LAST WILL AND TESTAMENT
OF

Full name and Surname: _____

I.D. Number: _____
(person older than 16)

An adult married/unmarried male / female living at
_____
(insert your home address), hereby make a Will as follows:

1.

REVOCATION OF FORMER WILLS

I cancel all my previous Wills.

2.

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

I nominate _____ (Full name, Surname and I.D. number) failing him/her, I nominate _____ (Full name, Surname and I.D. number) to be the executor of my Estate.

3.

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.

4

SECURITY

I hereby give my executor all the powers allowed by the law, including 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 giving security to the Master of the High Court in order to do his / her administrative duties.

WITNESSES AND TESTATOR SIGN EVERY PAGE:

5.

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

I give my house situated at _____ (complete address) to _____ (Full name, Surname and I.D. number).

6.

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

I give the balance of my estate equally to my children namely:
_____ (Full name, Surname and I.D. number);
and _____ (Full name, Surname and I.D. number),
and should one not be alive at the time of my death, his / her children will receive his / her portion.

7.

I direct that any inheritance bequeathed herewith 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.

SIGNED AND DATED AT _____ON THIS _____DAY OF _____2015 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)

WITNESSES AND TESTATOR SIGN EVERY PAGE:

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 other page of the will, anywhere on the page.)

I, _____ Full names and Surname)

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, Surname and I.D. number

of the person making this Will) and confirm that this Will is the Will of the person making this Will.

SIGNED AT _____ (place) ON _____(date)

SIGNATURE: _____ (Commissioner of oaths)

AS WITNESSES

1. _____

2. _____ _____

TESTATOR / TESTATRIX

WITNESSES AND TESTATOR SIGN EVERY PAGE: