



**Embassy of
the Federal Republic of Germany
Tel Aviv - Israel**

Telephone: (03) 693 13 21
 Telefax: (03) 693 13 08
Address:
 German Embassy
 P.O.B. 16038
 61160 Tel Aviv

RK 520.50/

(Please always state this file number)

QUESTIONNAIRE FOR THE APPLICATION FOR AN INHERITANCE CERTIFICATE

Please submit the following documents (in copy) of the deceased and the heirs (if available):
 Death certificate Birth certificate Marriage certificate Copy of the passport(s)
 Last will Naturalization certificate(s) Certificate of change of name

(The documents will latest have to be submitted to the competent inheritance court)

1. THE DECEASED

Surname _____ first name(s) _____
 maiden name _____
 date of birth _____ place (town, country) _____
 date of death _____ place (town, country) _____
 last residence (town, country) _____
 citizenships at the time of death (state all that apply) _____
 () German () Israeli () other _____
 (if more than one): Which one was more important for the deceased? _____
 marital status at the time of death: _____ (e.g. single, married, widow(er))

2. THE APPLICANT (one of the heirs)

Surname _____ first name(s) _____
 maiden name _____
 date of birth _____ place (town, country) _____
 address (street, town, country) _____
 _____ Telephone _____
 citizenships: () German () Israeli () other _____
 passport number -----
 Identity Card (teudat sehut)/Passport No. _____
 I speak the following languages: () German () English
 () I speak only Hebrew.
 The deceased was my _____ (e.g. husband, father, mother, uncle, sister).

3. TESTAMENTARY DISPOSITIONS

(please mark the correct answer)

Is there any last will? () no (continue with number 4) () yes, how many: _____

(Enclose copies of all wills; those not written in German have to be translated by a notary.)

(if there is more than one; please copy this page and give these details for every will)

Last will dated from _____ opened by the court in _____
on _____ with the file number _____

I. () In the will I am appointed as the only heir.

II. Apart from me the following heirs were appointed:

1. Surname _____ first name(s) _____
maiden name _____
date of birth _____ place (town, country) _____
date of death _____ place (town, country) _____

address (street, town, country) _____
family relation to the deceased _____

2. Surname _____ first name(s) _____
maiden name _____
date of birth _____ place (town, country) _____
date of death _____ place (town, country) _____

address (street, town, country) _____
family relation to the deceased _____

3. Surname _____ first name(s) _____
maiden name _____
date of birth _____ place (town, country) _____
date of death _____ place (town, country) _____

address (street, town, country) _____
family relation to the deceased _____

If there are more heirs appointed please continue accordingly on a separate page

4. MARRIAGES

(please mark the correct answer)

- () The deceased was **single**.
- () The deceased was **married only once**.
- () The deceased was a **widow/widower**.
- () The deceased was **married** _____ **times** (indicate number of marriages).
 (in case of several marriages: please copy this page and give details for every marriage)

The _____ (e.g. first, second ...) marriage with:

Surname _____ first name(s) _____

maiden name _____

date of birth _____ place (town, country) _____

last address (street, place, country) _____

took place on _____ in (town, country) _____

The couples first common residence after the marriage was in _____

The first spouse of the deceased died on the _____ in _____

The marriage was divorced by the decree of the _____ - court
in (town, country) _____ on the _____Citizenship(s) of the **deceased** at the time of the first marriage (please state **all**):

() German () Israeli () other _____

Citizenship of the **spouse** at the time of the first marriage (please state **all**):

() German () Israeli () other _____

Did the deceased enter into a matrimonial status? () no () yes

type _____

(e.g. marriage contract, declaration on matrimonial status)

Please enclose a copy of this document. If this document is not written in German or English, please submit a notarized translation

5. CHILDREN OF THE DECEASED

(please mark the correct answer)

- The deceased **did not have any** children. ()
- Were any children **adopted**? () no () yes (details below)
- Have there been any **illegitimate** children? () no () yes (details below)

The deceased had the following children:

1. child from the **(e.g. first, second ...) marriage (give the number)**

Surname _____ first name(s) _____

maiden name _____

date of birth _____ place (town, country) _____

date of death _____ place (town, country) _____

address (street, town, country) _____

2. child from the **(e.g. first, second ...) marriage (give the number)**

Surname _____ first name(s) _____

maiden name _____

date of birth _____ place (town, country) _____

date of death _____ place (town, country) _____

address (street, town, country) _____

3. child from the **(e.g. first, second ...) marriage (give the number)**

Surname _____ first name(s) _____

maiden name _____

date of birth _____ place (town, country) _____

date of death _____ place (town, country) _____

address (street, town, country) _____

4. child from the **(e.g. first, second ...) marriage (give the number)**

Surname _____ first name(s) _____

maiden name _____

date of birth _____ place (town, country) _____

date of death _____ place (town, country) _____

address (street, town, country) _____

If there are more children please continue accordingly on a separate page.

6. PARENTS OF THE DECEASED

(only fill in this page, if the deceased had no children and there is no will or if the deceased passed away before 1965 and was Israeli citizen !!!)

Father of the deceased:

Surname _____ first name(s) _____

date of birth _____ place (town, country) _____

date of death _____ place (town, country) _____

_____ (last) residence (street, town, country) _____

Mother of the deceased:

Surname _____ first name(s) _____

maiden name _____

date of birth _____ place (town, country) _____

date of death _____ place (town, country) _____

_____ (last) residence (street, town, country) _____

(only fill in the next section if one parent died before the deceased)

(please mark the correct answer)

Except the deceased the parents had more children. (give details according No.5 on a separate page)

Did the parents adopt any children? no yes (give details according No.5 on a separate page)

Did the parents have illegitimate* children? no yes (give details according No.5 on a separate page)
(*children born out of wedlock)

The parents of the deceased had no children except the deceased.

The parents had no children except the deceased. At least one parent survived the deceased.

The parents died before the deceased and had no children except the deceased. (In this case, please copy this page and state particulars for the grandparents and their descendants in section 5)

7. OTHER

(please mark the correct answer)

The other heirs agree that I apply for a common certificate of inheritance ()

Are all the heirs willing to accept the inheritance () no () yes

Is a lawsuit pending in this matter about the right to inherit? () no () yes

The value of the inheritance is about _____ € (very important)**Please note, that the fee you will have to pay for the notarization depends on the value of the inheritance. Please forward a proof for the given sum. In case of a compensation matter the estimated value is always € 3.000,-**To whom shall the court send the inheritance certificate? _____
_____Does the inheritance include **real property (immovable)** in Germany? () no () yes
where? (town, street) _____
description in the land register _____Does the inheritance include a **bank account**? () no () yes
name of bank, place _____
account number _____Does the inheritance include a **registered company**? () no () yes
name of company _____
trade register in _____Does the inheritance include **restitution claims**? () no () yes
name of the authority _____
file number of that authority _____My **German advocate/authorized representative** in this matter is _____

address (street, town) _____

My **Israeli advocate/authorized representative** in this matter is _____

address (street, town) _____

Date: _____ **Signature:** _____