# LAST WILL AND TESTAMENT
# OF

**Full Names and Surname:** _____

**ID Number:** _____
(person older than 16 years of age)

A male/female married/unmarried/married in/out of community of property to

_____
(Spouse's Full Names, Surname and ID Number) living at

_____
(insert your Home Address), hereby make my Last Will and Testament as follows:

1.

**REVOCATION OF FORMER WILLS**
I hereby revoke, cancel and annul all Wills, codicils and other testamentary acts made by me and declare same to be of no further force or effect whatsoever.

2.

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

I nominate _____
(Full Names, Surname and ID Number) as Executor of my Estate.

Should they fail to be appointed, I nominate _____
(Full Names, Surname and ID Number) to be the Executor of my Estate.

3.

**NOMINATION OF A GUARDIAN**
(Please complete this section if you have a minor child/ren.)

In the absence of a natural guardian, I nominate _____ (Full Names, Surname and ID Number), or failing them _____ (Full Names, Surname and ID Number), as guardian of my minor child/ren.

I direct that it shall not be necessary for the guardian to furnish security.

| **Signature** | |
|---|---|
| **Testator** *(required)* | **Commissioner of Oaths** *(only required if testator signs Will by making a mark or if someone is directed to sign Will on behalf of testator)* |
| | |

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 from giving security to the Master of the High Court in order to do their administrative duties.

5.

**LEGACY**

(If you want to give a specific amount/property to a specific person.)

I bequeath the following assets to the following persons:

| **Full Names** | **Surname** | **ID Number** | **Cash** *(amount)* | **Assets** *(specify or describe)* |
|---|---|---|---|---|
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6.

**THE HEIRS**

(Your estate will be divided between the following persons.)

I hereby nominate, constitute and appoint the following persons, in the percentages stated, to be the sole heirs of the balance of my Estate and effects, of whatsoever nature and kind and wheresoever found, nothing excepted, as follows:

| **Full Names** | **Surname** | **ID Number** | **Cash** *(percentage)* | **Assets** *(specify the asset category, type and percentage)* |
|---|---|---|---|---|
| | | | | |
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| | | | | |

| **Signature** | |
|---|---|
| **Testator** *(required)* | **Commissioner of Oaths** *(only required if testator signs Will by making a mark or if someone is directed to sign Will on behalf of testator)* |
| | |

Should any of the above heirs pre-decease me or be unable to inherit, or elect not to inherit from me, or are disqualified by operation of the law, then, unless otherwise stated, I appoint their children to inherit their inheritance in my Estate in equal shares. In the event that such heir has no children, then their inheritance shall be apportioned to the other heirs in the same proportions as stated in the table above.

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 _____ 2026**
**IN THE PRESENCE OF THE UNDERSIGNED WITNESSES, ALL BEING PRESENT AT THE SAME TIME AND EACH SEEING THE OTHER SIGN.**

*(The Wills Act definition of competent witness means a person of the age of 14 years or over, who at the time of witnessing a Will, is not incompetent to give evidence in a court of law. The following witnesses should not be any heirs as identified above.)*

**AS WITNESSES:**

1. _____ (Signature)

_____ (Full Names, Surname and ID Number)

2. _____ (Signature)

_____ (Full Names, Surname and ID Number)

| **Signature** | |
|---|---|
| **Testator**<br>*(required)* | **Commissioner of Oaths**<br>*(only required if testator signs Will by making a mark or if someone is directed to sign Will on behalf of testator)* |
| | |

**COMMISSIONER OF OATHS CERTIFICATION**

(Only needed when the testator signs the Will with the mark of a cross or thumbprint or if the testator requests someone else to sign on their behalf. The Commissioner of Oaths must sign their certificate and must also sign each other page of the Will, in the block in the footnote.)

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 Names, Surname and ID 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**

_____

| **Signature** | |
|---|---|
| **Testator**<br>*(required)* | **Commissioner of Oaths**<br>*(only required if testator signs Will by making a mark or if someone is directed to sign Will on behalf of testator)* |
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