF ASSETS: \_\_\_\_\_

**LIABILITIES**

CURRENT /SHORT TERM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LONG TERM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL AID DETAILS:**

INSTITUTION: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_



**PART C: INSTRUCTIONS, WISHES & INTENTIONS**

DO YOU HAVE AN EXISTING WILL?

YES     NO



WHO WILL BE THE APPOINTED EXECUTOR?

NAME: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

**CASH LEGACIES:**

FULL NAME/ INSTITUTION: \_\_\_\_\_

IDENTITY NUMBER/ REGISTRATION NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

FULL NAME/ INSTITUTION: \_\_\_\_\_

IDENTITY NUMBER/ REGISTRATION NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

FULL NAME/ INSTITUTION: \_\_\_\_\_

IDENTITY NUMBER/ REGISTRATION NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

**BEQUESTS OF PARTICULAR ASSETS TO SPECIFIC BENEFICIARY/HEIR**

NAME OF BENEFICIARY: \_\_\_\_\_

ASSET/S: \_\_\_\_\_

ALTERNATIVE BENEFICIARY: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

NAME OF BENEFICIARY: \_\_\_\_\_

ASSET/S: \_\_\_\_\_

ALTERNATIVE BENEFICIARY: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

NAME OF BENEFICIARY: \_\_\_\_\_

ASSET: \_\_\_\_\_

ALTERNATIVE BENEFICIARY: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_





**RESIDUAL HEIRS:**

**FULL NAMES AND PERCENTAGE SHARE:** \_\_\_\_\_

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**TESTAMENTARY TRUST:**

**NAME:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**TRUSTEES:**

**FULL NAMES:** \_\_\_\_\_

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**IDENTITY NUMBERS:** \_\_\_\_\_

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**CONTACT DETAILS:** \_\_\_\_\_

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**BENEFICIARIES:**

**INCOME BENEFICIARIES:** \_\_\_\_\_

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**CAPITAL BENEFICIARIES:** \_\_\_\_\_

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**DURATION & TERMINATION:** \_\_\_\_\_

**CONDITIONS:** \_\_\_\_\_

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