

LAST WILL AND TESTAMENT

FOR

Full name and Surname: _____ TESTATOR/TESTATRIX

Identity number/passport no.: _____ (person older than 16)

An adult male/female being _____ (insert marital status) and presently residing at _____ (home address)

in the province of _____, hereby make a Will as follows:

REVOCATION OF FORMER WILLS

I hereby revoke, cancel and annul all previous Wills, codicils and testamentary writings of whatever nature made or passed by me, either jointly or individually, and desire that same shall be null, void and of no force and effect whatsoever, and I declare this to be my Last Will and Testament.

BURIAL

It is my wish that the remains of my body be cremated and my ashes be given to

OR

It is my wish to be buried at the _____ cemetery.

APPOINTMENT OF EXECUTOR (the person who must carry out my wishes stated in this Will)

I nominate (Full Name): _____

I.D. number _____

failing him/her, I nominate (Full Name): _____

I.D. number _____

to be the executor of my Estate.

NOMINATION OF A GUARDIAN

In the absence of a natural guardian, I nominate _____, or failing him/her _____, as guardian of any minor child of mine: I direct that it shall not be necessary for the guardian to furnish security.

SECURITY

I hereby grant my executor all such powers as are allowed by the law, including assumption, the power to appoint another person to assist with the administration (management and disposal) and distribution (handing out) of my estate. My executor is exempted from furnishing security to the Master of the High Court in order to do his / her administrative duties.

Alternatively / and Or

My executor shall pay an amount of R _____ (IN WORDS) _____ as security to administer my estate.

WITNESS ONE: _____ WITNESS TWO: _____ TESTATOR/TESTATRIX SIGN: _____

LEGACY (if you want to give a specific amount / property to a specific person)

I bequeath my assets as follows:

ITEM	TO WHOM (full Name)	ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(discribe assets and complete address situated at, Full name, Surname and I.D. number of Legatees).

THE HEIRS (the remainder of your estate will be divided equally between the following persons)

I bequeath the balance of my estate equally to the following people:

FULL NAME	ID NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

and should one not be alive at the time of my death, his / her children will receive his / her portion.

Exclusion of Community of Property and Accrual

I direct that any inheritance or income accruing or bequeathed in terms of this Will shall be free from the operation of the consequences of any marriage in community of property. Such inheritance shall also not form part of any accrual operative in the South African law or any law elsewhere where a beneficiary may reside. Any inheritance herewith shall also not form part of any insolvent estate of a beneficiary or spouse of a beneficiary.

DATED AND SIGNED AT _____ ON THIS _____ DAY OF _____ 20____
IN THE PRESENCE OF THE UNDERSIGNED WITNESSES, ALL BEING PRESENT AT THE SAME TIME AND EACH SEEING THE OTHER SIGN.

AS WITNESSES: (Wills Act definition of competent witness: means a person of the age of 14 years or over who at the time he/she witnesses a will is not incompetent to give evidence in a court of law)

WITNESS ONE Full Name: _____

Identity number/passport no.: _____

Signed: _____ Date: _____

WITNESS TWO Full Name: _____

Identity number/passport no.: _____

Signed: _____ Date: _____

WITNESS ONE: _____ WITNESS TWO: _____ TESTATOR/TESTATRIX SIGN: _____

OR

COMMISSIONER OF OATHS CERTIFICATION (only needed when the testator/testatrix signs the Will with the mark of a cross or thumb print or if testator/testatrix requests someone else to sign on his/her behalf. The commissioner of oaths must sign his/her certificate and he/she must also sign each page of the Will, anywhere on the page.)

I, (Full Name) _____ (Commissioner of oaths)

Identity Number: _____

of _____ (address) in my capacity as commissioner of oaths certify that I am sure of the Identity of the person making this Will:

Full name and Surname: _____

Identity number/passport no.: _____ of the person making this Will) and confirm that this Will is of the Testator/Testatrix.

SIGNED AT _____ (Place) ON _____ (Date)

SIGNATURE: _____
(Commissioner of oaths)

WITNESS ONE: _____ WITNESS TWO: _____ TESTATOR/TESTATRIX SIGN: _____