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## PROPERTY FORM (BV1D) For use where a freehold or leasehold property is owned by the deceased.

| PROPERTY DETAILS   |  |  |  |
|--|--|--|--|
|  |  |  |  |
| Full address of the deceased's property  |  | Please include the postcode of the property.             |  |
| Is the Property vacant?  |  |  |  |
| If the Property is not vacant, please provide contact details for the occupants and the terms of the tenancy (if any)? |  |  |  |
| PROPERTY DEEDS   |  |  |  |
| Who holds the Deeds for the Property?  |  | Provide an address and a copy of the Deeds if available. |  |
| What name is shown on the Property Deeds?  |  |  |  |
| Is the property Freehold or Leasehold?   |  |  |  |
| If Leasehold, how long is the Lease?   |  |  |  |
| Please provide details of the freeholder or managing agents.   |  |  |  |
| PROPERTY DETAILS   |  |  |  |
| What condition is the property in?   |  |  |  |
| What is the approximate value?   |  | As at date of death                                      |  |
| MORTGAGE   |  |  |  |
| Is the Property mortgaged? If so, please provide the name, address and contact details of the relevant lender?         |  |  |  |
| INSURANCE  |  |  |  |
| Is the Property insured? If so, please provided the name, address and contact details of the relevant lender?          |  |  |  |
| UTILITIES  |  |  |  |
| If the Property is vacant, have the utilities been turned off?   |  |  |  |
| KEYS   |  |  |  |
| Please provide the name and address of all key holders.  |  |  |  |
| YOUR DETAILS   |  |  |  |
| Name   |  | Date   |  |
| Address  |  |  |  |
| Telephone  |  | Fax  |  |
| E-Mail   |  | Please return to:  |  |
| TSol (BV), One Kemble Street, London, WC2B 4TS   |  |  |  |