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	s 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		
to be the executor of my Estate.		
	3.	
NOMINATION OF A GUARDIAN		
In the absence of a natural guardian, I nominate _		
him/her		
I direct that it shall not be necessary for the guardi	an to furnish 4	security.

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.

. = 0 4 0 1/	/·c				`
LEGACY	(if you want to	give a specific	amount / property	/ to a specific	person)

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:
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 operation 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 ATON THISDAY OF2015 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)

with the mark of a cross or thumb print or if testator/to behalf. The commissioner of oaths must sign his/her page of the will, anywhere on the page.)	estatrix requests someone else to	o sign on his/her		
I,	Full nar	mes and Surname)		
of	(address) in my capacity as			
commissioner of oaths certify that I am sure of the Id	entity of the person making this \	Vill:		
	(Full name, Surna	me and I.D. number		
of the person making this Will) and confirm that this \	Will is the Will of the person maki	ng this Will.		
SIGNED AT	(place) ON	(date)		
SIGNATURE:	(Co	mmissioner of oaths		
AS WITNESSES				
1				
2	TESTATOR / TEST	ATRIX		