AFFIDAVIT(S) OF BENEFICIARIES OF WILL

	I/We				Son/Wi	fe/Daughter	of		
		resident ofdo hereby solemnly affirm							
	and declare								
1.	That Late Sh./Smt Stransferred Dwelling Unit No S					, was allotted/ Sector,			
	Chandigarh	vide lette	er No	, dated e	•		,		
2.	That Late	Sh./Smt		e.	expired on		leaving		
	behind the f	ollowing	iegai neirs	3:-					
Sr. No.		Legal	Age	Relation with [Mother/Wife/ Son(s) & Daughter	Husband	Latest Addres	s		
1									
2									
3									
4 5									
6									
			1	<u> </u>		<u> </u>			
3.	That the Deceased/D	eceased)		ne deceased is		•	•		
4.				neirs of the deceased					
				ve been left out and	their addre	ess(es) indicated	above		
5.	are also true and correct. That the said deceased had executed a Registered Will duly registered at Sub-								
	Registerar	Office,		at S. Nothe said proper	dated	in	which		
	ne/sne na	au beqi	ucanicu	the said proper	rty/piot/iio	use III lavoi	ال الد		
6.				ceased. The will ha			ed nor		
_				all comply with the					
7.	,			pay all sums due i I to abide by the pr					
				Act, 1952 and rules		_	-		
				entioned in the allot					
8.	_	•		made in the proper	•				
9.				ing in any court of la					
10.	of Bank(s)/F			ll sorts of encumbra: s etc.	nces i.e. ivi	origage/ Lien/C.	narge		
11.				ures are as under:-					
		_	_						
		_							
DI	01 1: 1					Б	4 ()		
Place	e: Chandigarh					Depone	nt(s)		
Dan	•								
Veri	fication :								

I/We, the above named deponent do hereby verify that the application is correct to the best of my/our knowledge and belief and nothing has been concealed therein. In case of any concealment or misrepresentation in the aforesaid affidavit is found at any stage then legal action may be taken against me/us under Section 182 IPC, Section 415 read with Section 417 & 420, as the case may be.

Place: Chandigarh	Deponent(s)
Date:	