



**CLIENT QUESTIONNAIRE**  
**GRANT OF ADMINISTRATION**

Full name of  
deceased: \_\_\_\_\_

Last Fixed  
Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation of  
deceased: \_\_\_\_\_

Date of  
death: \_\_\_\_\_

Place of  
death: \_\_\_\_\_

Date and place of  
burial: \_\_\_\_\_  
\_\_\_\_\_



Full name, occupation and address of one person who saw the body of the deceased, was present at the funeral and saw the body buried.

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State size, value and location of each parcel of land which form's a part of the decease's estate and supply diagram or Certificate of Title.

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State other assets of the deceased-insurance, stocks, bank accounts, motorcar, etc.

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State full name, address and occupation of person(s) to apply for the Grant of Letters of Administration.

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State full name, address, occupation and age of all the children of the deceased who survived him/her.

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Was the deceased pre-deceased by any of his/her children? If so give full name, address, Age, Occupation and date of death of such children.

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State whether the deceased children who pre-deceased him/her left any children and if so give full particulars of those children.

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Give name address, occupation of one person to stand surety for the administrators.

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**DOCUMENTS SUBMITTED:** *(Document Receipts to be given to client)*

<b><i>(Tick the appropriate box)</i></b>	<b><u>ORIGINAL</u></b>	<b><u>COPY</u></b>
<b>Diagram</b>		
<b>Certificate of Title</b>		
<b>Common Law Title for land</b>		
<b>Insurance policies</b>		
<b>Death Certificate</b>		
<b>Detail of bank account</b>		
<b>Share certificate (s)</b>		
<b>Motor Vehicle Title (s)</b>		
<b>Funeral Receipts</b>		
<b>Burial Certificate</b>		