

## Drafting of a Will

Option 1:							
Normal Clients: Appoint <b>Van Deventer &amp; Van Deventer Incorporated</b> as executor for the winding up of a single joint estate, with an agreed executor fee of 3.5% (including VAT).						r	
Estate Agents: Appoint <b>Van Deventer &amp; Van Deventer Incorporated</b> as executor for the winding up of a single joint estate, with an agreed executor fee of 3% (including VAT).							
Option 2:							
Van Deventer & Van Deve appointed by client/s). Services hourly rate of R600.00 - R1 20	rendered by Vo						
Full Name & Surname of appo	ointed Executor:						
Identity Number:		Date of B	irth:				
Relationship to Client/s:	1						
Cell Number:		Work Nu	mber:				
Option 3:							
Van Deventer & Van Deve with an upfront charge of:	nter Incorpor	<b>ated</b> to dra	ft the will with	out acting as an ag	gent or execut	or,	
<ol> <li>Will; where trusts need to</li> <li>Will; standard between sp</li> </ol>	•		_				
Full Name & Surname of appointed Executor:		Email:	]				
Johannesburg Office: T: +27 (0) 10 448 1757	Cape Town Off T: +27 (0) 21 9		<b>Directors:</b> Arno Van De	venter (LLB)		ny <b>Reg. N</b> . 441027	<b>o</b> . 2016/316132/21 6309
7 Mellis Road, Bradenham Hall, North Block, Sandton	3 High Street 3rd Floor			enter (LLB) (B.Proc, LLB, LLM)			
PO Box 71466, Bryanston, 2120 Docex 38, Rivonia	Rosenpark Tygervalley 7550		Nicole Nel (L				
E: info@vandeventers.law			Adri Bester (L	bey (B.Juris, LLB) .LB, LLM)			

Roulton Ballack (BComm, LLB, LLM)
Tarryn Lee Venter (BComm, LLB)

Seetal Mitha (LLB)

Four Steps:	Four	Steps:
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1	2	3	4
Requirements	Details	Details of	Indemnity Form
	Client 1 & 2	Children & / Heirs	Terms & Conditions

## **Step One: Requirements:**

Type of Will:	Single	Joint	
Asset Type:	RSA Assets only	Foreign Assets included	
Language of Will:	English	Afrikaans	

## Step Two:

orch ino.								
A: Client 1: Details								
Title:	La	Last Name:						
First Names:								
Cell Number:			Home / Office Nu	ımber:				
Email Address:								
Would you like to cater for ex	Would you like to cater for existing and/or future children in your bequest?				Yes		No	
- IA			Burial		Cremation			
Funeral Arrangements:		Organ Donor						
Funeral Arrangements:								

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Directors:

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Associates:

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A: Client 2: Details Title: Last Name: First Names: Cell Number: Home / Office Number: Email Address: Would you like to cater for existing and/or future children in your bequest? Yes ☐ No Burial Cremation Funeral Arrangements: Organ Donor Funeral Arrangements: **B: Client 1: Details (continue...)** Add a Living Will (when you can't talk for yourself and your wish is to die with dignity and not kept alive by artificial means): No Divorced Widowed Single ☐ COP Co-habiting (not registered) Married Marital Status: Out of Community ■ Without accrual With accrual Custom marriage according to According to tenets of religion indigenous law **B: Client 2: Details (continue...)** Add a Living Will (when you can't talk for yourself and your wish is to die with dignity and not kept alive by artificial means): No Divorced ■ Widowed Single ■ Married COP Co-habiting (not registered) Marital Status: Out of Community With accrual Without accrual 

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Custom marriage according to

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According to tenets of religion

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Company Reg. No . 2016/316132/21 VAT No. 4410276309

C: Client 1 & 2: Assets					
Properties: Immovable Value	Value				
Description, i.e. address (please list primary residence first)	Client 1	Client 2			
1	R	R			
2	R	R			
3	R	R			
4	R	R			
5	R	R			
6	R	R			
Total	R	R			

C: Client 1 & 2: Assets					
Other: Movable	Value				
Description, i.e. furniture, vehicles, jewellery, etc.	Client 1	Client 2			
1	R	R			
2	R	R			
3	R	R			
4	R	R			
5	R	R			
6	R	R			
Total	R	R			

C: Client 1 & 2: Assets				
Investments: Banks / Insurance Companies	Value			
Where and Type	Client 1	Client 2		
1	R	R		
2	R	R		
3	R	R		
4	R	R		
5	R	R		
6	R	R		
Total	R	R		

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C: Client 1: Business Interests						
Туре	Business / Entity Name	Loan Account	Percentage	Value		
Private Company				R		
Close Corporation				R		
Partnership				R		
Sole Proprietary				R		
Total				R		

C: Client 2: Business Interests					
Туре	Business / Entity Name	Loan Account	Percentage	Value	
Private Company	]			R	
Close Corporation	]			R	
Partnership	]			R	
Sole Proprietary	]			R	
Total				R	

C: Client 1 & 2: Insurance (death cover)				
Estate / Beneficiaries	Value			
Company Name	Client 1	Client 2		
1	R	R		
2	R	R		
3	R	R		
4	R	R		
5	R	R		
6	R	R		
7	R	R		
8	R	R		
Total	R	R		

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C: Client 1 & 2: Insurance not in Estate (i.e. pension, group cover, annuities)					
Estate / Beneficiaries	Value				
Company Name	Client 1	Client 2			
1	R	R			
2	R	R			
3	R	R			
4	R	R			
5	R	R			
6	R	R			
7	R	R			

D: Client 1 & 2: Offshore Assets (offshore will is required if assets are administered offshore)						
Where and Type	Client 1	Client 2				
1. Where are assets situated?	R	R				
2. Are assets administered from South Africa?	R	R				
3. The way in which assets were acquired?	R	R				
4. Value.	R	R				

R

R

E: Liabilities				
	Outstanding Vo	alue		
	Client 1	Client 2		
1. Home Loans	R	R		
2. Bank Overdrafts	R	R		
3. Loans	R	R		
4. Hire Purchase	R	R		
5. Other 1	R	R		
6. Other 2	R	R		
7. Other 3	R	R		
8. Other 4	R	R		
9. Other 5	R	R		
Total	R	R		

Johannesburg Office:

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Total

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R

R

F: Details of Children & Heirs							
Do you have children?				Yes		□ No	
Children					Related To		
Full Names & Surname	Μ	F	I.D. (or Date of Bir	th)	Both	Client 1	Client 2
					R		R
					R		R
					R		R
					R		R
					R		R
					R		R
					R		R
					R		R

Heirs					
Children	Related To				
Full Names & Surname	М	F	I.D. (or Date of Birth)	Relationship (i.e. child, spouse, etc.)	Heir Number
				R	Heir 1
				R	Heir 2
				R	Heir 3
				R	Heir 4
				R	Heir 5
				R	Heir 6
				R	Heir 7
				R	Heir 8
					Heir 9
					Heir 10

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Will of Client 1: in event of passing before partner / spouse							
Client 2: Sole Heir	Yes	□ No					
If "no", indicate which asset must be left to whom.							
Indicate initials, surname and heir number as above.							
Type of asset	Initials and Surname	Heir Number (to match above	<b>)</b>				
Will of Client 1: in event of one heir passing before client 1, portion to be shared between other heirs:							
Yes 🔲 No 🔲 If No, refer to Other Requests on last page.							

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Will of Client 2: in event of passing before partner / spouse		
Client 2: Sole Heir	Yes	No
If "no", indicate which asset must be left to whom.		
Indicate initials, surname and heir number as above.		
Type of asset	Initials and Surname	Heir Number (to match above)
Will of Client 1: in event of one heir passing before client 1, portion to be shared between other heirs:		
Yes 🔲 No 🔲 If No, refer to Other Requests on la	st page.	
Will in event of simultaneous passing		
Child/Children to be Sole Heir/s	Yes	No 🗆
If "no", indicate which asset must be left to whom.		
Indicate initials, surname and heir number as above.		
Type of asset	Initials and Surname	Heir Number (to match above)

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Family Obliter	ation								
If "no", indicate which	ch asset must be left	to whom.							
Indicate initials, surn	ame and heir numb	er as above.							
Type of asset					I	nitials and Surno	ame	Heir Numbe (to match ab	
F: Details of Ch	nildren & Heirs	s (continue	)						
Inheritance of min	ors in trust								
Inheritance to be kep	ot in trust				Yes		□ N	0	
F: Details of Ch	nildren & Heirs	s (continue	)						
Inheritance of mine	ors in trust								
Inheritance to be kep	ot in trust					Yes		No	
Until the age of:	18	21		25		Other:			
Provide details of an	y special requests in	full							

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Guardian Detail						
Do you want to nominate a guardian	for your minor ch	ildren?		Yes	No	
If "yes"	Single	Joint				
Full Names & Surname	М	F	I.D. (or Date of Birth)	Relationship		
	'		1			
F: Client 1: The residue of n	ny assets not	bequ	uest must go to	<b>):</b>		
1.						
2.						
3.						
4.						
5.						
F: Client 2: The residue of n	ny assets not	bequ	uest must go to	<b>):</b>		
1.						
2.						
3.						
4.						
5.						

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Attorneys • Notaries • Conveyancers

Other Requests	
SIGNA	TURES
Data (dd (sam (ana)	Data (44/2002/2002)
Date (dd/mm/ccyy)	Date (dd/mm/ccyy)

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