



Van Deventer & Van Deventer

Incorporated

Attorneys • Notaries • Conveyancers

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Bradenham Hall  
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P.O.Box 71466  
Bryanston, 2120  
Docex: 38 Rivonia

**Directors**  
Arno Van Deventer (LL.B)  
Cor Van Deventer (LL.B)

**Associates**  
Gerda Pretorius

## Drafting of a Will

### Option 1:

Normal Clients:

Appoint **Van Deventer & Van Deventer Incorporated** as executor for the winding up of a single or joint estate, with an agreed executor fee of 2.5% (including VAT).

☐

Estate Agents:

Appoint **Van Deventer & Van Deventer Incorporated** as executor for the winding up of a single or joint estate, with an agreed executor fee of 2% (including VAT).

### Option 2:

**Van Deventer & Van Deventer Incorporated** to act as agent to assist the appointed executor (to be

appointed by client/s). Services rendered by Van Deventer & Van Deventer Attorneys to be charged at an hourly rate of R600.00 – R1 200.00

Full Name & Surname of appointed Executor:

☐

Identity Number:

Date of Birth:

Relationship to Client/s:

Cell Number:

Work Number:

### Option 3:

**Van Deventer & Van Deventer Incorporated** to draft the will without acting as an agent or executor, with an upfront charge of:

☐

1. Will; where trusts need to be in place: R1 500.00 ☐
2. Will; standard between spouses: R1 000.00 ☐

|  |                                 |
|--|---------------------------------|
| Full Name & Surname of appointed Executor: | Email: <input type="checkbox"/> |
|  | SMS: <input type="checkbox"/>   |

Four Steps:

| 1            | 2                       | 3                                | 4                                    |
|--------------|-------------------------|----------------------------------|--------------------------------------|
| Requirements | Details<br>Client 1 & 2 | Details of<br>Children & / Heirs | Indemnity Form<br>Terms & Conditions |

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## Step One: Requirements:

|                   |  |  |
|-------------------|--|--|
| Type of Will:     | Single <input type="checkbox"/>          | Joint <input type="checkbox"/>                   |
| Asset Type:       | RSA Assets only <input type="checkbox"/> | Foreign Assets included <input type="checkbox"/> |
| Language of Will: | English <input type="checkbox"/>         | Afrikaans <input type="checkbox"/>               |

## Step Two:

| A: Client 1: 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 <input type="checkbox"/>       | No <input type="checkbox"/> |
| Funeral Arrangements:  | Burial <input type="checkbox"/>      | Cremation <input type="checkbox"/> |                             |
|  | Organ Donor <input type="checkbox"/> |                                    |                             |
| Funeral Arrangements:  |                                      |                                    |                             |
|  |                                      |                                    |                             |
|  |                                      |                                    |                             |
|  |                                      |                                    |                             |

| 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 <input type="checkbox"/>       | No <input type="checkbox"/> |
| Funeral Arrangements:  | Burial <input type="checkbox"/>      | Cremation <input type="checkbox"/> |                             |
|  | Organ Donor <input type="checkbox"/> |                                    |                             |
| Funeral Arrangements:  |                                      |                                    |                             |
|  |                                      |                                    |                             |
|  |                                      |                                    |                             |
|  |                                      |                                    |                             |

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| 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): |   |                          |                                 | Yes                      | <input type="checkbox"/> |                          |
|   |   |                          |                                 | No                       | <input type="checkbox"/> |                          |
| Marital Status:   | Single                                      | <input type="checkbox"/> | Divorced                        | <input type="checkbox"/> | Widowed                  | <input type="checkbox"/> |
|   | Co-habiting (not registered)                | <input type="checkbox"/> | Married                         | <input type="checkbox"/> | COP                      | <input type="checkbox"/> |
|   | Out of Community                            | <input type="checkbox"/> | With accrual                    | <input type="checkbox"/> | Without accrual          | <input type="checkbox"/> |
|   | Custom marriage according to indigenous law | <input type="checkbox"/> | According to tenets of religion |                          |                          | <input type="checkbox"/> |

| 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): |   |                          |                                 | Yes                      | <input type="checkbox"/> |                          |
|   |   |                          |                                 | No                       | <input type="checkbox"/> |                          |
| Marital Status:   | Single                                      | <input type="checkbox"/> | Divorced                        | <input type="checkbox"/> | Widowed                  | <input type="checkbox"/> |
|   | Co-habiting (not registered)                | <input type="checkbox"/> | Married                         | <input type="checkbox"/> | COP                      | <input type="checkbox"/> |
|   | Out of Community                            | <input type="checkbox"/> | With accrual                    | <input type="checkbox"/> | Without accrual          | <input type="checkbox"/> |
|   | Custom marriage according to indigenous law | <input type="checkbox"/> | According to tenets of religion |                          |                          | <input type="checkbox"/> |

| 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        |

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| 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        |

| C: Client 1: Business Interests            |                        |              |            |       |
|--|------------------------|--------------|------------|-------|
| Type                                       | Business / Entity Name | Loan Account | Percentage | Value |
| Private Company <input type="checkbox"/>   |                        |              |            | R     |
| Close Corporation <input type="checkbox"/> |                        |              |            | R     |
| Partnership <input type="checkbox"/>       |                        |              |            | R     |
| Sole Proprietary <input type="checkbox"/>  |                        |              |            | R     |
| Total                                      |                        |              |            | R     |

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| C: Client 2: Business Interests            |                        |              |            |       |
|--|------------------------|--------------|------------|-------|
| Type                                       | Business / Entity Name | Loan Account | Percentage | Value |
| Private Company <input type="checkbox"/>   |                        |              |            | R     |
| Close Corporation <input type="checkbox"/> |                        |              |            | R     |
| Partnership <input type="checkbox"/>       |                        |              |            | R     |
| Sole Proprietary <input type="checkbox"/>  |                        |              |            | 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        |

| 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        |
| 8   | R        | R        |
| Total   | R        | R        |

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#### 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        |

#### E: Liabilities

|                    | Outstanding Value |          |
|--------------------|-------------------|----------|
|                    | 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        |

#### F: Details of Children & Heirs

|                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| Do you have children? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----------------------|------------------------------|-----------------------------|

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| F: Details of Children & Heirs (continue...) |                          |                          |                         |            |          |          |
|--|--------------------------|--------------------------|-------------------------|------------|----------|----------|
| Children                                     |                          |                          |                         | Related To |          |          |
| Full Names & Surname                         | M                        | F                        | I.D. (or Date of Birth) | Both       | Client 1 | Client 2 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |
|  | <input type="checkbox"/> | <input type="checkbox"/> |                         | R          |          | R        |

| Heirs                |                          |                          |                         |   |             |
|----------------------|--------------------------|--------------------------|-------------------------|---|-------------|
| Children             |                          |                          |                         | Related To                              |             |
| Full Names & Surname | M                        | F                        | I.D. (or Date of Birth) | Relationship (i.e. child, spouse, etc.) | Heir Number |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 1      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 2      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 3      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 4      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 5      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 6      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 7      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         | R                                       | Heir 8      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         |   | Heir 9      |
|                      | <input type="checkbox"/> | <input type="checkbox"/> |                         |   | 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<br>(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 last page.

### 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<br>(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 last page.

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### Will in event of simultaneous passing

| Child/Children to be Sole Heir/s                     | Yes <input type="checkbox"/> | No <input type="checkbox"/>     |
|--|------------------------------|---------------------------------|
| 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<br>(to match above) |
|  |                              |                                 |
|  |                              |                                 |
|  |                              |                                 |
|  |                              |                                 |
|  |                              |                                 |
|  |                              |                                 |
|  |                              |                                 |
|  |                              |                                 |

### Family Obliteration

| 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<br>(to match above) |
|  |                      |                                 |
|  |                      |                                 |
|  |                      |                                 |
|  |                      |                                 |
|  |                      |                                 |
|  |                      |                                 |
|  |                      |                                 |

### F: Details of Children & Heirs (continue...)

|                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| Inheritance of minors in trust  |                              |                             |
| Inheritance to be kept in trust | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| F: Details of Children & Heirs (continue...)    |    |    |    |  |
|---|----|----|----|--|
| Inheritance of minors in trust                  |    |    |    |  |
| Inheritance to be kept in trust                 |    |    |    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Until the age of:                               | 18 | 21 | 25 | Other:   |
| Provide details of any special requests in full |    |    |    |  |
|   |    |    |    |  |
|   |    |    |    |  |
|   |    |    |    |  |
|   |    |    |    |  |

| Guardian Detail   |                          |                          |                            |  |
|---|--------------------------|--------------------------|----------------------------|--|
| Do you want to nominate a guardian for your minor children? |                          |                          |                            | Yes <input type="checkbox"/> No <input type="checkbox"/>       |
| If "yes"  |                          |                          |                            | Single <input type="checkbox"/> Joint <input type="checkbox"/> |
| Full Names & Surname  | M                        | F                        | I.D.<br>(or Date of Birth) | Relationship   |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                            |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                            |  |
|   | <input type="checkbox"/> | <input type="checkbox"/> |                            |  |

| F: Client 1: The residue of my assets not bequest must go to: |
|---|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |

| F: Client 2: The residue of my assets not bequest must go to: |
|---|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |

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| Other Requests |
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| SIGNATURES |
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Date (dd/mm/ccyy)  
\_\_\_\_\_