

## POWER OF ATTORNEY

I,

Title/First Name/Last Name: \_\_\_\_\_

Institution, e.g. Notary's Office: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP/City: \_\_\_\_\_

hereby authorise

**Aicher, Nobs & Partner GmbH**  
Selnaustrasse 33  
CH-8001 Zurich  
Tel: +41 44 742 20 83  
Fax: +41 44 742 20 44  
Email: office@anp-genealogy.ch

concerning the estate of \_\_\_\_\_

Name of decedent: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Date and place of death: \_\_\_\_\_

with the reference no. \_\_\_\_\_ at the district court \_\_\_\_\_

to obtain all necessary documents and information from registration authorities, archives, church authorities, other government departments, courts and private individuals for the purpose of determining heirs.

- <sup>1</sup> Neither the court nor the principal is hereby obliged to make any payments.  
 An hourly rate of CHF 250.00 (plus 8.1% VAT) applies, up to a maximum of \_\_\_\_\_ hours.

The purpose of this authorisation is to establish the inheritance rights of the aforementioned testator's relatives.

The authorised representative hereby undertakes that all information and civil status documents obtained will be disclosed only to the grantor of the power of attorney or the competent court, and that the handling of these documents is subject to the provisions of the Data Protection Act. Aicher, Nobs & Partner GmbH is authorised to grant sub-powers of attorney with the same content.

.....  
Place/Date

.....  
Signature/Stamp

<sup>1</sup> Please tick the appropriate box