



KORF ATTORNEYS / NOTARIES / CONVEYANCERS / ESTATE ADMINISTRATORS

6 Fontein Avenue, Brackenfell, Cape Town, 7560
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INSTRUCTIONS FORM: JOINT WILL

Fax / e-mail completed and signed INSTRUCTIONS FORM, copy of your IDENTITY DOCUMENT/s, PROOF OF ADDRESS RESIDENTIAL ADDRESS and CONFIRMATION OF PAYMENT of costs to us. We will send you a draft Will and signing instructions.

COSTS: R450-00 (Joint Will) BANKING DETAILS: Korf Attorneys Trust, ABSA Bank, Branch code: 632 005; Account number: 4080983844; Ref: Name and Surname

1. DETAILS OF PERSONS MAKING THE WILL:

- 1.1. Full names and Surname: _____
- 1.2. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 1.3. Married? YES / NO _____ (if YES: IN or OUT of community of property? _____)
- 1.4. Spouse names and Surname: _____
- 1.5. Identity number: _____ (attach copy of IDENTITY DOCUMENT)
- 1.6. Residential address: _____ (attach copy of UTILITY BILL)
- 1.7. Telephone H: _____ Cell phone: _____
- 1.8. E-mail address: _____

2. DETAILS OF EXECUTOR/S:

- 2.1. Full names and Surname: _____
- 2.2. Relationship to you? _____
- 2.3. If above Executor/s are not available, who do you appoint? _____

3. AT DEATH OF FIRST PERSON, DO YOU LEAVE YOUR ENTIRE ESTATE TO SURVIVOR OF YOU? _____

If NOT, complete 3.1 and 3.2

3.1. SPECIAL BEQUESTS / LEGACIES (to be distributed before the residue to the estate is dealt with)

Description of asset/s: _____

Full names and Surname of Heir/s of above Asset/s? _____

Description of asset/s: _____

Full names and Surname of Heir/s of above Asset/s? _____

3.2. HEIR(S) OF ESTATE / RESIDUE ESTATE (after SPECIAL BEQUESTS / LEGACIES):

FULL NAMES AND SURNAMES

IDENTITY NUMBERS:

_____	_____
_____	_____
_____	_____





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4. IN EVENT OF SIMULTANOUES DEATH, DO YOU LEAVE YOUR ENTIRE ESTATES TO YOUR CHILDREN? _____

If NOT, complete 4.1 and 4.2

4.1. SPECIAL BEQUESTS / LEGACIES (to be distributed before the residue to the estate is dealt with)

Description of asset/s: _____

Full names and Surname of Heir/s of above Asset/s? _____

Description of asset/s: _____

Full names and Surname of Heir/s of above Asset/s? _____

4.2. HEIR(S) OF ESTATE / RESIDUE ESTATE (after SPECIAL BEQUESTS / LEGACIES):

FULL NAMES AND SURNAMES

IDENTITY NUMBERS:

FULL NAMES AND SURNAMES	IDENTITY NUMBERS:
_____	_____
_____	_____
_____	_____

5. DETAILS OF GUARDIAN/S FOR MINOR CHILDREN (if applicable):

5.1. Full names and Surname: _____

5.2. Relationship to Testator / Testatrix? _____

5.3. If above guardian/s are not available, who do you appoint? _____

6. DO YOU REQUIRE A TRUST TO BE FORMED FOR MINOR CHILDREN? Yes / No / Not applicable

6.1. DETAILS OF TRUSTEES OF TRUST FOR MINOR CHILDREN:

6.2. Full names and Surname: _____

6.3. Relationship to Testator / Testatrix? _____

6.4. If above Trustee/s are not available, who do you appoint? _____

6.5. When must the trust end? _____

7. OTHER STIPULATIONS:

We confirm that I understand and am duly aware of the legal consequence of our instructions herein.

DONE AND SIGNED AT _____ ON _____

SIGNATURE: FIRST PERSON

SIGNATURE: SPOUSE