PC | LP

REPUBLIC OF ZAMBIA

IN THE HIGH COURT FOR ZAMBIA

DISTRICT REGISTRY AT _____

IN THE MATTER OF: THE INTESTATE SUCCESSION ACT, CHAPTER 59 OF THE LAWS OF ZAMBIA

AND

IN THE MATTER OF: THE ESTATE OF _____

(DECEASED)

INTESTATE SUCCESSION DECLARATION FORM

I, the undersigned, _____, of

_____, in the Republic of Zambia, do hereby declare and state

as follows:

1. PARTICULARS OF THE DECLARANT

1.1 Full Name: _____

1.2 NRC Number: _____

1.3 Postal/Physical Address: _____

1.4 Relationship to Deceased: _____

2. PARTICULARS OF THE DECEASED

2.1 Full Name of Deceased: _____

2.2 NRC Number (if known): _____

2.3 Last Known Address: _____

2.4 Date of Death: _____ day of _____, 20

2.5 Place of Death: _____

2.6 Occupation at Time of Death: _____

3. CONFIRMATION OF INTESTACY

3.1 To the best of my knowledge and belief, the deceased died without leaving a valid will.

3.2 I understand that in the absence of a will, the estate shall be distributed in accordance with the Intestate Succession Act, Chapter 59 of the Laws of Zambia.

4. DETAILS OF SURVIVING FAMILY MEMBERS AND BENEFICIARIES

Please provide a full list of the deceased's surviving spouse(s), children, dependents, or next of kin:

Name	NRC	Relationship to Deceased	Age (if minor)	Contact Address

(Attach additional page(s) if necessary)

5. PROPERTY AND ASSETS OF THE DECEASED

Please list any known assets, property, or estate of the deceased:

- _____
- _____
- _____

6. PERSON(S) TO ADMINISTER THE ESTATE

I propose the following person(s) to be appointed administrator(s) of the estate of the deceased:

Name: _____

NRC: _____

Relationship to Deceased: _____

Contact Address: _____

Name: _____

NRC: _____

Relationship to Deceased: _____

Contact Address: _____

PC | LP

7. DECLARATION

I solemnly affirm that the information provided herein is true and correct to the best of my knowledge and that I make this declaration in support of an application for Letters of Administration in accordance with the Intestate Succession Act.

DECLARED at _____

This _____ day of _____, 20.

DECLARANT SIGNATURE

Name: _____

Signature: _____

BEFORE ME
Commissioner for Oaths

Name: _____
Title: _____
Date: _____

Stamp: _____