

## Last Will

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.

Testator	Testator 1	Testator 2
<b>Name</b>		
(all) <b>First Names</b>		
<b>Maiden Name</b>		
<b>Date / Place of Birth</b>		
<b>No. of Birth Register</b>		
<b>Street, No.</b>		
<b>ZIP Code, Place</b>		
<b>Nationality</b>		
<b>Profession</b>		
<b>Phone / Fax</b>		
<b>E-Mail</b>		
<b>Marital Status</b>	<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
<b>Marital Property Regime</b> (if married)	<input type="checkbox"/> married without marriage contract <input type="checkbox"/>	<input type="checkbox"/> married without marriage contract <input type="checkbox"/>
<b>Marriage</b>	Registry Office in	Date
<b>Existing Wills or Contracts of Inheritance?</b>	<input type="checkbox"/> no <input type="checkbox"/> yes (please attach copy)	<input type="checkbox"/> no <input type="checkbox"/> yes (please attach copy)
<b>Children from earlier Relationships?</b>	<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
<b>First Name, Name</b>			
<b>Maiden Name</b>			
<b>Date / Place of Birth</b>			
<b>Street, No.</b>			
<b>ZIP Code, Place</b>			

Other Beneficiaries	Beneficiary 1	Beneficiary 2	Beneficiary 3
<b>First Name, Name</b>			
<b>Relationship Degree</b>			
<b>Birth date</b>			
<b>Street, No.</b>			
<b>ZIP Code, Place</b>			

Estate Details	
<b>Real Estate in Germany</b> (Land Register, Registry Sheet, Parcel No. etc.)	<input type="checkbox"/> no <input type="checkbox"/> yes, the following:
<b>Real Estate abroad</b>	<input type="checkbox"/> no <input type="checkbox"/> yes, the following:
<b>Stake in Companies</b>	<input type="checkbox"/> no <input type="checkbox"/> yes, at:
<b>Life Insurances</b>	<input type="checkbox"/> no <input type="checkbox"/> yes, at:

Who shall inherit the estate of the first deceased person?	
<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 first deceased person?	
Object / Beneficiary	
Object / Beneficiary	

If needed: Who shall inherit the major share of the estate at the death of the surviving person?	
<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 surviving person?	
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, no restrictions <input type="checkbox"/> yes, but only to be split up amongst our children / grandchildren	

Who should, if necessary, be the guardian for underage children?	
First Name, Name	
Date of Birth	
Street, No., ZIP Code, Place	

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?	

<b>Draft</b>	<input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Pick-up
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<b>Preferred Appointment Date</b>	
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