**Information Page**

**Deceased Estate Maintenance Claim – Spouse/Life Partner**

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| **Maintenance Claim against a Deceased Estate - Spouse / Life Partner** |
| We assess the maintenance claim according to the *Maintenance of Surviving Spouses Act 27 of 1990*. The Act requires us to conduct a financial “needs and means” analysis in order to determine the maintenance due. This means we need accurate information regarding all the claimant's assets, liabilities and income. Please complete the form fully. If there's any further matters or information that may have a material influence on the claimant's financial position, please add the relevant information.  |
| In this form all references to "spouse" include life partners. |
| In addition to this form, please provide the following documents and information if it is available: 1. The most recent Liquidation and Distribution account ("L&D account") 2. If there’s no L&D account, an estimate of the surviving spouse’s inheritance 3. A copy of the deceased’s will4. If the surviving spouse is employed, a copy of a recent payslip5. If the surviving spouse has retirement savings or a pension in payment, a recent statement |
| Please encircle/tick the applicable or delete the non-applicable descriptors where options are provided (e.g "monthly / yearly"). |
| Please include only expenses that are/will be incurred, and which aligns with the standard of living enjoyed during the marriage. If certain expenses will not be incurred for the remainder of life, please indicate the age at which an expense will (likely) stop.  |
| Please contact our office if you are uncertain about any of the information required.  |

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| **General Information** |
| **Deceased** |  | **Spouse/Life Partner** |
| Full name and surname |   | Full name and surname |
| Date of Birth |   | Date of Birth |
| Nature of relationship: married / life partnership / other (please specify) |
| Date of Death |   | Date of Marriage |
| Gender |   | Gender |
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| **Earnings Information** |
| Deceased's occupation:  |
| Earnings (Rand amount) |   | Per week / month / year |
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| Spouse occupation: |
| Earnings\* (Rand amount) |   | Per week / month / year |
| Short description of nature (full time / part-time / contract), term (number of years) and likely future continuity and expected retirement age: |
| \*Please provide us with a recent payslip if the surviving spouse is formally employed |
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| **Surviving Spouse's Pension (if applicable) \*** |
| If the spouse is not yet retired, please provide us with a recent pension fund statement showing either the fund value (retirement annuities or defined contribution fund) or the actuarial interest (defined benefit fund) |
| If the spouse is retired, please provide us with a recent pension fund statement (living annuities or defined contribution fund) or the current monthly amount that's being paid (defined benefit fund) |
| \*Please contact us if you are uncertain of the nature of the pension or the information required |

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| **Marital Regime (complete the relevant one)** |
| Married in Community of Property (CoP) | Value of 50% share of estate\* |
| Married out of CoP with Accrual | Value of accrual\* |
| Married out of CoP without Accrual |   |
| \*If the final value is yet to be determined, please provide a reasonable estimate. If it cannot be estimated please indicate as "unknown". |

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| **Surviving Spouse's Accommodation** |
| Do they currently live in the same house as at the time of the deceased's death? Yes / no |
| Who is the current owner of the property? Surviving spouse / deceased's estate / trust / family or children / external party / other (specify)? |
| If the spouse does not own the property, will they inherit the property / rent / have usufruct / other (specify)?   |
| Approximate value of the property the spouse is currently living in: | If different, approximate value of the property they lived in with the deceased: |
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| **Surviving Spouse's Assets and Liabilities** |
| **Include properties (if the owner of multiple properties, indicate which is the primary residence), investment accounts, bank accounts, retirement savings, vehicles and other material assets. Exclude clothing and household goods.**  | **Include bonds, vehicle debt, credit card debt, large creditors and any other loans** |
| **Asset Description** | **Value** | **Liability / Debt Description** | **Value** |
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| **Other information relating to the spouse’s assets and liabilities that will impact on their ability to meet their expenses** |
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| **Trusts** |
| **If the claimant is a beneficiary of a trust, please complete:** |
| **Name of trust** | **Number of beneficaries** | **Is the Trust discretionary (yes/no)** | **Value of assets in trust** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Other information relating to the trust(s) above and the benefits the claimant can expect to receive** |
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|   | **Expenses** |
| **Item** | **Amount** | **Frequency** |
| Home / Accommodation | Rent |   | Per month  |
| Water and electricity |   | Per month  |
| Municipal rates and taxes |   | Per month  |
| Homeowner’s levy |   | Per month  |
| Home maintenance |   | Per month / year |
| Domestic worker |   | Per month |
| Garden worker / services |   | Per month |
| Security |   | Per month |
| Household appliances |   | Replacement value |
| Frail care (if applicable) |   | Per month |
| Food and personal care | Groceries |   | Per month  |
| Clothing |   | Per month  |
| Hairdressing and products |   | Per month  |
| Pharmacy and supplements |   | Per month  |
| Medical | Medical aid |   | Per month |
| Gap cover |   | Per month |
| Direct GP / Dentist / Other |   | Per month / year |
| Prescription medicine paid directly |   | Per month / year |

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| Transport | Current vehicle make, model, year: |
| If purchasing a new vehicle, make and model: |
| Fuel |   | Per month |
| Taxis / Uber / Bus / Train |   | Per month |
| Vehicle licence |   | Per year |
| Vehicle insurance |   | Per month |
| Financial | Bank fees |   | Per month |
| Household insurance |   | Per month |
| Accounting and tax services |   |   |
| Tithing / religious contribution |   | Per month |
| Telecommunication | Telephone (landline) |   | Per month |
| Cellular contract / pay-as-you-go |   | Per month |
| ADSL / Fiber (internet) |   | Per month |
| TV licence |   | Per year |
| DSTV / Netflix etc. / Movies |   | Per month |
| Dining out and parties |   | Per month |
| Lifestyle and sport | Holidays and travel |   | Per month / year |
| Gym / club membership fees |   | Per month / year |
| Other exercise and sport costs |   | Per month / year |
| Pet food and care |   | Per month / year |
| Other expenses |   |   | Per month / year |
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| **Tick list** |
| Will of the Deceased | Yes / No |
| L & D Account | Yes / No |
| Payslip (spouse) | Yes / No |
| Pension statement (spouse) | Yes / No |