**Deceased Estate Maintenance Claim – Living Expenses**

**Instructions**

* Please fill in the relevant cost and frequency for only the applicable living expenses in the table on the next page.
* Frequency – please indicate monthly expenses and only fill in “frequency” when it is other than monthly (e.g. “weekly” or “every 3-years”).
* Amount – please use the amount needed for the item in question at the current rand cost.
* Please pay attention to the specific instructions for each category, as listed in the table.
* If you incur expenses not shown on the list, please add them at the bottom and clearly identify them, as well as the frequency and amount.
* Please note that we cannot determine the claim amount for an item if we are not provided with the rand cost and frequency.

**Notes**

* Take note that the Act makes provision for reasonable expenses which are to be incurred to maintain the standard of living when the deceased was alive.
* Please do not use excessive claim amounts or claim for costs which are not being incurred. Inflated claims are more easily disputed and once it is shown that a claim is dishonest it becomes difficult to claim for the right amount.
* If you are concerned that expenses may arise in future which are not being incurred now, please notify your attorney / the actuary and we can investigate appropriate measures to make provision for those expenses.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Item** | **Frequency** | **Amount** |
|  |  |  |  |
| **Home / accommodation** | Rent / bond repayment |  |  |
| 1. If a bond is being repaid show outstanding bond balance (preferred) or monthly instalment + remaining term of bond. 2. For appliances show current replacement cost for all appliances | Municipal accounts |  |  |
| Household maintenance |  |  |
| Domestic worker |  |  |
| Garden worker / services |  |  |
| Household appliances | N/A |  |
| Security |  |  |
|  |  |  |  |
| **Food & personal care** | Groceries |  |  |
| 1. Do not include medicine in pharmacy; show below in "medical" | Clothing |  |  |
| Hairdresser |  |  |
| Pharmacy & supplements |  |  |
|  |  |  |  |
| **Medical** | Medical aid |  |  |
|  | Direct GP / Dentist / Other |  |  |
| Other medicine and healthcare |  |  |
|  |  |  |  |
| **Vehicle** | Vehicle make, model and year |  | |
| 1. Indicate make, model and year of last car driven during marriage  2. For vehicle please show the purchase price of a new one | Vehicle (new cost) | N/A |  |
| Fuel |  |  |
| Vehicle (& household) insurance |  |  |
|  |  |  |
|  |  |  |  |
| **Communication & entertainment** | Telephone (landline) |  |  |
|  | Cellular contract / pay-as-you-go |  |  |
| ADSL / Fibre (data) |  |  |
| TV Licence |  |  |
| DSTV / other (e.g. Netflix) |  |  |
|  |  |  |  |
| **Lifestyle & sport** | Holidays & travel |  |  |
|  | Club membership fees |  |  |
| Exercise and sport |  |  |
| Pet food & care |  |  |
|  |  |  |  |
| **Other** | Bank fees |  |  |
|  | Frail care / assistance (if applicable) |  |  |
| Miscellaneous |  |  |
|  |  |  |  |
| **Children** | School fees & classes |  |  |
| 1. For tertiary education, indicate if, what and where children will study. If it is not known yet, but it is likely that there will be tertiary education fill in "yes" and type of institution (e.g., university). 2. If more than 3 children, add extra lines. | School related expenses |  |  |
| Clothing |  |  |
| Extra-mural activities |  |  |
| Pocket money |  |  |
| Tertiary education (child 1) |  | |
| Tertiary education (child 2) |  | |
| Tertiary education (child 3) |  | |