



## Authorization of Liquidation and division

**Succession of**

Name

\_\_\_\_\_

First name

\_\_\_\_\_

Reference No

\_\_\_\_\_

Day of death

\_\_\_\_|\_\_\_\_|\_\_\_\_\_

**I, the undersigned,**

Name

\_\_\_\_\_

First name

\_\_\_\_\_

Day of birth

\_\_\_\_|\_\_\_\_|\_\_\_\_\_

Street

\_\_\_\_\_

Number

\_\_\_\_\_

Country Postcode

\_\_\_\_-\_\_\_\_\_

Place

\_\_\_\_\_

**authorize hereby**

Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Street

\_\_\_\_\_

Number

\_\_\_\_\_

Country Postcode

\_\_\_\_-\_\_\_\_\_

Place

\_\_\_\_\_

**to divide and dispose of**

a) the whole movable estate

b) the following assets: (please state if only a part of the movable estate should be disposed of)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

The above representative for his or her part is authorized to give power of attorney to a third party.

Signature

Place

\_\_\_\_\_

Date

\_\_\_\_|\_\_\_\_|\_\_\_\_\_

X

\_\_\_\_\_

(the signature has to be officially legalised)

**Informationen zum  
weiteren Vorgehen**

After you finish to fill out this form, please print and sign this document. The signature has to be officially legalised. Send this documents to: Erbschaftsamt, Rittergasse 10, Postfach, CH-4001 Basel.