

## Letter of attorney for the management of the deceased's tenancy

The Deceased		
Name		
Personal identity code		
Date of death/	/ 20	
Apartment that the let	ter of attorney concerns	
Address		
Authorisation		
The authorised represent the tenancy and terminat	ative in this letter of attorney has the right to represent t ing the lease.	he estate in matters relating to
Authorised representa	tive	
Name		
Personal identity code		
Tel		
Email		
Authoriser(s), signatui	res of all partners in the estate	
Place and time	Signature and name clarification	Personal identity code
Validity		
☐ This letter of attorney is	valid indefinetely	
☐ This letter of attorney is	valid until / / 20	