

In1: March 2014

FORM 1: INSTRUCTION FOR A MAINTENANCE CLAIM

For a surviving spouse and/or dependants that never received any monthly maintenance

These items are usually required to formulate a claim in situations where no maintenance payments were due before the death of the deceased. Often other aspects need to be considered, but it is not practical to cover all possibilities in these guidelines, please detail any other relevant information in the last paragraph or in a separate document. You are welcome to write or type the information on these pages and e-mail it to us.

DECEASED

1. Full Names and Surname:

2. Date of Birth:

3. Date of Death:

4. Salary and all other Monthly Income. Plus **occupation** and **name of employer**

Please provide a salary slip of a month with normal income. If self-employed, supply maximum relevant detail, including take-home pay, i.e. contribution to household and personal expenses.

R per month

Occupation

Name of Employer/Source

Gross Income

Net (after deductions)

SURVIVING SPOUSE/GUARDIAN/PARENT

Surviving spouse?

5. Who is the claim for?

Spouse and child(ren)?

Or child(ren) only?

Each claimant's relation with the deceased

6. Full Names (and Maiden Name, if applicable.)

7. Date of Birth:

8. State of Health:

If not normal

9. a) Date of Marriage:

b) Type of Marriage:

IN or **WITHOUT** community of property?

WITH / WITHOUT accrual system?

10. Salary and all other Monthly Income. Plus **occupation** and **name of employer**

Please provide a salary slip of a month with normal income. If self-employed, supply maximum relevant detail, including take-home pay, i.e. contribution to household and personal expenses.

Gross

Net (after deductions)

Occupation

Employer

11. As in 10, **but before the death of the deceased.**

Please provide salary slips

Gross

Net (after deductions)

Occupation

Employer

12. Investment **assets of surviving spouse**. Market value of bank accounts, investments, businesses, property, etc.
Exclude assets in joint deceased estate or assets now inherited.

MINOR DEPENDANTS IN CARE OF SPOUSE/GUARDIAN/PARENT

13. Name of each dependent minor:	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	Date of birth:	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
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Relationship with deceased if not biological child.

14. State of Health: <i>If not normal</i>	<div style="border: 1px solid black; height: 25px;"></div>
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15. School grade	<div style="border: 1px solid black; height: 30px;"></div>
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GENERAL

16. **Copy of will** (or the full detail of the entitlement of each heir and beneficiary, *also if intestate*).

17. **Where did the deceased and claimant(s) live?**

Who owned the property?

Where does the claimant live now?

18. All **benefits not forming part of the estate** that the spouse or minors received or may receive.

Pension fund	<div style="border: 1px solid black; height: 20px;"></div>	Retirement annuities	<div style="border: 1px solid black; height: 20px;"></div>
Policies	<div style="border: 1px solid black; height: 20px;"></div>	Other	<div style="border: 1px solid black; height: 20px;"></div>

State 'none' where relevant.

NB: This is vital information. Please hold this instruction back until this information is available.

19. Did the deceased have **other dependants or maintenance obligations**?

Please describe.

20. Were the claimant and/or minors members of a **medical fund**?

Who paid the premiums and how did the benefits and premiums change after death?

21. Who is executing the will and **who will pay the fee** for our report?

22. Please provide a **draft liquidation and distribution account**.

KEY ASPECTS

A maintenance claim is based on the value of maintenance lost via the death of the deceased.

Three key aspects are crucial in determining a claim, viz.:

- *The income of (both members of) the family before the death of the deceased.*
- *The living circumstances and standard of living of the family, with special regard to items such as housing and provision for medical care.*
- *The current situation of the claimant. Assets, income, housing, medical care, etc.*

23. **Please provide all further relevant information to cover these key aspects.**

24. Describe any further circumstances that could influence the claim