MAINTENANCE CLAIM FROM DEC	EASED ESTATE (Form H1)
ARISING FROM THE DEATH OF.		(name)
DATE OF DEA	ATH:/	
Surviving spouse/ex-wife : Date of birth		
TOTAL YEARLY maintenance required (use form H2 for detai	d: I)	R
Total personal assets immediately p		D
(exclude one residence,	one car, and all fur	R niture)
Total yearly earnings package (see form E for detail)		R
Total yearly pension payments:		
Details of ALL and life insurance ben	efits received direc	ctly:
Dependent children:		
Name: p	Date of birth: y	// to age
Name:p	Date of birth: y	// to age
Name:p	Date of birth: y	// to age
Maintenance requirements may incluhousing, transport/car, pocket mone	ıde: food, clothing ey, entertainment.	, medical treatment,
Life insurance premiums and other s maintenance requirements because such savings.	imilar forms of sav the award of maint	ving are NOT part of tenance is in lieu of
If relevant indicate real increases for and ages/dates at which these trans	r schoolgoing and/oitions will occur.	or tertiary education
Details of ALL pension and life insuradirectly or through any trust:		•
Date of completion of this form	/	

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