



The LSSA is accredited by SASSETA as a training provider Legal Education & Development (L.E.A.D)

ADMINISTRATION OF ESTATES 3-DAY WORKSHOP 2009

PRESENTER

Ms Ceris Field – Attorney, Notary & Conveyancer specialising in Wills, Estates & Trusts. Lecturer for the LSSA/L.E.A.D and UCT School for Legal Practice.

PURPOSE

To teach participants to understand and administer deceased estates.

CONTENT

- Interpretation of Wills
- Administration Process
 - Reporting to the Master
 - Collecting Assets
 - o Paying liabilities
 - Advertising requirements
 - Drafting Liquidation & Distribution Accounts
 - Calculating estate duty
 - o Transfer of assets & payment to heirs
- Minor beneficiaries
- Practical examples

OUTCOME

To provide participants with the knowledge, skill & confidence to administer deceased estates.

WHO SHOULD ATTEND?

Attorneys in general practice, candidate attorneys and support staff with little or no knowledge or experience in the field of deceased estates.

DATES & VENUES

Midrand ———	- 12 – 14 March 2009 ✓
Durban	23 – 25 April 2009 ✓
East London	14 – 16 May 2009 ✓
Bloemfontein	06 – 08 August 2009
Cape Town	27 – 29 August 2009
George	29 – 31 October 2009

ТІМЕ

09:00 - 16:00 (All Days)

REGISTRATION FEES (VAT INCL.)

- R1 800 per person for 3-day Workshop
- Persons from firms located further than 200km from closest venue: R600 pp

Any person who has registered for a seminar and fails to cancel at least 48 hours prior to the seminar (in writing), shall be held liable for the payment.

L.E.A.D reserves the right to cancel a seminar should the number of delegates not justify the costs involved.

Please fax registration form together with proof of payment to confirm booking. Payment must be made <u>up front</u> by cheque, credit card or direct deposit.

Cheques to be made payable to:

The Law Society of South Africa - CLE

Bank: FNB Pretoria Acc: 6200 9641 029

Branch Code: 251445 Reference: 3SEM001 REGISTRATION: ADMINISTRATION OF ESTATES 2009 Forward your completed registration to the Seminars Department: L.E.A.D • Fax: 086 557 2506 or 086 676 4453
Please complete a separate registration form for each delegate

Surname:		First name:	Title:	
ID number:		Gender:	Race (Optional):	
Firm:		Position:		
Postal address:		DX address:		
Tel: ()	Fax: ()	Cell:	e-mail:	
Centre of attendance:				
Card type: Mastercard □ Visa □				
Budget Facility to be used?				
YES (please indicate number of Months NO				
Expiry date: Card holder's name:				
Card Number:				
Signature:	Date:	Amou	nt: R	
Payment by cheque ☐ (Cheques must be made payable to The Law Society of South Africa - CLE)				
Amount: R				
Special Dietary Require	ements (if any)			