



SCHWAB WEILER
NOTARE



Last Will

The following checklist is intended to facilitate the effective preparation of the upcoming notarisation. We therefore ask you to complete the form as far as possible and send it to us. We will be happy to answer any questions you may have. Thank you for your trust – we look forward to assist you.

Instructions

Please complete the PDF form on your computer using Adobe Acrobat, save it and send it to us automatically using the „Send“ button at the end of the form. Alternatively, you can print out the PDF after completing the form by clicking the „Print“ button and send it by post.

SCHWAB WEILER NOTARE

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Last Will

Testator	Testator 1	Testator 2
Company) Name		
(all) First Names		
Maiden Name		
Date / Place of Birth		
No. of Commercial Register		
Street, No.		
ZIP Code		
Place		
Nationality		
Profession		
Phone / Fax		
E-Mail		
Marital Status	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> married <input type="checkbox"/> widowed	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> married <input type="checkbox"/> widowed
Marital Property Regime (if married)	<input type="checkbox"/> married without marriage contract <input type="checkbox"/> modified statutory matrimonial regime <input type="checkbox"/> Separation of property	<input type="checkbox"/> married without marriage contract <input type="checkbox"/> modified statutory matrimonial regime <input type="checkbox"/> Separation of property
Marriage	Registry Office in	Date
Existing Wills or Con-tracts of Inheritance?	<input type="checkbox"/> no <input type="checkbox"/> yes (please attach copy)	<input type="checkbox"/> no <input type="checkbox"/> yes (please attach copy)
Children from earlier Relationships?	<input type="checkbox"/> no <input type="checkbox"/> yes, the following:	<input type="checkbox"/> no <input type="checkbox"/> yes, the following:

(Common) Children	Child 1	Child 2	Child 3
Name			
(all) First Name			
Maiden Name			
Date / Place of Birth			
Street, No.			
ZIP Code			
Place			

Other Beneficiaries	Beneficiary 1	Beneficiary 2	Beneficiary 3
Name			
(all) First Name			
Relationship Degree			
Birth date			
Street, No.			
ZIP Code			
Place			

Last Will

Estate Details	
Real Estate in Germany (Land Register, Registry Sheet, Plot No. etc.)	<input type="checkbox"/> no <input type="checkbox"/> yes, the following
Other Assets (Cash, Stocks, Art, etc.)	<input type="checkbox"/> no <input type="checkbox"/> yes, the following
Stake in Companies	<input type="checkbox"/> no <input type="checkbox"/> yes, the following
Real Estate abroad	<input type="checkbox"/> no <input type="checkbox"/> yes, the following
Life Insurances	<input type="checkbox"/> no <input type="checkbox"/> yes, the following

Who shall inherit the estate of the <i>first deceased person</i> ?	
<input type="checkbox"/> surviving person	<input type="checkbox"/> the following children:
<input type="checkbox"/> following other person(s):	

Shall other people receive any objects at the death of the <i>first deceased person</i> ?	
Object / Beneficiary	
Object / Beneficiary	

If needed: Who shall inherit the major share of the estate at the death of the <i>surviving person</i> ?	
<input type="checkbox"/> all children to the same amount	<input type="checkbox"/> the following children:
<input type="checkbox"/> following other person(s):	

If needed: Shall other people receive any objects at the death of the <i>surviving person</i> ?	
Object / Beneficiary	
Object / Beneficiary	

If needed: Shall the surviving person have the allowance to change the will?	
<input type="checkbox"/> no	<input type="checkbox"/> yes, but only to be split up amongst our children / grandchildren
<input type="checkbox"/> yes, no restrictions	

If needed: Shall the surviving person have the allowance to change the will?	
First Name, Name	
Date of Birth	
Street, No., ZIP Code, Place	

Last Will

Should an executor, if necessary, administer the estate (beyond the age of 18)?

First Name, Name	
Date of Birth	
Street, No., ZIP Code, Place	
Duration of Execution of Will	<input type="checkbox"/> until birthday of youngest child <input type="checkbox"/> until

Other wishes?

Draft

<input type="checkbox"/> Post	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Pick-Up
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Preferred Appointment Date

We agree to the storage of our data and the sending of drafts, deeds and notifications by unencrypted e-mail until further notice. By submitting the form, the notary is authorised to prepare a draft.

Print

Send