



**COUNCIL OF
THE EUROPEAN UNION**

Brussels, 12 June 2012

10252/12

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2009/0157 (COD)**

**JUSTCIV 198
CODEC 1399
EJUSTICE 46**

NOTE

from :	the Presidency
to :	Working Party on Civil Law Matters (Succession)
No prev. doc.:	9303/12 JUSTCIV 155 CODEC 1118 EJUSTICE 33
No. Cion prop. :	14722/09 JUSTCIV 210 CODEC 1209
Subject :	Regulation of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession - Draft forms

Delegations will find attached a draft version of the forms to be established under the above Regulation which reflects the result of the discussions in the Working Party on Civil Law Matters (Succession) during the first half of 2012.

List established pursuant to Article 79 of Regulation (EU) No/2012 of the Council and of the European Parliament on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession¹

The other authorities and legal professionals referred to in Article 3(2) of Regulation (EU) No/2012 are as follows:²

.....

.....

¹ OJ L

² The list will be established by the Commission on the basis of the notifications made by the Member States in accordance with Article 79. During the discussions in the Working Party on Civil Law Matters (Succession) the following Member States indicated their wish to be included in the list: The Czech Republic, Germany (Baden-Württemberg), Spain, Hungary, Portugal, Slovakia, Finland and Sweden.

FORM I

ATTESTATION CONCERNING A DECISION IN A MATTER OF SUCCESSION

(Point (b) of Article 46(3) of Regulation (EU) No/2012 of the Council and of the European Parliament on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession¹)

1. Member State of origin

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐ NL ☐
AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐

2. Court or competent authority issuing the attestation

2.1. Name:

2.2. Address:

2.2.1. Street and number/PO box:

2.2.2. Place and postal code:

2.3. Telephone:

2.4. Fax:

2.5. E-mail:

2.6. Other relevant information (please specify):

3. Court which gave the decision

3.1. Type of court:

3.2. Place of court (if different from point 2):

3.2.1. Address:

3.2.2. Street and number/PO box:

3.2.3. Place and postal code:

3.3. Telephone:

3.4. Fax:

3.5. E-mail:

4. Decision

4.1. Date (dd/mm/yyyy) of the decision:

4.2. Reference number of the decision:

4.3. Parties to the decision*:

¹ OJ L ...

4.3.1. Party A

4.3.1.1 Surname and given name(s) or organisation name:

4.3.1.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration **::

4.3.1.3. Identity number, social security number or registration number**:

4.3.1.4. Address**:

4.3.1.4.1. Street and number/PO box:

4.3.1.4.2. Place and postal code:

4.3.1.4.3. Country

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐

MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other (please specify ISO-code) ☐

4.3.1.5. E-mail**:

4.3.1.6. Role in the proceedings (please tick more than one box, if relevant):

4.3.1.6.1. ☐ claimant

4.3.1.6.2. ☐ defendant

4.3.1.6.3. ☐ beneficiary

4.3.1.6.4. ☐ executor

4.3.1.6.5. ☐ administrator

4.3.1.6.6. ☐ other (please specify)

4.3.2. Party B

4.3.2.1 Surname and given name(s) or organisation name:

4.3.2.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration **::

4.3.2.3. Identity number, social security number or registration number**:

4.3.2.4. Address**:

4.3.2.4.1. Street and number/PO box:

4.3.2.4.2. Place and postal code:

4.3.2.4.3. Country

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐

MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other (please specify ISO-code) ☐

4.3.2.5. E-mail**:

4.3.2.6. Role in the proceedings (please tick more than one box, if relevant):

4.3.2.6.1. ☐ claimant

4.3.2.6.2. ☐ defendant

4.3.2.6.3. ☐ beneficiary

4.3.2.6.4. ☐ executor

4.3.2.6.5. ☐ administrator

4.3.2.6.6. ☐ other (please specify)

4.4. The decision was given in default of appearance

4.4.1. ☐ no

4.4.2. ☐ yes

4.4.2.1. If yes, date (dd/mm/yyyy) on which the document instituting the proceedings or the equivalent document was served on the person concerned:

*Add the number of parties necessary if the decision concerns more than two parties.

** If the information is available and relevant.

<p>5. Costs or expenses</p> <p>5.1. Parties* having benefited from complete or partial legal aid</p> <p>5.1.1. <input type="checkbox"/> Party A</p> <p>5.1.2. <input type="checkbox"/> Party B</p> <p>5.2. Parties* having benefited from exemption from costs or expenses:</p> <p>5.2.1. <input type="checkbox"/> Party A</p> <p>5.2.2. <input type="checkbox"/> Party B</p> <p>5.3. The decision states which party has to pay costs or expenses</p> <p>5.3.1. <input type="checkbox"/> no</p> <p>5.3.2. <input type="checkbox"/> yes</p> <p>5.3.2.1. Amount (if indicated in the decision) (please specify currency by using ISO code):</p> <p>5.3.2.1.1. to be paid by <input type="checkbox"/> Party A</p> <p>5.3.2.1.2. to be paid by <input type="checkbox"/> Party B</p> <p>* Add the number of parties necessary</p>
<p>6. Enforceability of the decision (to be filled in only if enforcement is sought)</p> <p>6.1. The decision is enforceable in the Member State of origin</p> <p>6.1.1. <input type="checkbox"/> yes</p> <p>6.2. The decision contains the following enforceable obligation (please specify):</p> <p>6.3. The enforceable obligation is enforceable against the following person(s)*</p> <p>6.3.1. <input type="checkbox"/> Party A</p> <p>6.3.2. <input type="checkbox"/> Party B</p> <p>6.3.3. <input type="checkbox"/> Other</p> <p>6.3.3.1. Surname and given name(s) or organisation name:</p> <p>6.3.3.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration**:</p> <p>6.3.3.3. Identity number, social security number or registration number**:</p> <p>* Add the number of persons necessary.</p> <p>**If the information is available and relevant.</p>
<p>A copy of the decision which satisfies the conditions necessary to establish its authenticity is to be attached to this attestation</p>
<p>Done at: on:(dd/mm/yyyy)</p> <p>Signature and/or stamp of the court or competent authority issuing the attestation:</p> <p>.....</p>

FORM II

ATTESTATION CONCERNING AN AUTHENTIC INSTRUMENT IN A MATTER OF SUCCESSION

(Articles 59(1) and 60(2) of Regulation (EU) No .../2012 of the Council and of the European Parliament on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession¹)

1. Member State of origin

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐ NL ☐ AT ☐
PL ☐ PT ☐ RO ☐ SI ☐ SK ☐

2. Authority having established the authentic instrument and issuing the attestation

2.1. Name:

2.2. Address:

2.2.1. Street and number/PO box:

2.2.2. Place and postal code:

2.3. Telephone:

2.4. Fax:

2.5. E-mail:

2.6. Other relevant information (please specify):

¹ OJ L ...

3. Authentic instrument

3.1. Date (dd/mm/yyyy) on which the authentic instrument was drawn up by the authority referred to in point 2:

3.2. Reference number:

3.3. Date (dd/mm/yyyy) on which the authentic instrument was registered in the Member State of origin (if different from the date indicated in point 3.1. and if the date of registration determines the legal effect of the instrument):

3.4. Reference number in the register (if applicable):

3.5. Parties to the authentic instrument*:

3.5.1. Party A

3.5.1.1. Surname and given name(s) or organisation name:

3.5.1.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration**:

3.5.1.3. Identity number, social security number or registration number**:

3.5.1.4. Address**:

3.5.1.4.1. Street and number/PO box:

3.5.1.4.2. Place and postal code:

3.5.1.4.3. Country

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐

MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other (please specify ISO-code) ☐

3.5.1.5. E-mail**:

3.5.1.6. Status of Party A (please tick more than one box, if relevant):

3.5.1.6.1. ☐ heir

3.5.1.6.2. ☐ legatee

3.5.1.6.3. ☐ executor

3.5.1.6.4. ☐ administrator

3.5.1.6.5. ☐ other (please specify)

3.5.2. Party B

3.5.2.1. Surname and given name(s) organisation name:

3.5.2.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration **:

3.5.2.3. Identity number, social security number or registration number**:

3.5.2.4. Address**:

3.5.2.4.1. Street and number/PO box:

3.5.2.4.2. Place and postal code:

3.5.2.4.3. Country

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐

MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other (please specify ISO-code) ☐

3.5.2.5. E-mail**:

3.5.2.6. Status of Party B (please tick more than one box, if relevant):

3.5.2.6.1. ☐ heir

3.5.2.6.2. ☐ legatee

3.5.2.6.3. ☐ executor

3.5.2.6.4. ☐ administrator

3.5.2.6.5. ☐ other (please specify)

*Add the number of parties necessary.

**If the information is available and relevant.

4. Evidentiary effects of the authentic instrument in the Member State of origin (to be filled in only if acceptance is sought)

4.1. ☐ The authentic instrument establishes proof that the declarations recorded in the instrument were made by the person(s) indicated therein on the date and at the place indicated before the authority having established the instrument, until proof to the contrary

4.2. ☐ The authentic instrument establishes full proof that the declarations recorded in the instrument were made by the person(s) indicated therein on the date and at the place indicated before the authority having established the instrument until the instrument is declared a forgery

4.3. ☐ The authentic instrument establishes full proof of the legal acts or legal relationships recorded in the instrument, until proof to the contrary. In the Member State of origin such proof may be brought by way of

4.3.1. ☐ a court decision

4.3.2. ☐ another authentic instrument

4.3.3. ☐ any available proof

4.4. ☐ The authentic instrument establishes full proof of the legal acts or legal relationships recorded in the instrument, until the instrument is declared a forgery

4.5. ☐ Other (please specify)

<p>5. Other useful information</p> <p>5.1. In the Member State of origin, the authentic instrument may be used for the purposes of recording a right in a register</p> <p>5.1.1. <input type="checkbox"/> yes</p> <p>5.1.2. <input type="checkbox"/> no</p>
<p>6. Enforceability of the authentic instrument (to be filled in only if enforcement is sought)</p> <p>6.1. The authentic instrument contains an enforceable obligation</p> <p>6.1.1. <input type="checkbox"/> yes</p> <p>6.2. <input type="checkbox"/> The enforceable obligation is as follows (please specify):</p> <p>6.3. <input type="checkbox"/> The obligation is enforceable against the following person(s)*</p> <p>6.3.1. <input type="checkbox"/> Party A</p> <p>6.3.2. <input type="checkbox"/> Party B</p> <p>6.3.3. <input type="checkbox"/> Other (please specify)</p> <p>6.3.3.1. Surname and given name(s) or organisation name:</p> <p>6.3.3.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration**:</p> <p>6.3.3.3. Identity number, social security number or registration number**:</p> <p>*Add the number of persons necessary</p> <p>** If the information is available and relevant</p>
<p>A copy of the authentic instrument which satisfies the conditions necessary to establish its authenticity is to be attached to this attestation</p>
<p>Done at: on:(dd/mm/yyyy)</p> <p>Signature and/or stamp of the authority issuing the attestation:</p> <p>.....</p>

FORM III

ATTESTATION CONCERNING A COURT SETTLEMENT IN A MATTER OF SUCCESSION

(Article 61(2) of Regulation (EU) No/2012 of the Council and of the European Parliament on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession¹⁾)

1. Member State of origin

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐
NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐

2. Court issuing the attestation

2.1. Name:

2.2. Address:

2.2.1. Street and number/PO box:

2.2.2. Place and postal code:

2.3. Telephone:

2.4. Fax:

2.5. E-mail:

2.6. Other relevant information (please specify)

¹ OJ L ...

3. Court settlement

3.1. Date (dd/mm/yyyy) on which the court settlement was approved by or concluded before the court referred to in point 2:

3.2. Reference number:

3.3. Parties to the court settlement*:

3.3.1. Party A

3.3.1.1. Surname and given name(s) or organisation name:

3.3.1.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration **::

3.3.1.3. Identity number, social security number or registration number**:

3.3.1.4. Address**:

3.3.1.4.1. Street and number/PO box:

3.3.1.4.2.. Place and postal code:

3.3.1.4.3. Country

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐

MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other (please specify ISO-code) ☐

3.3.1.5. E-mail**:

3.3.1.6. Status of Party A (please tick more than one box, if relevant):

3.3.1.6.1. ☐ claimant

3.3.1.6.2. ☐ defendant

3.3.1.6.3. ☐ beneficiary

3.3.1.6.4. ☐ executor

3.3.1.6.5. ☐ administrator

3.3.1.6.6. ☐ other (please specify)

3.3.2. Party B

3.3.2.1. Surname and given name(s) or organisation name:

3.3.2.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration **::

3.3.2.3. Identity number, social security number or registration number**:

3.3.2.4. Address**:

3.3.2.4.1. Street and number/PO box:

3.3.2.4.2. Place and postal code:

3.3.2.4.3. Country

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐

MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other (please specify ISO-code) ☐

3.3.2.5. E-mail**:

3.3.2.6. Role of Party B (please tick more than one box, if relevant):

3.3.2.6.1. ☐ claimant

3.3.2.6.2. ☐ defendant

3.3.2.6.3. ☐ beneficiary

3.3.2.6.4. ☐ executor

3.3.2.6.5. ☐ administrator

3.3.2.6.6. ☐ other (please specify)

* Add the number of parties necessary.

** If the information is available and relevant.

<p>4. Enforceability of the court settlement (to be filled in only if enforcement is sought)</p> <p>4.1. The court settlement contains an enforceable obligation</p> <p>4.1.1. <input type="checkbox"/> yes</p> <p>4.2. <input type="checkbox"/> The enforceable obligation is as follows (please specify):</p> <p>4.3. The obligation is enforceable against the following person(s)*</p> <p>4.3.1. <input type="checkbox"/> Party A</p> <p>4.3.2. <input type="checkbox"/> Party B</p> <p>4.3.3. <input type="checkbox"/> Other (please specify)</p> <p>4.3.3.1. Surname and given name(s) or organisation name:</p> <p>4.3.3.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration **: </p> <p>4.3.3.3. Identity number, social security number or registration number**:</p> <p>*Add the number of persons necessary.</p> <p>** If the information is available and relevant.</p>
<p align="center">A copy of the court settlement which satisfies the conditions necessary to establish its authenticity is to be attached to this attestation</p>
<p>Done at: on:(dd/mm/yyyy)</p> <p>Signature and/or stamp of the court issuing the attestation:</p> <p>.....</p>

FORM IV

APPLICATION FOR A EUROPEAN CERTIFICATE OF SUCCESSION

(Article 65 of Regulation (EU) No .../2012 of the Council and of the European Parliament on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession¹)

NOTICE TO THE APPLICANT

You may use this form for the purposes of applying for a European Certificate of Succession if you so wish

When filling in this form you should indicate all the information which is known to you and which is necessary to enable the authority which will issue the Certificate to certify the elements which you request it to certify

You must append all relevant documents, either in original form or as copies which satisfy the conditions necessary to establish their authenticity

1. Member State of the authority to which the application is submitted²

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐
NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐

2. Authority to which the application is submitted

2.1. Name:

2.2. Address:

2.2.1. Street and number/PO box:

2.2.2. Place and postal code:

2.3. Other relevant information (please specify)

¹ OJ L ...

² This should be the Member State whose courts have jurisdiction pursuant to Regulation (EU) No .../2012.

3. Court or other competent authority which is dealing with or has dealt with the succession as such if different from the authority referred to in point 2

3.1. Type of authority:

☐ Court ☐ Other (please specify)

3.2. Name:

3.3. Address:

3.3.1. Street and number/PO box:

3.3.2. Place and postal code:

3.3.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐
NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

3.4. Telephone:

3.5. Fax:

3.6. E-mail:

3.7. Reference number of the case:

3.8. Other relevant information (please specify):

4. Details concerning the applicant (natural person)

4.1. Surname (surname at birth*) and given name(s):

4.2. Sex:

4.2.1. ☐ M

4.2.2. ☐ F

4.3. Date (dd/mm/yyyy) and place of birth:

4.4. Civil status:

4.4.1. ☐ single

4.4.2. ☐ married

4.4.3. ☐ registered partner

4.4.4. ☐ *de facto* partner

4.4.5. ☐ divorced

4.4.6. ☐ legally separated from spouse

4.4.7. ☐ single after termination or dissolution of registered or *de facto* partnership

4.4.8. ☐ widow(er) after death of spouse or registered partner

4.5. Nationality:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

4.6. Identification number*:

4.6.1. National identity number:

4.6.2. Social security number:

4.6.3. Tax number:

4.6.4. Other (please specify):

4.7. Address:

4.7.1. Street and number/PO box:

4.7.2. Place and postal code:

4.7.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

4.8. Telephone:

4.9. Fax:

4.10. E-mail:

4.11. Relationship to the deceased*:

☐ son ☐ daughter ☐ father ☐ mother ☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother

☐ spouse ☐ registered partner ☐ *de facto* partner ☐ brother ☐ sister ☐ nephew ☐ niece ☐ uncle ☐ aunt

☐ cousin ☐ other (please specify)

* If applicable. For identification number, indicate only the relevant number.

<p>5. Details concerning the applicant (legal person)</p> <p>5.1. Organisation name:</p> <p>5.2. Registration number:</p> <p>5.3. Address:</p> <p>5.3.1. Street and number/PO box:</p> <p>5.3.2. Place and postal code:</p> <p>5.3.3. Country:</p> <p>BE <input type="checkbox"/> BG <input type="checkbox"/> CZ <input type="checkbox"/> DE <input type="checkbox"/> EE <input type="checkbox"/> EL <input type="checkbox"/> ES <input type="checkbox"/> FR <input type="checkbox"/> IT <input type="checkbox"/> CY <input type="checkbox"/> LV <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> HU <input type="checkbox"/> MT <input type="checkbox"/> NL <input type="checkbox"/> AT <input type="checkbox"/> PL <input type="checkbox"/> PT <input type="checkbox"/> RO <input type="checkbox"/> SI <input type="checkbox"/> SK <input type="checkbox"/> FI <input type="checkbox"/> SE <input type="checkbox"/> Other <input type="checkbox"/> (please specify (ISO code))</p> <p>5.4. Telephone:</p> <p>5.5. Fax:</p> <p>5.6. E-mail:</p> <p>5.7. Surname and given name(s) of person authorised to sign for the organisation:</p> <p>5.8. Date (dd/mm/yyyy) and place of registration:</p> <p>5.9. Other relevant information (please specify):</p>
<p>6. Details concerning the representative of the applicant (if relevant)</p> <p>6.1. Surname and given name(s):</p> <p>6.2. Address:</p> <p>6.2.1. Street and number/PO box:</p> <p>6.2.2. Place and postal code:</p> <p>6.2.3. Country:</p> <p>BE <input type="checkbox"/> BG <input type="checkbox"/> CZ <input type="checkbox"/> DE <input type="checkbox"/> EE <input type="checkbox"/> EL <input type="checkbox"/> ES <input type="checkbox"/> FR <input type="checkbox"/> IT <input type="checkbox"/> CY <input type="checkbox"/> LV <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> HU <input type="checkbox"/> MT <input type="checkbox"/> NL <input type="checkbox"/> AT <input type="checkbox"/> PL <input type="checkbox"/> PT <input type="checkbox"/> RO <input type="checkbox"/> SI <input type="checkbox"/> SK <input type="checkbox"/> FI <input type="checkbox"/> SE <input type="checkbox"/> Other <input type="checkbox"/> (please specify (ISO code))</p> <p>6.3. Telephone:</p> <p>6.4. Fax:</p> <p>6.5. E-mail:</p> <p>6.6. Representative capacity:</p> <p><input type="checkbox"/> guardian <input type="checkbox"/> parent <input type="checkbox"/> person authorised to sign for a legal person <input type="checkbox"/> lawyer <input type="checkbox"/> other person with power of attorney <input type="checkbox"/> other (please specify)</p>

7. The purpose of the Certificate

I, the applicant, need the Certificate:

7.1. ☐ to demonstrate my status as an heir (if you are representing an heir, please specify)

7.2. ☐ to demonstrate my rights as an heir (please tick the relevant box)

7.2.1. ☐ my share of the estate

7.2.2. ☐ a claim which I have against the estate or the other heirs

7.2.3. ☐ the attribution to me of a specific asset or specific assets forming part of the estate (please specify asset(s))

7.2.4. ☐ my entitlement to administer the estate

7.2.5. ☐ other

7.2. ☐ to demonstrate my status as a legatee having direct rights in the succession

7.3. ☐ to demonstrate my rights as a legatee having direct rights in the succession (please tick the relevant box)

7.3.1. ☐ my share of the estate

7.3.2. ☐ a claim which I have against the estate or the heirs

7.3.3. ☐ the attribution to me of a specific asset or specific assets forming part of the estate (please specify asset(s))

7.3.4. ☐ other

7.4. ☐ to demonstrate my status as executor of the will

7.5. ☐ to exercise my powers as executor (please specify the powers and, as the case may be, to which asset(s) they relate)

7.6. ☐ to demonstrate my status as administrator of the estate

7.7. ☐ to exercise my powers as administrator (please specify the powers and, as the case may be, to which asset(s) they relate)

If you find that the ticking of one or more of the boxes above does not give the authority to which you are submitting your application sufficient information on what exactly you want it to certify please provide all necessary further information:

8. Details concerning the deceased

8.1. Surname (surname at birth*) and given name(s):

8.2. Sex:

8.2.1. ☐ M

8.2.2. ☐ F

8.3. Date (dd/mm/yyyy) and place of birth (town/country (ISO code)):

8.4. Civil status at the time of death:

8.4.1. ☐ single

8.4.2. ☐ married

8.4.3. ☐ registered partner

8.4.4. ☐ *de facto* partner

8.4.5. ☐ divorced

8.4.6. ☐ legally separated from spouse

8.4.7. ☐ single after termination or dissolution of registered or *de facto* partnership

8.4.8. ☐ widow(er) following death of spouse or registered partner

8.5. Nationality:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

8.6. Identification number*:

8.6.1. National identity number:

8.6.2. Social security number:

8.6.3. Tax number:

8.6.4. Other (please specify):

8.7. Address at the time of death:

8.7.1. Street and number/PO box:

8.7.2. Place and postal code:

8.7.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

8.8. Date (dd/mm/yyyy) and place of death:

* If applicable. For identification number, indicate only the relevant number

9. Details of the spouse or partner of the deceased and, if applicable, ex-spouse(s) or ex-partner(s)*

9.1. Surname (surname at birth**) and given name(s):

9.2. Sex:

9.2.1. ☐ M

9.2.2. ☐ F

9.3. Date (dd/mm/yyyy) and place of birth:

9.4. Civil status at the time of death of the deceased:

9.4.1. ☐ married to the deceased

9.4.2. ☐ living apart although still married to the deceased

9.4.3. ☐ proceedings for divorce or legal separation from the deceased pending

9.4.4. ☐ married to another person

9.4.5. ☐ registered partner of the deceased

9.4.6. ☐ living apart although still the registered partner of the deceased

9.4.7. ☐ proceedings for the termination of the registered partnership with the deceased pending

9.4.8. ☐ registered partner of another person

9.4.9. ☐ *de facto* partner of the deceased

9.4.10. ☐ *de facto* partner of another person

9.4.11. ☐ divorced from the deceased

9.4.12. ☐ divorced from another spouse

9.4.13. ☐ legally separated from the deceased

9.4.14. ☐ legally separated from another spouse

9.4.15. ☐ single after termination or dissolution of registered or *de facto* partnership with the deceased

9.4.16. ☐ single after termination or dissolution of registered or *de facto* partnership with another person

9.4.17. ☐ widow(er) after death of another spouse or registered partner

9.5. Nationality:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

9.6. Identification number**:

9.6.1. National identity number:

9.6.2. Social security number:

9.6.3. Tax number:

9.6.4. Other (please specify):

9.7. Address:

9.7.1. Street and number/PO box:

9.7.2. Place and postal code:

9.7.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

* If applicable and if more than one ex-spouse or ex-partner, add information about all.

**If applicable. For identification number, indicate only the relevant number.

10. Details of possible beneficiaries (other than yourself if you apply for the Certificate in your capacity as beneficiary)*:

10.1. Beneficiary A

10.1.1 Surname (surname at birth**) and given name(s) or organisation name:

10.1.2. Identification number**:

10.1.2.1. National identity number:

10.1.2.2. Social security number:

10.1.2.3. Tax number:

10.1.2.4. Registration number:

10.1.2.5. Other (please specify):

10.1.3. Address:

10.1.3.1. Street and number/PO box:

10.1.3.2. Place and postal code:

10.1.3.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐
NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

10.1.4. Relationship to the deceased**:

☐ son ☐ daughter ☐ father ☐ mother ☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother ☐
☐ spouse ☐ registered partner ☐ *de facto* partner ☐ brother ☐ sister ☐ nephew ☐ niece ☐ uncle
☐ aunt ☐ cousin ☐ other (please specify)

10.1.5. Beneficiary

10.1.5.1. ☐ under a disposition of property upon death

10.1.5.2. ☐ by operation of law

10.2. Beneficiary B

10.2.1. Surname (surname at birth**) and given name(s) or organisation name:

10.2.2. Identification number**:

10.2.2.1. National identity number:

10.2.2.2. Social security number:

10.2.2.3. Tax number:

10.2.2.4. Registration number:

10.2.2.5. Other (please specify):

10.2.3. Address:

10.2.3.1. Street and number/PO box:

10.2.3.2. Place and postal code:

10.2.3.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐
NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

10.2.4. Relationship to the deceased**:

☐ son ☐ daughter ☐ father ☐ mother ☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother ☐
☐ spouse ☐ registered partner ☐ *de facto* partner ☐ brother ☐ sister ☐ nephew ☐ niece ☐ uncle
☐ aunt ☐ cousin ☐ other (please specify)

10.2.5. Beneficiary

10.2.5.1. ☐ under a disposition of property upon death

10.2.5.2. ☐ by operation of law

* Please indicate all the direct descendants of the deceased of whom you are aware. Add the number of beneficiaries necessary.

** If applicable. For identification number, indicate only the relevant number.

11. Additional information:

11.1. Elements on which you found your claimed right to succession property:

11.1.1. ☐ I am a beneficiary under a disposition of property upon death

11.1.2. ☐ I am a beneficiary by operation of law

11.2. Elements on which you found your right to execute the will of the deceased

11.2.1. ☐ I was designated as executor in a disposition of property upon death

11.2.2. ☐ I have been appointed executor by a court

11.2.3. ☐ Other

11.3. Elements on which you found your right to administer the estate of the deceased:

11.3.1. ☐ I am the administrator under a disposition of property upon death

11.3.2. ☐ I have been appointed administrator by a court

11.3.3. ☐ I have been designated as administrator by agreement between the beneficiaries

11.4. Had the deceased made a disposition of property upon death?

11.4.1. ☐ no

11.4.2. ☐ yes

Please append the original or a copy of the disposition of property upon death which satisfies the conditions necessary to establish its authenticity or indicate where the original is located

11.5. Had the deceased made an express choice of law ?

11.5.1. ☐ no

11.5.2. ☐ yes

11.5.2.1. ☐ in the disposition of property upon death referred to in point 11.4.2.

11.5.2.2. ☐ in another declaration in the form of a disposition of property upon death

Please append the original or a copy of the declaration in the form of a disposition of property upon death which satisfies the conditions necessary to establish its authenticity or indicate where the original is located

11.6. Had the deceased entered into one or several marriage contracts or into one or several contracts regarding a relationship having comparable effects to marriage?

11.6.1. ☐ no

11.6.2. ☐ yes

Please append the original or a copy of the contract which satisfies the conditions necessary to establish its authenticity or indicate where the original is located

11.7. If known, please indicate information on the matrimonial property regime or equivalent property regime of the deceased

11.8. At the time of death, the deceased was joint owner with another person of one or more assets forming part of the estate

11.8.1. ☐ yes (please give details of the person(s) concerned and specify asset(s))

11.8.2. ☐ no

<p>11.9. Have any of the beneficiaries made a declaration concerning the acceptance of the succession?</p> <p>11.9.1. <input type="checkbox"/> yes (please specify)</p> <p>11.9.2. <input type="checkbox"/> no</p> <p>11.9.3. <input type="checkbox"/> do not know</p> <p>11.10. Have any of the beneficiaries made a declaration concerning the waiver of the succession</p> <p>11.10.1. <input type="checkbox"/> yes (please specify)</p> <p>11.10.2. <input type="checkbox"/> no</p> <p>11.10.3. <input type="checkbox"/> do not know</p> <p>11.11. Any other information which you deem useful for the purposes of the issue of the Certificate (other than the information you may have added in point 7):</p> <p>11.12. List of appended documents:</p> <p>11.12.1. <input type="checkbox"/> death certificate or declaration of presumed death</p> <p>11.12.2. <input type="checkbox"/> will or joint will</p> <p>11.12.3. <input type="checkbox"/> agreement as to succession</p> <p>11.12.4. <input type="checkbox"/> declaration relating to a choice of law</p> <p>11.12.5. <input type="checkbox"/> marriage contract or contract regarding a relationship having comparable effects to marriage</p> <p>11.12.6. <input type="checkbox"/> declaration of acceptance of the succession</p> <p>11.12.7. <input type="checkbox"/> declaration of waiver of the succession</p> <p>11.12.8. <input type="checkbox"/> agreement between the beneficiaries on the designation of an administrator</p> <p>11.12.9. <input type="checkbox"/> other (please specify)</p>

<p>Done at: on (dd/mm/yyyy):</p> <p>Signature:</p>
<p>I declare that, to my best knowledge, no dispute is pending relating to the elements which I want certified in the Certificate.</p> <p>Date (dd/mm/yyyy):</p> <p>Signature:</p>

FORM V

EUROPEAN CERTIFICATE OF SUCCESSION

(Article 67 of Regulation (EU) No /2012 of the Council and of the European Parliament on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession¹)

The original of this Certificate is in the possession of the issuing authority

Certified copies of this Certificate are valid until the date indicated in the appropriate box at the end of this form

1. Member State of the issuing authority

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐
NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐

2. Issuing authority

2.1. Type of authority:

☐ Court ☐ Other (please specify)

2.2. Name:

2.3. Address:

2.3.1. Street and number/PO box:

2.3.2. Place and postal code:

2.4. Telephone:

2.5. Fax:

2.6. E-mail:

2.7. Other relevant information (please specify):

3. Information on the file

3.1. Reference number:

3.2. Date (dd/mm/yyyy) of the issue of the Certificate:

¹ OJ L ...

4. Competence of the issuing authority

The issuing authority considers itself competent to issue the Certificate on the basis of the following elements (Article 64 of Regulation (EU) No/2012):

4.1. ☐ The issuing authority is located in the Member State whose courts have jurisdiction to rule on the succession pursuant to:

- ☐ Article 4 of Regulation (EU) No..../2012
- ☐ Article 7 of Regulation (EU) No..../2012
- ☐ Article 10 of Regulation (EU) No..../2012
- ☐ Article 11 of Regulation (EU) No..../2012

5. Details concerning the applicant(s)* (natural person(s))

5.1. Surname (surname at birth**) and given name(s):

5.2. Sex:

5.2.1. ☐ M

5.2.2. ☐ F

5.3. Date (dd/mm/yyyy) and place of birth (town/country (ISO code)):

5.4. Civil status:

5.4.1. ☐ single

5.4.2. ☐ married

5.4.3. ☐ registered partner

5.4.4. ☐ *de facto* partner

5.4.5. ☐ divorced

5.4.6. ☐ legally separated from spouse

5.4.7. ☐ single after termination or dissolution of registered or *de facto* partnership

5.4.8. ☐ widow(er) after death of spouse or registered partner

5.5. Nationality:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

5.6. Identification number**:

5.6.1. National identity number:

5.6.2. Social security number:

5.6.3. Tax number:

5.6.4. Other (please specify):

5.7. Address:

5.7.1. Street and number/PO box:

5.7.2.. Place and postal code:

5.7.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

5.8. Telephone:

5.9. Fax:

5.10. E-mail:

5.11. Relationship to the deceased**:

☐ son ☐ daughter ☐ father ☐ mother ☐ grandson ☐ granddaughter ☐ grandfather

☐ grandmother ☐ spouse ☐ registered partner ☐ *de facto* partner ☐ brother ☐ sister ☐ nephew ☐

niece ☐ uncle ☐ aunt ☐ cousin ☐ other (please specify)

* If more than one applicant, add information about all.

** If applicable. For identification number, indicate only the relevant number.

6. Details concerning the applicant (legal person)

6.1. Organisation name:

6.2. Registration number:

6.3. Address:

6.3.1. Street and number/PO box:

6.3.2. Place and postal code:

6.3.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

6.4. Telephone:

6.5. Fax:

6.6. E-mail:

6.7. Surname and given name(s) of person authorised to sign for the organisation:

6.8. Date (dd/mm/yyyy) and place of registration:

6.9. Other relevant information (please specify):

7. Details concerning the deceased

7.1. Surname (surname at birth*) and given name(s):

7.2 Sex:

7.2.1. ☐ M

7.2.2. ☐ F

7.3. Date (dd/mm/yyyy) and place of birth (town/country (ISO-code)):

7.4. Civil status at the time of death:

7.4.1. ☐ single

7.4.2. ☐ married

7.4.3. ☐ registered partner

7.4.4. ☐ *de facto* partner

7.4.5. ☐ divorced

7.4.6. ☐ legally separated from spouse

7.4.7. ☐ single after termination or dissolution of registered or *de facto* partnership

7.4.8. ☐ widow(er) after death of spouse or registered partner

7.5. Nationality:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐ NL ☐ AT

☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

7.6. Identification number*:

7.6.1. National identity number:

7.6.2. Social security number:

7.6.3. Tax number:

7.6.4. Other (please specify):

7.7. Address at the time of death:

7.7.1. Street and number/PO box:

7.7.2. Place and postal code:

7.7.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐ NL ☐ AT

☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

7.8. Date (dd/mm/yyyy) and place of death:

* If applicable. For identification number, indicate only the relevant number.

8. Information on the matrimonial property regime or other equivalent property regime of the deceased (if relevant)

8.1. The deceased had entered into a marriage contract:

8.1.1. ☐ no

8.1.2. ☐ yes

8.1.2.1 Date (dd/mm/yyyy) of contract:

8.1.2.2. Surname (surname at birth*) and given name(s) of spouse or ex-spouse:

8.2. The matrimonial property regime between the deceased and [*surname and given name(s) of spouse or ex-spouse*] has been wound up

8.2.1. ☐ yes

8.2.2. ☐ no**

8.3.. The deceased had entered into a contract regarding a relationship having comparable effects to marriage***

8.3.1. ☐ no

8.3.2. ☐ yes

8.3.2.1 Date (dd/mm/yyyy) of contract:

8.3.2.2. Surname (surname at birth*) and given name(s) of registered partner or ex-registered partner:

8.4 The property regime between the deceased and [*surname and given name(s) of registered partner or ex-registered partner*] has been wound up

8.4.1. ☐ yes

8.4.2. ☐ no**

8.5. The deceased had agreed on a property regime with a *de facto* partner

8.5.1. ☐ no

8.5.2. ☐ yes

8.5.2.1. Surname (surname at birth*) and given name(s) of *de facto* partner or ex-*de facto* partner:

8.5.3. The property regime agreed between the deceased and [*surname and given name(s) of the de facto partner or ex-de facto partner*] has been wound up

8.5.3.1. ☐ yes

8.5.3.2. ☐ no**

* If applicable.

** Please describe the specificities of the property regime under the law applicable to the regime.

*** Add information relating to all partners of the deceased with whom a property regime was still existent at the time of death.

9. Testate / intestate succession

9.1. The succession is

9.1.1. ☐ intestate

9.1.2. ☐ testate (please fill in the points below)

9.1.3. ☐ partially testate and partially intestate (please fill in the points below)

9.2.. The succession is testate:

9.2.1. ☐ under one single disposition of property upon death

9.2.1.1. ☐ made orally

9.2.1.2. ☐ made in writing

9.2.1.2.1. Date (dd/mm/yyyy):

9.2.1.2.2. Place (town/country (ISO code)), if known:

9.2.2. ☐ under more than one disposition of property upon death*

9.2.2.1. ☐ made orally

9.2.2.2. ☐ made in writing

9.2.2.2.1. Date (dd/mm/yyyy):

9.2.2.2.2. Place (town/country (ISO code)), if known:

9.3. The following disposition(s) of property upon death has/have been revoked or declared null and void*:

9.3.1. Date (dd/mm/yyyy):

9.3.2. Place (town/country (ISO code)), if known:

9.4. The disposition of property upon death:

9.4.1. ☐ designated an executor

9.4.2. ☐ defined the powers of the executor

9.4.3. ☐ defined the obligations and duties of the executor

9.4.4. ☐ designated an administrator

9.4.5. ☐ defined the powers of the administrator

9.4.6. ☐ defined the obligations and duties of the administrator

9.4.7. ☐ designated the beneficiaries

9.4.8. ☐ defined the respective rights of the beneficiaries

9.4.9. ☐ defined the obligations and duties of the respective beneficiaries

9.5. Other relevant information (please specify):

* Add information relating to all dispositions of property upon death

10. Law applicable to the succession

10.1. The law applicable to the succession is the law of

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

10.2. The law applicable was determined on the basis of the following elements:

10.2.1. ☐ The deceased had his habitual residence in that State at the time of death (Article 21(1) of Regulation (EU) No/2012)

10.2.2. ☐ The deceased was manifestly more closely connected with that State than with the State of his habitual residence (Article 21(2) of Regulation (EU) No/2012)

10.2.3. ☐ The deceased had chosen the law of that State of which he was a national (Article 22(1) of Regulation (EU) No/2012)

10.2.4. ☐ A *renvoi* was made to the law of that State (Article 34(1) of Regulation (EU) No/2012)

11. Status of heir and rights and powers of such heirs

11.0. ☐ This Certificate demonstrates the status of heir for the following person(s)* and indicates the rights and powers under the law applicable to the succession for each person:

11.1. Heir A

11.1.1. Identical to the applicant

11.1.1.1. ☐ yes (see information provided in point 5 or point 6)

11.1.1.2. ☐ no (please provide the information below)

11.1.2. Surname (surname at birth**) and given name(s) or organisation name:

11.1.3. Identification number**:

11.1.3.1. National identity number:

11.1.3.2. Social security number:

11.1.3.3. Tax number:

11.1.3.4. Registration number:

11.1.3.5. Other (please specify):

11.1.4. Address:

11.1.4.1. Street and number/PO box:

11.1.4.2.. Place and postal code:

11.1.4.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐ NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

11.1.5. Telephone:

11.1.6. Fax:

11.1.7. E-mail:

11.1.8. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration:

11.1.9. Has accepted the succession

11.1.9.1. ☐ yes without conditions

11.1.9.2. ☐ yes under benefit of inventory (please specify effects)

11.1.9.3. ☐ yes under other conditions (please specify effects)

11.1.9.4. ☐ no acceptance required under the law applicable to the succession

11.1.10. Has waived the succession

11.1.10.1. ☐ yes

11.1.10.2. ☐ no

11.1.11. Has accepted a reserved share

11.1.11.1. ☐ yes

11.1.11.2. ☐ no acceptance required under the law applicable to the succession

11.1.12. Has waived his or her right to a reserved share:

11.1.12.1. ☐ yes

11.1.12.2. ☐ no

11.1.13. Has been disqualified from inheriting

11.1.13.1. ☐ yes

11.1.13.1.1. ☐ under a disposition of property upon death

11.1.13.1.2. ☐ by operation of law

11.1.13.2. ☐ no

11.1.14. Heir A's share of the estate (please specify):

11.1.15. The estate has been shared out

11.1.15.1. ☐ no

11.1.15.2. ☐ yes

11.1.15.2.1. The sharing-out of the estate was made with the participation of all the heirs known, or was made by the administrator or executor with full powers in accordance with the law applicable to the succession

11.1.15.2.1.1. ☐ yes

11.1.15.2.1.2. ☐ no

11.1.16. Asset(s) attributed to heir A (please specify asset(s) and indicate all relevant identification details)***:

In case of an immovable asset, please indicate the information required under the law of the Member State in which the asset is registered so as to permit its identification (*e.g.* exact address of the property, land register, land parcel or cadastral number, description of the property (if necessary append relevant documents))

11.1.17. Restrictions on the rights or powers of heir A (indicate, for instance, whether the rights of heir A are restricted by a lack of legal capacity or by the rights of a spouse or registered partner of the deceased or of an ex-spouse or ex-registered partner and whether heir A can exercise his powers only together with his co-heirs)

11.1.18. Other relevant information or further explanations (please specify)

11.2. Heir B

11.2.1. Identical to the applicant

11.2.1.1. ☐ yes (see information provided in point 5 or point 6)

11.2.1.2. ☐ no (please provide the information below)

11.2.2. Surname (surname at birth**) and given name(s) or organisation name:

11.2.3. Identification number**:

11.2.3.1. National identity number:

11.2.3.2. Social security number:

11.2.3.3. Tax number:

11.2.3.4. Registration number:

11.2.3.5. Other (please specify):

11.2.4. Address:

11.2.4.1. Street and number/PO box:

11.2.4.2. Place and postal code:

11.2.4.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

11.2.5. Telephone:

11.2.6. Fax:

11.2.7. E-mail:

11.2.8. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration:

11.2.9. Has accepted the succession

11.2.9.1. ☐ yes without conditions

11.2.9.2. ☐ yes under benefit of inventory (please specify effects)

11.2.9.3. ☐ yes under other conditions (please specify effects)

11.2.9.4. ☐ no acceptance required under the law applicable to the succession

11.2.10. Has waived the succession

11.2.10.1. ☐ yes

11.2.10.2. ☐ no

11.2.11 Has accepted a reserved share

11.2.11.1. ☐ yes

11.2.11.2. ☐ no acceptance required under the law applicable to the succession

11.2.12. Has waived his or her right to a reserved share:

11.2.12.1. ☐ yes

11.2.12.2. ☐ no

11.2.13. Has been disqualified from inheriting:

11.2.13.1. ☐ yes

11.2.13.1.1. ☐ under a disposition of property upon death

11.2.13.1.2. ☐ by operation of law

11.2.13.2. ☐ no

11.2.14. Heir B's share of the estate (please specify):

11.2.15. The estate has been shared out

11.2.15.1. ☐ no

11.2.15.2. ☐ yes

11.2.15.2.1. The sharing-out of the estate was made with the participation of all the heirs known, or was made by the administrator or executor with full powers in accordance with the law applicable to the succession

11.2.15.2.1.1. ☐ yes

11.2.15.2.1.2. ☐ no

11.2.16. Asset(s) attributed to heir B (please specify asset(s) and indicate all relevant identification details)***:

In case of an immovable asset, please indicate the information required under the law of the Member State in which the asset is registered so as to permit its identification (*e.g.* exact address of the property, land register, land parcel or cadastral number, description of the property (if necessary append relevant documents))

11.2.17. Restrictions on the rights or powers of heir B (indicate, for instance, whether the rights of heir B are restricted by a lack of legal capacity or by the rights of a spouse or registered partner of the deceased or of an ex-spouse or ex-registered partner and whether heir B can exercise his powers only together with his co-heirs)

11.2.18. Other relevant information or further explanations (please specify)

*Add the number of heirs necessary

**If applicable. For identification number, indicate only the relevant number.

*** List all relevant assets.

12. Status as legatee having direct rights in the succession and rights of such a legatee

12.0. ☐ This Certificate demonstrates the status of legatee having direct rights in the succession for the following person(s)* and indicates the rights under the law applicable to the succession for each person

12.1. Legatee A

12.1.1. Identical to the applicant

12.1.1.1. ☐ yes (see information provided in point 5 or point 6)

12.1.1.2. ☐ no (please provide the information below)

12.1.2. Surname (surname at birth**) and given name(s) or organisation name:

12.1.3.. Identification number**:

12.1.3.1. National identity number:

12.1.3.2. Social security number:

12.1.3.3. Tax number:

12.1.3.4. Registration number:

12.1.3.5. Other (please specify):

12.1.4. Address:

12.1.4.1. Street and number/PO box:

12.1.4.2.. Place and postal code:

12.1.4.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

12.1.5. Telephone:

12.1.6. Fax:

12.1.7. E-mail:

12.1.8. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration:

12.1.9. Has accepted the the legacy

12.1.9.1. ☐ yes

12.1.9.2. ☐ no

12.1.9.3. ☐ no acceptance required under the law applicable to the succession

12.1.10. Has waived the legacy

12.1.10.1. ☐ yes

12.1.10.2. ☐ no

12.1.11. Legatee A's share of the estate (please specify):

12.1.12. The estate has been shared out

12.1.12.1. ☐ no

12.1.12.2. ☐ yes

12.1.12.2.1. The sharing-out of the estate was made with the participation of all the heirs known, or was made by the administrator or executor with full powers in accordance with the law applicable to the succession

12.1.12.2.1.1. ☐ yes

12.1.12.2.1.2. ☐ no

12.1.13. Asset(s) attributed to legatee A (please specify asset(s) and indicate all relevant identification details)**:

In case of an immovable asset, please indicate the information required under the law of the Member State in which the asset is registered so as to permit its identification (*e.g.* exact address of the property, land register, land parcel or cadastral number, description of the property (if necessary append relevant documents))

12.1.14. Restrictions on the rights of legatee A (indicate, for instance, whether the rights of legatee A are restricted by a lack of legal capacity or by the rights of a spouse or registered partner of the deceased or of an ex-spouse or ex-registered partner)

12.1.15. Other relevant information or further explanations (please specify)

12.2. Legatee B

12.2.1. Identical to the applicant

12.2.1.1. ☐ yes (see information provided in point 5 or point 6)

12.2.1.2. ☐ no (please provide the information below)

12.2.2. Surname (surname at birth**) and given name(s) or organisation name:

12.2.3.. Identification number**:

12.2.3.1. National identity number:

12.2.3.2. Social security number:

12.2.3.3. Tax number:

12.2.3.4. Registration number:

12.2.3.5. Other (please specify):

12.2.4. Address:

12.2.4.1. Street and number/PO box:

12.2.4.2.. Place and postal code:

12.2.4.3. Country:

BE ☐ BG ☐ CZ ☐ DE ☐ EE ☐ EL ☐ ES ☐ FR ☐ IT ☐ CY ☐ LV ☐ LT ☐ LU ☐ HU ☐ MT ☐

NL ☐ AT ☐ PL ☐ PT ☐ RO ☐ SI ☐ SK ☐ FI ☐ SE ☐ Other ☐ (please specify (ISO code))

12.2.5. Telephone:

12.2.6. Fax:

12.2.7. E-mail:

12.2.8. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy) and place of registration:

12.2.9. Has accepted the legacy

12.2.9.1. ☐ yes

12.2.9.2. ☐ no

12.2.9.3. ☐ no acceptance required under the law applicable to the succession

12.2.10. Has waived the legacy

12.2.10.1. ☐ yes

12.2.10.2. ☐ no

12.2.11. Legatee B's share of the estate (please specify):

12.2.12. The estate has been shared out

12.2.12.1. ☐ no

12.2.12.2. ☐ yes

12.2.12.2.1. The sharing-out of the estate was made with the participation of all the heirs known, or was made by the administrator or executor with full powers in accordance with the law applicable to the succession

12.2.12.2.1.1. ☐ yes

12.2.12.2.1.2. ☐ no

12.2.13. Asset(s) attributed to legatee B (please specify asset(s) and indicate all relevant identification details)**:

In case of an immovable asset, please indicate the information required under the law of the Member State in which the asset is registered so as to permit its identification (*e.g.* exact address of the property, land register, land parcel or cadastral number, description of the property (if necessary append relevant documents))

12.2.14. Restrictions on the rights of legatee B (indicate, for instance, whether the rights of legatee B are restricted by a lack of legal capacity or by the rights of a spouse or registered partner of the deceased or of an ex-spouse or ex-registered partner)

12.2.15. Other relevant information or further explanations (please specify)

* Add the number of legatees necessary.

** List all relevant assets.

13. Status of executor/administrator*

13.0. This Certificate demonstrates the status of

13.0.1. ☐ executor and/or

13.0.2. ☐ administrator

for the following person(s)**:

13.1. The person indicated in point 13.0. is identical to the applicant

13.1.1. ☐ yes (see information provided in point 5 or point 6)

13.1.2. ☐ no (please specify surname and given name(s) below)

13.2. Surname and given name(s):

13.3. The powers of the executor /administrator listed in point 13.2. cover

13.3.1. ☐ the whole of the estate

13.3.2. ☐ the whole of the estate except for the following parts or assets (please specify)

13.3.3. ☐ the following specific parts or assets of the estate (please specify)

13.2. Powers of the executor / administrator

13.2.1. ☐ to obtain all information concerning the assets and debts of the estate

13.2.2. ☐ to take cognisance of all wills and other documents relating to the estate

13.2.3. ☐ to take or apply for any protective measures

13.2.4. ☐ to take any urgent measures

13.2.5. ☐ to collect the assets

13.2.6. ☐ to collect the debts and give a valid receipt

13.2.7. ☐ to perform and rescind contracts

13.2.8. ☐ to open, operate and close a bank account

13.2.9. ☐ to borrow

13.2.10. ☐ to charge

13.2.11. ☐ to sell

13.2.12. ☐ to carry on a business

13.2.13. ☐ to exercise the rights of a shareholder

13.2.14. ☐ to sue and be sued

13.2.15. ☐ to settle debts

13.2.16. ☐ to distribute legacies

13.2.17. ☐ to divide the estate

13.2.18. ☐ to distribute the residue

13.2.19. ☐ other (please specify)

If the ticking of one or more of the boxes above does not give an exact indication of the powers vested in the executor/administrator please add all necessary further specifications:

Please specify if any of the powers referred to in point 13.2. are exercised as residual powers in accordance with the second subparagraph of Article 29(2) or the first subparagraph of Article 29(3) of Regulation (EU)/2012.

13.3. Any restrictions on the powers of the executor/administrator referred to in point 13.2 (specify for instance whether certain powers must be exercised together with another executor/administrator (if more than one executor/administrator))

* Delete as appropriate throughout point 13.

** If more than one executor/administrator, add information relating to all.

<p>.The following points have not been filled in for lack of relevance for the purpose for which the Certificate was issued:</p>
<p>Done at on(dd/mm/yyyy)</p> <p>Signature and/or stamp of the issuing authority: </p>
<p style="text-align: center;">CERTIFIED COPY</p> <p>This certified copy of the European Certificate of Succession has been issued to: (name of the applicant or of the person having demonstrated a legitimate interest) (Article 70 of Regulation (EU) No/2012)</p> <p style="text-align: center;">It is valid until : (dd/mm/yyyy)</p> <p>Date of issue: (dd/mm/yyyy)</p> <p>Signature and/or stamp of the issuing authority: </p>
