

Holland Legal Services FZ-LLC



IN CASE OF DEATH

PERSONAL INFORMATION

- [] Full Name:

- [] Date of Birth:

- [] Nationality:

- [] Passport Number:

- [] Emirates ID Number:

- ☐ Residence Address:

- ☐ Contact Information (Phone, Email):

- ☐ Spouse's Information (if applicable):

- ☐ Full Name:

- ☐ Date of Birth:

- ☐ Nationality:

- ☐ Passport Number:

☐ Emirates ID Number:

Copy of marriage certificate or marriage contract

DEPENDANTS:

Name of sponsor:

Contact details of ex spouse (if applicable):

Children's information (if applicable):

Where are the Passports of the children stored?:

Name of the daycare center of the children:

Name of the school of the children:

Name of the teacher of the children or the school principal:

Copy of the birth certificate of children:

PRACTICAL INFORMATION

Key tot the house:

Name of the landlord:

Contactdetails of landlord:

Name of tenant:

Contactdetails of tenant:

Name of employer (if applicable):

Contact details of employer:

Name of employees (if applicable):

Contact details of employees (if applicable):

Name of accountant (if applicable):

Contact details of accountant (if applicable):

Copy of license for company owners:

Name of the maid:

Contact details of the maid:

Contract with the maid:

Utility contracts (keep a copy of the utility bills in the file):

LEGAL DOCUMENTATION

- ☐ Last Will and Testament:
DIFC, Dubai courts or ADJD Will:

- ☐ Document Location for a Dubai courts Will:

- ☐ Executor(s) Name(s):

- ☐ Power of Attorney:

- ☐ Designated Attorney(s):

- ☐ Scope of Authority:

- ☐ Expiry Date:

FINANCIAL INFORMATION

- ☐ Bank Accounts:

- ☐ Name of Bank(s):

- ☐ Account Number(s):

- ☐ Account Type(s):
- ☐ Investments:
- ☐ Brokerage Accounts:

- ☐ Stock Holdings:

- ☐ Mutual Funds:

- ☐ Real Estate:
- ☐ Property Title(s):

- ☐ Property Location(s):

- ☐ Mortgage Information (if applicable):
- ☐ Debts:

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- ☐ Loans:

- ☐ Credit Card Accounts:

- ☐ Outstanding Payments:

Private loans:

Insurance Policies:

- ☐ Life Insurance:

- ☐ Policy Number:

- ☐ Beneficiary(ies):

- ☐ Health Insurance:

- ☐ Policy Number:

- [] Coverage Details:

- [] Property Insurance:

- [] Policy Number:

- [] Insured Property Details:

Digital Assets:

- [] Online Accounts:

- [] Email Accounts:

- [] Social Media Profiles:

- [] Cloud Storage:

- [] Digital Investments:

- [] Cryptocurrency Wallets:

- [] Digital Securities:

Cars:

- [] License plate:

- [] License plate:

FUNERAL ARRANGEMENTS

- ☐ Contact person for funeral

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Contact details of funeral insurance:

- ☐ Burial or Cremation Preferences:

- ☐ Religious or Cultural Considerations:

- ☐ Funeral Service Instructions:

- ☐ Cemetery Plot Information (if applicable):

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ADDITIONAL CONSIDERATIONS

- ☐ Pet Care Instructions (if not in Will):

- ☐ Special Requests or Messages:

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SIGNATURE AND DATE

- ☐ Place:

- ☐ Date:

- ☐ Signature: