



# Power of attorney In respect of probate and private administration of estate

Probate case number \_\_\_\_\_

I, the undersigned beneficiary

Name \_\_\_\_\_

Civil registration no. \_\_\_\_\_

Address \_\_\_\_\_

Hereby authorise

Name \_\_\_\_\_

Address \_\_\_\_\_

to represent me in all matters pertaining to the estate left by

Name \_\_\_\_\_

Address \_\_\_\_\_

Civil registration no./date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

and surviving/predeceased spouse

Name \_\_\_\_\_

Civil registration no./date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

with the effect that everything she/he decides or declares on my behalf will have the same legal effect as if decided or declared by me, including (*tick off the box **No** for any item(s) not required to be covered by the power of attorney*):

- 1) signing and approving the inventory of the assets and liabilities of the estate as at the date of death

**No**

- 2) making decisions on the sale, pledging, mortgaging or distribution to the beneficiaries of the assets of the estate

**No**

3) arranging for the registration of any title deeds, mortgages, charges or pledges or other documents concerning the assets and liabilities of the estate and issuing a power of attorney for another natural or legal person to cause such registration

No

4) signing and approving the estate inventory

No

5) delegating the authority granted hereunder to another person

No

Place and date \_\_\_\_\_

Signature of beneficiary (must be filled out in writing)

\_\_\_\_\_

If the power of attorney is to be used for registration of property, two attesting witnesses must also sign. If the power of attorney is executed outside Denmark, two persons or a Danish diplomatic representation, must also sign as witnesses.

In witness of the genuineness of the signature, the correctness of the date and the legal capacity of the signor:

Name \_\_\_\_\_

Civil registration no. \_\_\_\_\_

Occupation \_\_\_\_\_

**Complete address:**

Street name \_\_\_\_\_

Postal code and town \_\_\_\_\_

Date \_\_\_\_\_

Signature (must be filled out in writing)

\_\_\_\_\_

Name \_\_\_\_\_

Civil registration no. \_\_\_\_\_

Occupation \_\_\_\_\_

**Complete address:**

Street name \_\_\_\_\_

Postal code and town

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Date

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Signature (must be filled out in writing)

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Guidance on registration of property can be found at [www.tinglysningsretten.dk](http://www.tinglysningsretten.dk)