**Information Page**

**Deceased Estate Maintenance Claim – Child/Dependent Minor**

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| We assess the maintenance claim according to the *Maintenance Act 99 of 1998 which* sets out the maintenance duty of a parent in respect of a child. The Act specifies that *"the duty extends to such support as a child reasonably requires for his or her proper living and upbringing, and includes the provision of* ***food, clothing, accommodation, medical care and education.****"* The Act further specifies *"that the parents' respective shares of such obligation are apportioned between them according to their respective means."* Please complete the form fully. If there's any further matters or information that may have a material influence on the claimant's financial needs or position, please add the relevant information.  |
| 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 child's inheritance 3. A copy of the deceased’s will  |
| 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 financial support the deceased would have provided.  |
| Please contact our office if you are uncertain about any of the information required.  |

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| **General Information** |
| **Deceased** | **Child** |
| Full name and surname |   | Full name and surname |   |
| Date of Birth |   | Date of Birth |   |
| Date of Death |   | Gender (biological) |   |
| Gender |   | What percentage of the child's needs will the estate be liable for?\* |
| \*The Act specifies that parents should share the responsibility based on what they can afford. Therefore, if the surviving parent can contribute towards the child's needs, the estate should be liable for less than 100% of the child's needs. |
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| **Earnings Information** |
| Deceased's occupation |   |
| Earnings at death\* |   | Per week / month / year |
|  |  |  |  |
| Surviving parent's occupation |   |
| Current earnings\* |   | Per week / month / year |
| \*Indicate taxable earnings as per most recent IRP5 or payslip. If documented earnings is not accessible indicate approximate figure.  |
|  |  |  |  |
| **Child's Education** |
| **Schooling** |
| Current schooling: none / daycare / pre-school / primary school / high school / tertiary |
| School (name): |   | Grade: |   |
| Current school fees per year: |   |   |
| **Tertiary EducationComplete this section if the child is or will study at a tertiary institution and the deceased would have paid for it** |
| Tertiary education: currently / in future / noIf current, year: 1st / 2nd / 3rd / 4th / 5th / other | Type: University / Technikon / other (specify) |
|  |
| Type of qualification: diploma / certificate / degree / honors degree / masters degree / doctorate |  |
| If known, tertiary institution: |   |  |
| If known, course: |   |  |
| If known, duration of the course: |   |  |
| If known, current yearly cost of tuition: |   |  |

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| **Pension and Insurance Payouts to Child** |  |
|   | **Description** | **Amount** | **Have Been Paid** |  |
| Pension / Annuity |   |   | Yes / No |  |
| Insurance 1 |   |   | Yes / No |  |
| Insurance 2 |   |   | Yes / No |  |
| Insurance 3 |   |   | Yes / No |  |
| Other |   |   | Yes / No |  |
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|  **Child's Assets and Liabilities** |  |
| It is assumed children have no material assets from which they can cover their expenses. If the child does have financial means, please specify below, including their value. |  |
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| **Trusts** |  |
| **If the claimant is a beneficiary of a trust, please complete:** |  |
| **Name of trust** | **Number of beneficiaries** | **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** |
| Share of rent / accommodation |   | Per month  |
| Share of other household expenses |   | Per month  |
| Groceries |   | Per month  |
| Clothing |   | Per month / year |
| Toiletries and personal care |   | Per month  |
| School fees |   | Per month / year |
| School uniforms and sport wear |   | Per month / year |
| Books and stationery |   | Per month / year |
| Computer / laptop |   | Cost (new) |
| Smart phone and / or tablet |   | Cost (new) |
| Medical aid |   | Per month |
| Gap cover |   | Per month |
| Direct GP / Dentist / Other |   | Per month / year |
| Prescription medicine paid directly |   | Per month / year |
| Share of parent's transport expenses |   | Per month |
| Taxis / Uber / Bus / Train |   | Per month |
| Was it the deceased's intention to purchase vehicle at age 18: yes / no |
| New vehicle make and model: |   |
| Cellular contract / pay-as-you-go |   | Per month |
| Parties and social events |   | Per month |
| Holidays and travel |   | Per month / year |
| Gym / club membership fees |   | Per month / year |
| Other exercise and sport costs |   | Per month / year |
| Other extra-mural activities |   | Per month / year |
|  |  |  |
| **Other expenses** |
|   |   | Per month / year |
|   |   | Per month / year |
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| **Tick list** |
| Will of the Deceased | Yes / No  |
| L & D Account | Yes / No  |