



APPLICATION FOR CLEARANCE
(Section 28(3) of The Succession Act, Cap. 249)

No.

Folio.....

IN THE MATTER OF THE ESTATE OF

..... DECEASED. LATE OF

.....

1. DATE OF DEATH: AGE AT DEATH:.....

2. NATIONAL INS. NO.: NATIONAL REG. NO.:.....

3. WAS DECEASED AN EMPLOYEE, PRIOR TO DATE OF DEATH? IF YES, STATE WHERE LAST EMPLOYED:

.....

4. WAS ANNUAL EMPLOYMENT INCOME: UNDER \$15,000.00..... OVER \$15,000.00.....?

5. IF DECEASED WAS SELF-EMPLOYED, STATE NATURE OF BUSINESS UNDERTAKING:

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6. WAS DECEASED IN RECEIPT OF ANY OTHER INCOME DURING THE YEAR TO DATE OF DEATH? IF YES, STATE SOURCE OF INCOME AND AMOUNT:

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7. WAS DECEASED AT ANY TIME THE OWNER OF LAND IN A SPECIAL DEVELOPMENT AREA FALLING UNDER THE LAND DEVELOPMENT DUTY ACT, CAP 78? IF YES, PLEASE GIVE THE LOCATION AND WHERE APPLICABLE, THE DATE OF ITS DISPOSAL:

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8. HAS ANY PRIOR APPLICATION BEEN MADE IN RESPECT OF THIS ESTATE? IF YES, GIVE DETAILS:

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9. RELATIONSHIP OF APPLICANT TO DECEASED PERSON:

10. FULL NAME AND ADDRESS OF APPLICANT:

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11. DESCRIPTION OF ALL ASSETS (IRRESPECTIVE OF DEBTS AND CHARGES) HELD BY THE DECEASED AT THE DATE OF DEATH:

	VALUE	
	\$	¢
REAL PROPERTY:		
CASH IN HAND:		
CASH IN BANK: (State name of Bank(s) and amount in each)		
SHARES: (State name Company or Companies)		
POLICIES OF INSURANCE: (State name of Company or Companies and amount in each)		
ANY OTHER PROPERTY: (State description)		
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I HEREBY CERTIFY THAT THE STATEMENT CONTAINED HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT, AND REPRESENT A FULL DISCLOSURE OF **ALL** ASSETS IN RESPECT OF THIS ESTATE.

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Signature

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Attorney-at-Law