

# IBG ESTATES

**PRIVATE AND CONFIDENTIAL**

## IVAN DOWN

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AGENT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED:

TESTATOR: \_\_\_\_\_ TESTATRIX: \_\_\_\_\_

(Mr)

(Mrs)

First Witness: \_\_\_\_\_ Second Witness: \_\_\_\_\_

(Note: Each person must sign in full (not just initial))

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# PERSONAL PARTICULARS

1.1	Surname	Identity Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
1.2	First Names	Date of birth      Place of Birth
1.3	Residential Address	Postal Address
1.4	Contact Details Tel Email	Nationality
1.5	Mother's Full Names (State whether deceased)	Father Full Names (State whether deceased)
1.6	If married, or to be married, spouse full names  Identity Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	Date of Marriage      Place of Marriage
1.7	Status: Current/ Intended Marriage: •In community of property      YES / NO •Out of community of property With accrual system      YES / NO Without accrual system      YES / NO	Occupation of spouse  Spouse's place of birth
1.8	Spouse's mother's full names (state whether deceased)	Spouse's father's full names (state whether deceased)
1.9	If widowed, deceased spouse's Full names: Date of death: Place of death:	If divorced, divorced spouse's Full names:
1.10	I require a Living Will?      YES / NO  Donation of Body/ Tissue?      YES / NO	Funeral arrangements: Burial?      YES / NO Cremation?      YES / NO



SIGNED:

 TESTATOR: \_\_\_\_\_ TESTATRIX: \_\_\_\_\_  
 (Mr) (Mrs)

First witness: \_\_\_\_\_ Second witness: \_\_\_\_\_

Note: Each person must sign in full (not just initials)

## 2 CHILDREN

Full Names:	SEX M / F	Date of Birth

## 3 BEQUEST

### UNMARRIED PERSONS

- 3.1 All to my children / Any children born to me at date of death? YES / NO

### MARRIED PERSONS

- 3.2 If I die before my spouse -
- 3.2.1 All to my spouse? YES / NO
- 3.2.2 All to my children? YES / NO
- 3.2.3 A combination between my spouse and my children YES / NO
- 3.3 If "yes" to item 3.2.3, the ratio will be:  
Spouse: \_\_\_\_\_ Children: \_\_\_\_\_
- 3.4 If my spouse pre- deceased me, all to my children YES / NO

If "NO" to items 3.1 and/or 3.2 and/or 3.4, then please complete Part 4.

### FOREIGN ASSETS

- 3.5 Is your will intended to apply to assets outside South Africa YES / NO
- 3.5.1 If so, please state in which country/ies: \_\_\_\_\_



SIGNED:  
TESTATOR: \_\_\_\_\_ TESTATRIX: \_\_\_\_\_  
(Mr) (Mrs)

First witness: \_\_\_\_\_ Second witness: \_\_\_\_\_

Note: Each person must sign in full (not just initials)

## 4 SPECIAL INSTRUCTIONS


## 5 TESTAMENTARY TRUST

- 5.1 The bequest to my spouse must be held in a trust? YES / NO
- 5.2 If any heir is a minor at the time of my death, his / her inheritance to be held in a trust? YES / NO
- 5.3 If "YES" to item 5.2, until what age 18 / 21 / 25 / 30 / 35 / other
- 5.4 If an heir before reaching the age stated in item 5.3, his / her share in the trust must go:
- 5.4.1 to his / her children (if any) YES / NO
- 5.4.2 to his / her brothers and sisters YES / NO
- 5.4.3 to other, please specify: \_\_\_\_\_
- 5.5 If Guardian (s) to be nominated for children:

Full names and address: \_\_\_\_\_

I confirm that this document sets out my testamentary wishes. It is my intention that this document shall constitute my Will and Testament and that any of the Members of IBG / JV Hart will be appointed as Executors of my estate until such time as I sign further documents to be prepared by IBG & JV Hart Estates pursuant to this instruction document.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_ .  
(Town / City) ( Date )



SIGNED:  
TESTATOR: \_\_\_\_\_ TESTATRIX: \_\_\_\_\_  
(Mr) (Mrs)

First witness: \_\_\_\_\_ Second witness: \_\_\_\_\_

Note: Each person must sign in full (not just initials)