

Donation of Real Estate

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.

Seller	Seller 1	Seller 2
Name		
(all) First Names		
Maiden Name		
Date of Birth		
Street, No.		
ZIP Code, Place		
Profession		
Phone / Fax		
E-Mail		
Nationality		
Tax Identification No.		
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"/>	<input type="checkbox"/> married without marriage contract <input type="checkbox"/>
Date of Marriage		
Domicile at time of marriage		

Purchaser	Purchaser 1	Purchaser 2
Name		
(all) First Names		
Maiden Name		
Date of Birth		
Street, No.		
ZIP Code, Place		
Profession		
Phone / Fax		
E-Mail		
Nationality		
Tax Identification No.		
Purchase Relationship	<input type="checkbox"/> sole ownership <input type="checkbox"/> to %	<input type="checkbox"/> sole ownership <input type="checkbox"/> to %
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"/>	<input type="checkbox"/> married without marriage contract <input type="checkbox"/>
Date of Marriage		
Domicile at time of marriage		
Relationship to seller	<input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> grandchild <input type="checkbox"/>	<input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> grandchild <input type="checkbox"/>

Please turn

Real Estate	House / Apartment	Parking space 1	Parking space 2
District Court			
Land Registry of			
Registry Sheet			
Parcel No.			
Address			

Current Use	Transfer of Possession
<input type="checkbox"/> empty <input type="checkbox"/> used by seller <input type="checkbox"/> used by purchaser <input type="checkbox"/> leased to:	<input type="checkbox"/> current use remains <input type="checkbox"/> already occurred on (<i>date</i>): <input type="checkbox"/> right after conclusion of contract <input type="checkbox"/> on the following date:

Consideration	
Future Use	<input type="checkbox"/> by seller <input type="checkbox"/> only right of residence <input type="checkbox"/> additional right to lease real estate <input type="checkbox"/> by purchaser (personally) / purchaser receives rent
Payments <i>(especially to siblings)</i>	<input type="checkbox"/> € to <input type="checkbox"/> € to
Acquisition of Debt <i>(please discuss with bank in advance)</i>	<input type="checkbox"/> no <input type="checkbox"/> deletion of registered land charges in land registry <input type="checkbox"/> registered land charges remain <input type="checkbox"/> yes Bank: ; amount of debt: € Bank: ; amount of debt: €
Right to Restitution at	<input type="checkbox"/> sale or encumbrances <input type="checkbox"/> insolvency of purchaser <input type="checkbox"/> predecease of purchaser <input type="checkbox"/> divorce of purchaser
Other Consideration	<input type="checkbox"/> pension payment in the amount of € monthly to each seller <input type="checkbox"/> care <input type="checkbox"/> catering costs <input type="checkbox"/> funeral costs

Regulations regarding Inheritance Law
<input type="checkbox"/> credit of donation on statutory share regarding inheritance of purchaser (<i>Anrechnung auf Pflichtteil</i>) <input type="checkbox"/> denial of siblings on statutory share (<i>please attach Name, Address and Date of Birth of Siblings</i>) <input type="checkbox"/> only regarding donated property <input type="checkbox"/> general denial on statutory share

Miscellaneous	
Administrator <i>(if condominium)</i>	Name: Address:
Essential Defects <i>(e.g. mold formation)</i>	<input type="checkbox"/> unknown <input type="checkbox"/> yes, the following:
Others	

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