



Personal Data / Inheritance Law

Last name	.....	First name	.....
Maiden name	.....	Date of birth	.....
Place of origin/birth ¹	.....	Nationality	.....
Residential address	.....	Correspondence addr.	.....
Postcode	.....	City	.....
Phone (home)	.....	Phone (work)	.....
Mobile	.....	E-mail address	.....
May we use your e-mail address?		<input type="checkbox"/> yes <input type="checkbox"/> no	
May we make video calls?		yes no	

The person is informed that e-mails and video calls may be viewed by third parties and that the observance of professional secrecy in e-mail communication and video calls cannot be guaranteed. If communication by e-mail or video calls is desired, the person gives his/her consent to the correspondence and transmission of all information and documents Video Calls are not being recorded.

Occupation
Degree of kinship to the deceased person

Last name	.....	First name	.....
Maiden name	.....	Date of birth	.....
Place of origin/birth ¹	.....	Nationality	.....
Residential address	.....	Postcode/City	.....
Legal representative::	.....	

Involved parties (siblings, parents, et al.)

First name	.....	Name	.....	Date of birth	.....
First name	.....	Name	.....	Date of birth	.....
First name	.....	Name	.....	Date of birth	.....
First name	.....	Name	.....	Date of birth	.....
First name	.....	Name	.....	Date of birth	.....
First name	.....	Name	.....	Date of birth	.....

Please indicate the issue on which you would like our legal advice

Who has recommended our firm to you?

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Running respite? yes no



Company involved? yes no
realities? yes no
Foreign element yes no
Estate of the deceased person

Date Signature

¹ Swiss citizens : place of origin (Bürgerort); foreign nationals: place of birth

Please be informed that the data transferred to AH4 AG herewith is needed for an AH4 AG-internal conflict of interest check. Thank you for your understanding.

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