

**QUESTIONNAIRE**

E.D. File No. \_\_\_\_\_

Estate of \_\_\_\_\_

\_\_\_\_\_ deceased who die  
on \_\_\_\_\_. This form must be completed by the person who is dealing with the  
Estate where it is claimed that the provisions of Section 10A of the Estate Duty Ordinance apply.

Every question must be answered.

<p>1. Full address of full identifying particulars of the property in respect of which exemption under Section 10A is claimed.</p> <p>2. Was the property –</p> <ul style="list-style-type: none"><li>(i) a residence owned solely by the deceased? If not, please state the full names of the owners and the exact nature of the rights enjoyed by each.</li><li>(ii) a residence occupied solely by him exclusively for residential purposes immediately before the date of death?</li><li>(iii) the matrimonial home of the deceased and the spouse of the deceased?</li></ul> <p>3. Was the property devised or bequeathed by the deceased, or otherwise passed at the date of death, to or for the benefit of the deceased's spouse? If so, a copy of the Will of the deceased should be submitted.</p>	
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Full name and signature of the person who complete the above \_\_\_\_\_

Status of person completing this form \_\_\_\_\_

- (e.g. (1) Executor under the Will.  
(2) Applicant for Letters of Administration.  
(3) Others (give details). )

Date \_\_\_\_\_

Address of person who complete this form \_\_\_\_\_