ANNEXURE 4.1

AFFIDAVIT (To be duly stamped as per the Stamp Act applicable to the State)

/e:			
)	son/daughter of r		
		residing at	do hereb
olemnly affi	rm on oath and say as follows:		
7 -			
- 4			_ (name of the deceased
hereinafte	er, referred to as "the deceased	" died intestate on	at
	C	OR	
That Mr./N	Mrs./Master/Miss		(name of the deceased)
4	er, referred to as "the decease		
nor any of	and has appointed the claimar ther person has applied for a pr in regard to the assets left by t	robate, letter of admini	
That was less	now the deceased and his/her fa	amily since the lest	V00**
I Hat We KI	iow the deceased and mis/her i	allilly silice life iast	years.
ho, accordi eceased.	e time of his death the decease ing to the law by which they a	d left surviving him/he are governed, are the	only legal heirs of the
ho, accordi	e time of his death the decease	d left surviving him/he	• •
ho, accordi eceased.	e time of his death the decease ing to the law by which they a	d left surviving him/he are governed, are the	only legal heirs of the
ho, accordi eceased.	e time of his death the decease ing to the law by which they a	d left surviving him/he are governed, are the	only legal heirs of the
ho, accordi eceased.	e time of his death the decease ing to the law by which they a	d left surviving him/he are governed, are the	only legal heirs of the
S. no. That we ar	Name Te not related in any manner whersons nor do we have any clair	Age (years)	Relationship with deceased sed or any of the above
That we are the deceased. That we are the deceased. That we are the deceased.	Name Te not related in any manner whersons nor do we have any clair sed. The informed and we verily belies	Age (years) natsoever to the decean or interest of whatsoever to the deceased (Relationship with deceased sed or any of the above ever nature in the estate

Sworn*/solemnly affirmed at this	
day of	1
	2
In the presence of	before me
	*Judge/Magistrate/Notary
Date:	
Place:	

* (delete whichever is inapplicable)