



“Someone is sitting in the shade today because someone planted a tree a long time ago.” - Warren Buffett

10
YEARS
OF INDEPENDENT
SERVICE EXCELLENCE

PERSONAL ESTATE DOCUMENT

INDEPENDENT SPECIALIST ADVICE

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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

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	

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	

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		

EXECUTORS/TRUSTEES

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	

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 AND LIABILITIES

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	

PRIVATE COMPANIES/CLOSE CORPORATIONS

Name:	Registration Number:	Accountant/Auditors:	Directors/Members:

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:		
	E-mail:				
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:		
	E-mail:				
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:		
	E-mail:				
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:		
	E-mail:				
Address:					
Policy Type:		Date of Commencement:		Policy Number:	
Policy Location:		Amount Covered:		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:	E-mail:	

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:	E-mail:	

BANKING DETAILS

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

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

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

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

SHARES / BROKERS DETAILS

Shares			
Amount Number:		Broker Name:	
Broker Address:			
Account Number:		Broker Contact Number:	

Shares			
Amount Number:		Broker Name:	
Broker Address:			
Account Number:		Broker Contact Number:	

Shares			
Amount Number:		Broker Name:	
Broker Address:			
Account Number:		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:		

OTHER INFORMATION

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 Dependents			
Name:		Date of Birth:	

Listed Dependents			
Name:		Date of Birth:	

Listed Dependents			
Name:		Date of Birth:	

Listed Dependents			
Name:		Date of Birth:	

Listed Dependents			
Name:		Date of Birth:	

SHORT TERM INSURANCE

Company					
Policy:				Broker:	
Broker Contact Details:	Name:				
	Tel:		Fax:		Email:
Address:					

Company					
Policy:				Broker:	
Broker Contact Details:	Name:				
	Tel:		Fax:		Email:
Address:					

WILLS

Mr Mrs:	Where held:	Last Updated Institution/Private:	Contact Person:	Contact Number:

TRUSTS

Name:	Trustees Number:	Trust Tax Number:	Accountant:

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

LEADERS IN

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

INDEPENDENT SPECIALIST ADVICE

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