

## Application for Certificate of Inheritance

The following checklist facilitates the efficient preparation for the upcoming notarisation. We therefore kindly ask you to complete the list as far as possible and submit it to us. Of course we are available for any further questions or personal assistance. We thank you in advance for contacting Schwab | Weiler | Notare and look forward to our further cooperation.

| Applicant                    |  |
|------------------------------|--|
| <b>Name</b>                  |  |
| <b>(all) First Names</b>     |  |
| <b>Maiden Name</b>           |  |
| <b>Date / Place of Birth</b> |  |
| <b>Street, No.</b>           |  |
| <b>ZIP Code, Place</b>       |  |
| <b>Profession</b>            |  |
| <b>Phone / Fax</b>           |  |
| <b>E-Mail</b>                |  |

| Deceased Person                                 |  |
|---|--|
| <b>Name</b>                                     |  |
| <b>First Name</b>                               |  |
| <b>Maiden Name</b>                              |  |
| <b>Date / Place of Birth</b>                    |  |
| <b>Date /Place of Death</b>                     |  |
| <b>Nationality</b>                              |  |
| <b>Last Address</b>                             |  |
| <b>Marital status</b><br>(at the time of death) | <input type="checkbox"/> single <input type="checkbox"/> divorced<br><input type="checkbox"/> married <input type="checkbox"/> widowed |
| <b>Marital Property Regime</b> (if married)     | <input type="checkbox"/> married without a marriage contract<br><input type="checkbox"/>   |

| Heirs                                  | Heir 1 | Heir 2 | Heir 3 |
|--|--------|--------|--------|
| <b>First Name, Name</b>                |        |        |        |
| <b>Maiden Name</b>                     |        |        |        |
| <b>Date / Place of Birth</b>           |        |        |        |
| <b>Street, No.</b>                     |        |        |        |
| <b>ZIP Code, Place</b>                 |        |        |        |
| <b>Inheritance Rate</b>                |        |        |        |
| <b>Relationship to Deceased Person</b> |        |        |        |

| Relatives not being Heirs       | Relative 1  | Relative 2  | Relative 3  |
|---------------------------------|---|---|---|
| First Name, Name                |   |   |   |
| Maiden Name                     |   |   |   |
| Date / Place of Birth           |   |   |   |
| Street, No.                     |   |   |   |
| ZIP Code, Place                 |   |   |   |
| Inheritance Rate                |   |   |   |
| Relationship to Deceased Person |   |   |   |
| Reason for not being Heir       | <input type="checkbox"/> died earlier<br><input type="checkbox"/> denial of inheritance | <input type="checkbox"/> died earlier<br><input type="checkbox"/> denial of inheritance | <input type="checkbox"/> died earlier<br><input type="checkbox"/> denial of inheritance |

| Probate Proceedings              |   |
|----------------------------------|---|
| Probate Court                    |   |
| Business No.                     |   |
| Litigation regarding Inheritance | <input type="checkbox"/> no litigation pending <input type="checkbox"/> yes, litigation pending |

| Details of Inheritance  |  |
|---|--|
| Value of Inheritance<br>(after subtraction of debts)                            |  |
| Real Estate in Germany<br>(land register, registry sheets, FNo. etc., if given) | <input type="checkbox"/> no <input type="checkbox"/> yes, the following: |

| Heir's Certificate   |  |
|----------------------|--|
| Type of Certificate  | <input type="checkbox"/> sole heir's certificate <input type="checkbox"/> partial heir's certificate<br><input type="checkbox"/> collective heir's certificate (for all co-heirs jointly)    |
| Basis of Inheritance | <input type="checkbox"/> intestate / legal succession (no will existing)<br><input type="checkbox"/> last will / contract of Inheritance as of<br><i>(if applicable, please attach copy)</i> |

| Characteristics         |  |
|-------------------------|--|
| Execution of a Will     | <input type="checkbox"/> not applicable<br><input type="checkbox"/> yes, executor is:            |
| Reversionary Succession | <input type="checkbox"/> not applicable<br><input type="checkbox"/> yes, reversionary heirs are: |

|       |   |
|-------|---|
| Draft | <input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Pick-up |
|-------|---|

|                            |  |
|----------------------------|--|
| Preferred Appointment Date |  |
|----------------------------|--|