ETS Estates and Testamentary Services (Pty) Ltd

Registration No. 2010/024095/07

Tel: 031 562 9152/9263 • Cell: 082 876 9327

**Please complete the form and email to us at:**

denise@deceasedestates.net • karen@deceasedestates.net • lyn@deceasedestates.net

## PERSONAL PARTICULARS

**TESTATOR (MR)**

**SURNAME:** **FIRST NAMES:**

**IDENTITY NUMBER:**

**RESIDENTIAL ADDRESS**

**CONTACT DETAILS** **Email:**

**Work:** **Home:** **Cell:**

**MARITAL STATUS (COP / ANC / With/Without Accrual / Other)**

**SPOUSE'S FULL NAME:**

**DATE OF MARRIAGE:** / / **COUNTRY OF MARRIAGE:**

**PREVIOUSLY MARRIED (YES/NO):** **DIVORCED (YES/NO):** **DATE:**

**EX-SPOUSES FULL NAMES:**

**FATHER'S FULL NAMES:**

**MOTHER'S FULL NAMES:**

**CREMATION / BURIAL:** **ORGAN DONATION (YES/NO):**

**LIVING WILL (YES/NO):** **DO YOU HAVE ASSETS OVERSEAS (YES/NO):**

**IF SO IN WHICH COUNTRY:**

| **CHILDREN** (NAMES AND DATE OF BIRTH), MAJOR / MINOR | |
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**TRUST CREATION FOR MINOR CHILD / GRANDCHILD (YES/NO):** AGE OF DISSOLUTION OF TRUST (18/21/25/ETC):

**GUARDIAN:**

**TESTATOR SIGNATURE:** **WITNESS 1:** **WITNESS 2:**

## PERSONAL PARTICULARS

**TESTATRIX (MRS)**

**SURNAME:** **FIRST NAMES:**

**IDENTITY NUMBER:**

**RESIDENTIAL ADDRESS**

**CONTACT DETAILS** **Email:**

**Work:** **Home:** **Cell:**

**MARITAL STATUS (COP / ANC / With/Without Accrual / Other)**

**SPOUSE'S FULL NAME:**

**DATE OF MARRIAGE:** / / **COUNTRY OF MARRIAGE:**

**PREVIOUSLY MARRIED (YES/NO):** **DIVORCED (YES/NO):** **DATE:**

**EX-SPOUSES FULL NAMES:**

**FATHER'S FULL NAMES:**

**MOTHER'S FULL NAMES:**

**CREMATION / BURIAL:** **ORGAN DONATION (YES/NO):**

**LIVING WILL (YES/NO):** **DO YOU HAVE ASSETS OVERSEAS (YES/NO):**

**IF SO IN WHICH COUNTRY:**

| **CHILDREN** (NAMES AND DATE OF BIRTH), MAJOR / MINOR | |
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**TRUST CREATION**
FOR MINOR CHILD / GRANDCHILD (YES/NO):

AGE OF DISSOLUTION OF
TRUST (18/21/25/ETC):

**GUARDIAN:**

**TESTATRIX SIGNATURE:** **WITNESS 1:** **WITNESS 2:**

## TESTATOR BEQUESTS / WISHES

## TESTATRIX BEQUESTS / WISHES

| | | |
|---|---|---|
| TESTATOR SIGNATURE: | WITNESS 1: | WITNESS 2: |
| TESTATRIX SIGNATURE: | WITNESS 1: | WITNESS 2: |

| |
|---|
| DATE OF APPLICATION: |
| NAME OF FINANCIAL ADVISOR: |
| NAME OF BROKERAGE: |
| CELL NUMBER OF BROKER: |
| CONTACT NUMBER OF BROKERAGE: |
| EMAIL ADDRESS OF BROKER |
| NOTES: |
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