

**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

**Commissioner for Oaths/Magistrate]**

**FILED BY:-**