Form 9 (r.40 (1) 1

REPUBLIC OF KENYA

IN THE HIGH COURT OF KENYA

SUCCESSION CAUSE NO. OF

AFFIDAVIT IN SUPPORT OF SUMMONS FOR CONFIRMATION OF GRANT OF ADMINISTRATION INTESTATE

IN THE MATTER OF……

I, ……. of P.O BOX …….., NAIROBI the Administrator of the estate of …….who died on the ……., intestate make Oath and say as follows: -

1. **THAT** a grant of letters of administration of the said estate was made to me in this matter on the ……..

2. **THAT** the deceased was survived by the following children and dependants: -
   (Set out the names, addresses and ages)
   ……..
   …….
   …….

3. **THAT** no application for provision for dependants is pending.

   Set out any further necessary facts. Example:-

4. **THAT** the deceased owned the following properties: -

   ……..
   …….
   …….

5. **THAT** the identification and shares of all persons beneficially entitled to the said estate have been ascertained and determined as follows: -

   (Set out the names of the persons and their respective entitlements).

SCHEDULE

NAME	DESCRIPTION OF PROPERTY	

6. **THAT** the adult dependants are agreeable and have consented to the aforesaid mode of distribution.

7. **THAT** there is no estate duty payable in respect of the estate of the deceased and I refer to an estate duty compliance certificate annexed hereto and marked '**BBXX 1'**.

8. **THAT** the facts deponed to herein are known to me of my personal knowledge.

Sworn by the

BBXX] ……..

At Nairobi, This ……] Deponent

Day of ……. 20….]

]

Before me]

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Commissioner for Oaths/Magistrate]

FILED BY:-