

## Termination of lease in the event of death

This form is to be printed out and submitted/sent to Heimstaden's office.

The notice of termination period for a deceased's estate is one calendar month, provided that Heimstaden receives the notice of termination within one month from the date of death. Where notice of termination duly signed as set forth below is received later, the notice of termination period is three months.

The death certificate and kinship investigation (from the Swedish Tax Agency, tel. 0771- 567 567) must be enclosed with the notice of termination. All beneficiaries to the estate or authorised representatives must sign the notice of termination. Enclose any power of attorney with the notice of termination.

## Information regarding the apartment which is being surrendered

\_\_\_\_\_  
Apartment  
number Lessee

\_\_\_\_\_  
Parking space number, if any

\_\_\_\_\_  
Lessee's name

\_\_\_\_\_  
Personal identification number

\_\_\_\_\_  
Contact person for the estate

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone, daytime

\_\_\_\_\_  
Address

\_\_\_\_\_  
Postal address

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Other person who will show the apartment

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone, daytime

\_\_\_\_\_  
Signatures, mandatory information

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, estate beneficiary 1

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, estate beneficiary 2

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, estate beneficiary 3

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, estate beneficiary 4

\_\_\_\_\_  
Name in block letters