

Power of Attorney

to handle an Estate

I/we, the undersigned:

Name:	Social Security Number:	E-mail:
Address:	Zip-Code and city:	Telephone:

Name:	Social Security Number:	E-mail:
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Address:	Zip-Code and city:	Telephone:

Here by appoint:

Name:	Social Security Number:	E-mail:
Address:	Zip-Code and city:	Telephone:

To sign a petition to carry out the exchange of the Estate of:

Name:	Social Security Number:	Who died on.:
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This power of attorney extends to signing an application to the District Commissioner regarding a prenuptial agreement in regard to the estate of the deceased, allocate its assets, receive their proceeds or other possessions of the estate, attend to public reporting, sign the inheritance report and receive notifications that are regarding the estate.

All the actions of the stated ombudsman, in regard to the abovementioned, are equivalent to if I had done that myself.

I/we also declare that:

- All information regarding the estate's assets and debts are correct according to my/our best knowledge.
- I/we do not have knowledge any other heirs that might have a claim to the estate other than those who are identified on the application, we do not know of any testaments/wills, nuptial agreements or any compatible legal agreements that might affect the estate.
- We, along with other heirs, take full responsibility (*in solidum*) for all obligations of the estate and all official fees that the managing of the estate and our inheritance might entail.
- I/we agree that we will comply with all conditions of the District Commissioner for the winding up of the estate.
- I/we agree that the appointed agent for the estate has full authority to represent me/us and the estate in communication with all relevant parties, to handle all official documentation regarding the estate, manage and sell the estate's assets and reserve their proceeds, allocate the estates' funds and to receive all notifications regarding the estate.

Place and date Signature

Place and date Signature

Place and date Signature

Place and date Signature

Witness to the right date, financial competency and signature:

Name and Social Security Number

Name and Social Security Number