



GUSTAV BARKHUYSEN
ATTORNEYS

WILL QUESTIONNAIRE (INDIVIDUAL)

PERSONAL INFORMATION REQUIRED TO DRAFT INDIVIDUAL WILL:

1.	FULL NAMES:				
2.	DATE OF BIRTH:				
3.	IDENTITY NUMBER:				
4.	CURRENT ADDRESS:				
5.	POSTAL ADDRESS:				
6.	CONTACT DETAILS:	(H)	(W)		
		(M)	(other)		
	EMAIL ADDRESS:				
7.	MARITAL STATUS:	Unmarried	Married in CoP	Married out CoP	Foreign Marriage
8.	FULL NAMES OF DEPENDANTS:	DATE OF BIRTH:			
A)					
B)					
C)					
D)					
E)					
F)					



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9.	I BEQUEATH MY ENTIRE ESTATE TO:
A)	TO MY DEPENDANTS MENTIONED IN PARAGRAPH 8 ABOVE IN EQUAL SHARES. SHOULD ANY OF MY DEPENDANTS ABOVE PREDECEASE ME, THEIR INHERITANCE SHALL DEVOLVE UPON THEIR DESCENDANTS PER STIRPES AND FAILING ANY DESCENDANTS, UPON MY REMAINING HEIRS IN EQUAL SHARES:

OR

B)	TO THE FOLLOWING PEOPLE IN EQUAL SHARES. SHOULD ANY OF THE HEIRS BELOW PREDECEASE ME, THEIR INHERITANCE SHALL DEVOLVE UPON THEIR DESCENDANTS PER STIRPES AND FAILING ANY DESCENDANTS, UPON MY REMAINING HEIRS IN EQUAL SHARES:
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10.	NAME AND ADDRESS OF FIRST NOMINATED EXECUTOR/EXECUTORS AND TRUSTEE/TRUSTEES: (*Please note: It is recommended that the Executor and Trustee be a qualified attorney and GB Law are willing and able to be appointed as such).

11.	SHOULD THE FIRST NOMINATED EXECUTOR(S) AND TRUSTEE(S) BE UNABLE / UNWILLING TO ACCEPT APPOINTMENT, I HEREBY NOMINATE THE FOLLOWING PERSON(S):

12.	I WOULD LIKE TO CREATE A TRUST SHOULD MY NOMINATED BENEFICIARIES BE MINORS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AGE OF BENEFICIARIES UNTIL WHICH TRUST SHOULD EXIST:				

13.	I WOULD LIKE TO BE CREMATED:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DETAILS OF CREMATION / SCATTERING OF ASHES ETC:				



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14.	WE WOULD LIKE TO BE BURIED:	YES		NO	
	DETAILS OF BURIAL ETC:				

15.	I WOULD LIKE TO NOMINATE THE FOLLOWING AS GUARDIAN(S) TO OUR MINOR DEPENDANT(S):				
	SHOULD THE ABOVEMENTIONED NOMINEES NOT BE ABLE / WILLING TO ACCEPT THE APPOINTMENT OF GUARDIANSHIP I HEREBY NOMINATE:				

(*Please note it is strongly advisable that you speak to the nominated guardian before nominating them in order to ensure that they are happy and willing to accept appointment, should it be necessary).

16.	I AM / WOULD LIKE TO BE AN ORGAN DONOR UPON DEATH:	YES		NO	

IN CLOSING

- Kindly attach a copy of your Identity document
- Once we have received all the required information, we shall draft the last will and testament and email / fax same to you. Once we have your confirmation that we have interpreted your instruction correctly and that all is in order we will forward you instructions on how to have the Will signed in accordance with the necessary requirements. Kindly then forward the original Will to ourselves which same will be placed in safe custody.