

WILL INSTRUCTION SHEET

FIRST NAMES		
SURNAME		
IDENTITY NUMBER		
RESIDENTIAL ADDRESS		
TELEPHONE Home	Work	Mobile
EMAIL	FAX	
NAME OF SPOUSE (if applicable)		
IDENTITY NUMBER		
NAME OF CHILDREN (If Applicable) Identity Number / Date of Birth, Male or Female		
ANY SPECIAL BEQUESTS		
INSTRUCTIONS AS TO HOW YOU WISH TO DISPOSE OF YOUR ESTATE		
EXECUTOR	King-Essack & Associates Inc	

DO YOU REQUIRE A TRUST TO BE CREATED IN YOUR WILL?	Yes / No
IF YES, AT WHAT AGE ARE THE HEIRS TO INHERIT?	
NOMINATED TRUSTEES	
NAME OF GUARDIAN OF YOUR MINOR CHILDREN IF BOTH PARENTS ARE DECEASED	
DO YOU REQUIRE A LIVING WILL?	Yes / No
DONATION OF ORGANS?	Yes / No
FUNERAL ARRANGEMENTS	Cremation / Burial
ANY OTHER INSTRUCTIONS	

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