

NAME:

MY PERSONAL AND CONFIDENTIAL SAARP I.C.O.D. FILE

PEOPLE TO NOTIFY WHEN I PASS ON

1. Doctor: Name:

Telephone number:

Get a Death Notice from him to hand to Funeral Parlour so that they can get a DEATH CERTIFICATE issued.

2. Police: Telephone number.....

3. Funeral Parlour:

Telephone number.....

4. Minister: Name:

Telephone number:

5. Family: List with telephone numbers: Attach.

6. Friends: List with telephone numbers: Attach.

7. Medical Aid: Name and membership number:

Telephone number:

8. Pension Scheme:

9. Seniors Club:

10. Contact person:

Telephone number:

11. DO NOT INFORM THE BANK IMMEDIATELY AS ALL FUNDS ARE THEN FROZEN.

PERSONAL CHECKLIST

Keep a file with all the necessary documents.

- 1. A completed copy of a Death Notice with all the relevant details [usually this is done by the executor and many times incorrect information is supplied by the children or the person completing the form. Keep with the WILL for the executor.]**
- 2. At least ten copies of ID Book and Marriage Certificate – certified**
- 3. Motor Vehicle Registration papers and licence**
- 4. Insurance Policies, life, funeral and short term**
- 5. House: Transfer Deeds**
- 6. Savings Account and investment details**
- 7. Any firearm licences**
- 8. A record of all outstanding accounts**
- 9. Pension Fund Details**
- 10. Medical Aid Details**
- 11. A Contact list of everyone who should be informed of your death**
- 12. An inventory of all large assets - movable and immovable. Don't list every small item**
- 13. Will**
- 14. Instructions as regards your funeral and choice of burial or cremation**

**Make sure you keep the file in a safe place
where your children or executor will be able to access it.**

COPY of DEATH NOTICE

Pursuant to the Provisions contained in Section 9, Ordinance No 104

Full names names and surname:

1. Birthplace:

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2. Names of the parents:

3.a Father:

.....

3.b Mother:

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4 Age of the deceased: years: months: days

5 Occupation:

.....

6 Ordinary place of residence:

.....

7 Married / unmarried / widower / widow:

.....

7.a Name and birthdate of spouse:

.....

7.b Name or names and approximate date(s) of death of previous spouse or spouses:

.....

7.c Place of last marriage:

.....

8 Details of death:

Date of death:

.....

Place of death:

.....

9 Names of children of deceased, their birthdates, spouses names. (Stating separately those born of different marriages)

1.....

2.....

3.....

4.....

5.....

6.....

10 Property:

10.a: Did the deceased leave any property? Is so, provide details:

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10.b: Did the deceased leave a will?:

.....

Signed at:

Date:

Signature:

Capacity: