

CREATE A **MOMENT**,
CREATE A **MEMORY**
CREATE A **LEGACY**



PERSONAL ESTATE DOCUMENT



INDEPENDENT SPECIALIST ADVICE

CONTENTS

Personal Details.....	3
Individual's Details.....	3
Family Details.....	4
Direct Descendants & Grandchildren.....	6
Whom to Notify on My Death.....	7
Institutions, Charities, Social Clubs.....	7
Professionals.....	8
Executors/Trustees.....	9
Other persons.....	10
Assets.....	11

PERSONAL DETAILS

INDIVIDUAL'S DETAILS

Surname	
Full first names	
Nick name or known as	
Address	
Contact numbers	Home: _____ Fax: _____ Work: _____ Cell: _____ E-mail: _____
Birth place	
Citizenship	
Date of Birth	
Identity Number	
Marital Status - In/Out of Community of Property or Other	
Date of Marriage	
Place of Marriage	
Location of Last Will & Testament	
Spouse	
Full Name	
Date of Birth	
Birth place	
Identity Number	
Employer	
Occupation	
Employer	
Employer Address	
Employer Contact Number	
Date of Commencement of Service	
Income	
Benefits	

FAMILY DETAILS

Siblings Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact Number	
Siblings Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact Number	
Siblings Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact Number	
Siblings Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact Number	
Siblings Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact Number	

Father's Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact Number	
Date of Death if applicable	
Cause of Death	
Where buried	
Date of Marriage	
Mother's Details	
Full Name	
Date of Birth	
Birth place	
Address	
Contact number	
Date of Death if applicable	
Cause of Death	
Where buried	
Date of Marriage	
Maternal Grandfather's Details	
Full Name	
Date of Birth	
Birth place	
Date of Death if applicable	
Where buried	
Maternal Grandmother's Details	
Full Name	
Date of Birth	
Birth place	
Date of Death if applicable	
Where buried	
Paternal Grandfather's Details	
Full Name	
Date of Birth	
Birth place	
Date of Death if applicable	
Where buried	

Paternal Grandmother's Details	
Full Name	
Date of Birth	
Birth place	
Date of Death if applicable	
Where buried	

DIRECT DESCENDANTS & GRANDCHILDREN

Direct Descendant's Details - Children	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	

Grandchildren's Details	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	

Grandchildren's Details	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	
Full Name	
Date of Birth	
Identity Number	
Birth place	
Address	
Contact Number	

WHOM TO NOTIFY ON MY DEATH

INSTITUTIONS, CHARITIES, SOCIAL CLUBS

Institutions		
Name		
Address		
Contact Number		
Ref/Acc number:		
Charities		
Name		
Address		
Contact Number		
Social Clubs		
Name		
Address		
Contact Number		

PROFESSIONALS

Attorney	
Name	
Address	
Contact Number	
Accountant	
Name	
Address	
Contact Number	
Location of Tax Returns	
Additional Professionals if applicable	
Name	
Address	
Contact Number	Tel: Fax: Email:
Doctor / GP	
Name	
Address	
Contact Number	
Dentist	
Name	
Address	
Contact Number	
Specialist	
Name	
Address	
Contact Number	

EXECUTORS/TRUSTEES

Executor/s	
Name	
Address	
Contact Number	
Executor/s	
Name	
Address	
Contact Number	
Executor/s	
Name	
Address	
Contact Number	
Executor/s	
Name	
Address	
Contact Number	
Trustee/s	
Trust Name	
Trust Number	
Name of Trustee	
Address	
Contact Number	
Trustee/s	
Trust Name	
Trust Number	
Name of Trustee	
Address	
Contact Number	
Trustee/s	
Trust Name	
Trust Number	
Name of Trustee	
Address	
Contact Number	

Trustee/s	
Trust Name	
Trust Number	
Name of Trustee	
Address	
Contact Number	
Guardians of Minor Children	
Name	
Address	
Contact Number	
Guardians of Minor Children	
Name	
Address	
Contact Number	
Guardians of Minor Children	
Name	
Address	
Contact Number	

OTHER PERSONS TO BE NOTIFIED ON MY DEATH

Other Persons	
Name	
Address	
Contact Number	
Other Persons	
Name	
Address	
Contact Number	
Other Persons	
Name	
Address	
Contact Number	

ASSETS

PROPERTY

Property Details	Personal / Residential
Location	
Purchase Price	
Purchase Date	
Deed in Name of	
Location of Title Deed	
Amount of Mortgage	
Type of Mortgage	
Name of Mortgagor (bank)	
Improvements	
Date, Description & cost of Improvements	
Property Details	Investment / Other
Location	
Purchase Price	
Purchase Date	
Deed in Name of	
Location of Title Deed	
Amount of Mortgage	
Type of Mortgage	
Name of Mortgagor (bank)	
Improvements	
Date, Description & Cost of Improvement	

MOTOR VEHICLES

Motor Vehicle Details	
Make	
Year	
Registration Number	
VIN Number	
Engine Number	
Registration in Name of	
Purchase Price	
Financed?	
Financier	
Account Number	

Motor Vehicle Details	
Make	
Year	
Registration Number	
VIN Number	
Engine Number	
Registration in Name of	
Purchase Price	
Financed?	
Financier	
Account Number	

OTHER ASSETS OF VALUE (PERSONAL OR MISCELLANEOUS)

Description	Location	Ownership	Estimated Value

DEBTS OWED TO ME/MY ESTATE

Debtor's Name	Address	Amount	Date paid in full

DEBTS OWED BY ME/MY ESTATE

To whom	Address	Reason	Amount	Date paid in full

INSURANCE & RETIREMENT POLICIES

Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount Covered	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.
Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount of Cover	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.

INSURANCE & RETIREMENT POLICIES

Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount Covered	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.
Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount of Cover	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.

INSURANCE & RETIREMENT POLICIES

Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount Covered	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.
Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount of Cover	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.

INSURANCE & RETIREMENT POLICIES

Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount Covered	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.
Policy Details	
Company Name	
Agent/Broker or Company Details	Tel: Fax: Email: Address:
Policy Type	Date of Commencement:
Policy Number	
Policy Location	
Amount of Cover	Monthly Premium:
	Life: Dread Disease: Disability:
Beneficiaries	1.
	2.
	3.

PENSION INFORMATION

Pension Details	
Company Name	
Pension Type	
Pension Number	
Amount	
Date of Commencement	
Beneficiaries	
Retirement Annuity Details	
Company Name	
Street Address	
Contact Number	
Policy Type	
Policy Number	
Policy Location	
Amount	
Date of Commencement	
Beneficiaries	
Agent/Broker Details	Name: Tel: Fax: Cell: Email:
Retirement Annuity Details	
Company Name	
Street Address	
Contact Number	
Policy Type	
Policy Number	
Policy Location	
Amount	
Date of Commencement	

Beneficiaries	
Agent/Broker Details	Name: Tel: Fax: Cell: Email:

BANKING DETAILS

Bank account	
Account Name	
Bank	
Branch	
Account Number	
Type	
Address	
Contact Number	
Bank account	
Account Name	
Bank	
Branch	
Account Number	
Type	
Address	
Contact Number	
Bank account	
Account Name	
Bank	
Branch	
Account Number	
Type	
Address	
Contact Number	

Bank account	
Account Name	
Bank	
Branch	
Account Number	
Type	
Address	
Contact Number	

SHARES / PORTFOLIOS

Shares	
Description	
Date Purchased	
Certificate Number	
Certificate Location	
Unit Price	
Number of Shares	
Amount	
Broker Name	
Broker Address	
Broker Contact Number	
Shares	
Description	
Date Purchased	
Certificate Number	
Certificate Location	
Unit Price	
Number of Shares	
Amount	
Broker Name	
Broker Address	
Broker Contact Number	

Shares	
Description	
Date Purchased	
Certificate Number	
Certificate Location	
Unit Price	
Number of Shares	
Amount	
Broker Name	
Broker Address	
Broker Contact Number	
Shares	
Description	
Date Purchased	
Certificate Number	
Certificate Location	
Unit Price	
Number of Shares	
Amount	
Broker Name	
Broker Address	
Broker Contact Number	
Shares	
Description	
Date Purchased	
Certificate Number	
Certificate Location	
Unit Price	
Number of Shares	
Amount	
Broker Name	
Broker Address	
Broker Contact Number	

UNIT TRUST DETAILS

Unit Trust	
Company name	
Address	
Contact number	Tel: Fax: Email:
Description	
Account Number	
Date Purchased	
Location of Statement	
Unit Trust	
Company name	
Address	
Contact number	Tel: Fax: Email:
Description	
Account Number	
Date Purchased	
Location of Statement	
Unit Trust	
Company name	
Address	
Contact number	Tel: Fax: Email:
Description	
Account Number	
Date Purchased	
Location of Statement	

Unit Trust	
Company name	
Address	
Contact number	Tel: Fax: Email:
Description	
Account Number	
Date Purchased	
Location of Statement	

MEDICAL AID

Company	
Membership Number	
Scheme Type	
Main Member Name	
Company Contact Details	Name: Tel: Fax: Email:
Broker	
Broker Contact Details	Name: Tel: Fax: Email:
Listed Dependants	
Name	
D.O.B	
Name	
D.O.B	
Name	
D.O.B	

Listed Dependants	
Name	
D.O.B	
Name	
D.O.B	

SHORT TERM INSURANCE

Company	
Policy	
Broker	
Broker Contact Details	Name: Tel: Fax: Email:
Asset Cover	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

CHECKLIST

In estimating your total asset value, have you considered:

ASSETS

Value of.

- Cash
- Savings accounts
- Current accounts
- Fixed deposits
- Subscription shares
- Shares
- Unit trusts
- Land
- House
- Other fixed property
- Partnership shares
- Business interests
- Personal property

Insurance proceeds from:

- Life insurance policies
- Health and accident
- Fraternal organisation benefits
- Pension funds
- Burial Society

LIABILITIES

- Income tax payable
- Provisional tax that may be due
- Other taxes (e.g. donations tax etc.)
- Funeral expenses
- Other expenses (e.g. debts owed by your estate)

IMPORTANT DOCUMENTS TO HAVE

- Will and Codicils
- Marriage Certificate
- Antenuptial Contract
- Title Deeds
- Insurance Policies



INDEPENDENT SPECIALIST ADVICE

ESTATE PLANNING | FIDUCIARY SERVICES | TRUST ADMINISTRATION
ADMINISTRATION OF DECEASED ESTATES | SUCCESSION PLANNING

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