INLAND REVENUE AFFIDAVIT (Form CA24)

Capital Acquisitions Tax Consolidation Act, 2003
(to be used where the deceased died on or after 5th December, 2001)

The High Court (PROBATE)



A guide (CA25) to completing this form is available on www.revenue.ie
This version of the form must be completed using a computer.
When completed, this form in duplicate together with all other necessary documentation for a Grant of Representation should be submitted to the Probate Office/District Probate Registry



All fields are mandatory Part 1 Information relating to the deceased Forename of deceased Surname of deceased 2. PPS No. of deceased 3. Address 4. Date of 5. Date of birth death (if known) 6. Place of death 7. Occupation 8. Domicile at death (Country/State) 9. Domicile of origin (Country/State) No 10. If the deceased was resident or ordinarily resident in the State at the date of death place 🗵 in the appropriate box 11. Place ⊠ in the appropriate box Married Single Divorced Widowed Legally separated to indicate status Civil partner Surviving civil partner Former civil partner 12. Place x in the appropriate box Children Parent(s) Grandparent(s) Remoter Relative None (No. of) to indicate relatives surviving Details of Person/Solicitor to be contacted in the event of enquiry regarding this Affidavit Name Firm Address Telephone No. DX Number (if applicable) Contact e-mail Agent's TAIN Reference All Probate related queries should be addressed All tax related queries should be addressed to the Probate Office/Registry to the Probate Office/District Probate Registries. Office of the Revenue Commissioners. Official Stamp Contact details are available on www.revenue.ie Details available on www.courts.ie.

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WARNING: IF THE APPLICANT(S) SWEAR TO THIS AFFIDAVIT WITHOUT PERSONALLY VERIFYING THAT THE STATEMENTS IN IT ARE TRUE, THEY MAY MAKE THEMSELVES LIABLE TO PENALTIES.

Part 4 Property in the State passing under the Will/Intestacy of the deceased

Form CA24

(include also any property under Part IX or Section 56 of the Succession Act, 1965, or under any analogous law)

COPY OF THE WILL/CODICIL (IF ANY) MUST BE ATTACHED TO THIS FORM

Use continuation sheet on page 8 where necessary

Gross market value at date of death

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Gross market value at t lands, etc.). (Please reference)	he date of death of real and to CA25 for guidance on the	nd leasehold property (houses, apartments completion of this question).	, Millions Thousands Hundreds
2. Household contents (fu Enter details below. Whe	rniture, antiques, jewellery, re insufficient space please	paintings etc.) e complete page 8.	
Details of Household Cor	ntents		
3. Cars/boats. Enter detail	s below. Where insufficient	space please complete page 8.	
Registration No.	Make	Model	
4. Business assets not inc (a) Farming assets (livest Enter details below. V	cluded elsewhere in this F tock, bloodstock, farm impl Where insufficient space ple	ements, machinery etc.)	Total , , , , ,
	<u> </u>		
(b) Other business assets	s (goodwill, plant and equip	ment, stock-in-trade, book debts etc.)	Total
Enter details below. W	here insufficient space plea	ase complete page 8.	7
		Carried	forward
		Questio	

Page 5

All considerations to be stated in whole EURO only. Do not enter Cent. Gross market value at date of death 5. Assets with financial institutions (eg. banks, building societies, insurance **companies, post office, credit unions, etc.)** - property disclosed in Part 6 which passes beneficially by survivorship or nomination should not be included in this Part. Enter details below. Where insufficient space please complete page 8. **Brought forward** Name and branch of institution Account no./reference no. 6. Proceeds of life insurance policies - policies disclosed in Part 6 which were written on trust with named beneficiaries should not be included in this Part. Enter details below. Where insufficient space please complete page 8. Policy no. Name of institution 7. Debts owing to the deceased - Enter details below. Where insufficient space please complete page 8. Name and address of debtor 8. Stocks, Shares and Securities Quoted (if the deceased held a portfolio of shares attach statement from relevant agent/broker) Description (including unit of quotation, size of holding and quoted price per unit) Enter details below. Where insufficient space please complete page 8. Description of holding Size of Quoted price holding per unit

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Form CA24

Carried forward Questions 1 - 8

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9. Unpaid purchase money of property contracted to be sold	in the decease	eu s meume				,],∟ —		Ш
10. Total of any other property not already included. Please list	separately on	page 8				, [],[
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Description of all other property not already included

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If insufficient space, attach a schedule and enter amount per schedule],[],		
Total carried back to page 7 Question 10],[<u> </u>		

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Gross market value

Part 5 Property outside the State passing under the Will/Intestacy of the deceased

1. Description and local situation of the property

(include also any property passing under Part IX or Section 56 of the Succession Act, 1965, or under any analogous law)

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4. Where the net UK property excee	eds €63,500 enter the net value of that property			11 11

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Surname																				to deceased
(e) date the	e proper	ty wa	s pu	t into	o joint	t nar	nes													
(f)* by who	m and i	n wh	at sh	nares	s the	prop	perty	was	prov	/ided	d [
(g)* purpos	e of putt	ing th	ne pr	oper	rty int	o joi	nt na	mes												Convenience Survivorship
(h)* how an	d in wh	at sh	ares	the	inco	me f	rom t	he p	rope	erty v	was	dea	ılt w	ith o	or er	njoy	ed			
(i)* title und	der whic	h the	prop	erty	pass	ses														Will Intestacy Survivorship
*Where mone have given r											by t	he d	lece	ease	ed th	nis n	nay,	dep	en	ding on the actual or legally presumed intention,

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Place 🗷 in the appropriate box

Did any person benefit on the death of the deceased und by the deceased? (Credit Union Account, etc.)	der a nomina t	ion at any	ime n	nade				Yes		No
Description of holding	Name of	oeneficiary				Million	ns , [, , , , , , , , , , , , , , , , ,	Thousands	s Huu	ndreds
3. Did any monies, (capital sum, annuity etc.) other than the become payable on or by reference to the death of the d superannuation scheme (whether ex-gratia or not), pol If Yes, state (indicating with an asterisk any ex-gratia am	eceased unde	r the provi								
Description of holding	Name of b	eneficiary			7					
Other relevant particulars (e.g. Amount and term of annuitie	es)				Amount], []], []], [] Y	M M
* Indicate who paid the premiums, if not the deceased alone	e					Length	of Tern	n		
4. (a) Was the deceased in receipt of any Social Welfare	payments?			Not	yet Ascerta	ined		Yes		No
If Yes, state the claim no. (b) Has the Department of Social Protection any claim as	gainst the esta	ate of the d	eceas	ed?						
5. (a) Was the deceased survived by a spouse or civil part(b) If so state the position as to election under Section 1		cession Act	1965	i			E	elect	Not E	Elect
6. (a) Was the deceased in receipt of payments under the N(b) If Yes, has the HSE any claim against the estate of the			cheme	e?				Yes		No

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Where the answer to any of questions 7 - 12 is Yes, provide below (in the panel which follows question 12) a statement giving full particulars including details of the property and its value and the names and addresses of the beneficiaries and trustees (if any).	Place ☑ in the appropriate box Yes No.
7. Was the deceased at the date of death the owner of a limited interest (e.g. an annuity, right of residence, or an interest for life or otherwise in house, lands, securities etc.)?	
8. Did any person, on or after 5 December, 1991 under a disposition (e.g. a transfer or settlement) at any time made by the deceased, take:	
(a) a gift, or	
 (b) any other* benefit in possession (other than property disclosed in Part 4 or 5 or in reply to questions 1, 2 or 3 in this Part)? * e.g. the taking of a remainder interest on the death of a life tenant. 	
9. Did the deceased at any time make a disposition:	_
(a) subject to a power of revocation;	
(b) by way of surrender (for full consideration or otherwise) of a limited interest;(c) allowing (on or after 5 December, 1991) the use of any property free of charge or for other than full consider	ration?
10. (a) Did the deceased create a discretionary trust:	
(i) during his or her lifetime, or(ii) under his or her will?	H
(b) Are any Principal Objects named as objects in a discretionary trust? (For the definition of Principal Objects please see the guide CA25 on the Revenue website at www.revenue.ie).	
If Yes, state date of birth of each D D M M Y Y Y Y D D M M Y Y Y Y D D	M M Y Y Y
	/ <u> </u>
11. Was the deceased entitled at the date of death to an interest in expectancy in any property?	ПГ
12. Did any person become entitled on the death of the deceased to an interest in any property by virtue of the deceased's exercise of or failure to exercise a general power of appointment?	
FULL PARTICULARS	
(applicable if the answer to any of questions 7 - 12 above is Yes)	

All considerations to be	stated in whole EU	RO only. Do no	t enter Cent.		
Part 7 Schedule of lands and buildings					
Is there a super levy milk quota attached to any of the proper Enter the property number to which this relates	Milk Quota	<u>a</u>	Plac	e ⊠ in the approp Yes □	oriate box
Is the estimated value supported by a professional valuation	Timber	\neg			
Is any of the property described below agricultural property w If so, identify clearly the lands involved by entering the property number to which this relates The value of the lands should include the value of the trees a	nich consists of trees	or underwood			
Property 1					
SITUATION OF PROPERTY County: City: Town: Townland or Street and No. Electoral Division or Ward Estimated market value of property Millions Thousands Hundreds	Lands Place ☑ i Agriculti Developm Resider	ent	Residentia Mix Commercia Site Reta Industria Date of lease D D Length of T Y Y Y	the appropriate boat of the ap	ice
Property 2					
SITUATION OF PROPERTY County: City: Town: Townland or Street and No. Electoral Division or Ward	Lands Place ☑ i Agriculti Developm Resider	ent	cial Residentia	the appropriate bo	ice
Estimated market value of property Millions Thousands Hundreds	Tenure	→ Leasehold □	Length of T	$\frac{M}{M}$ / $\frac{Y}{M}$	Y Y

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Property 3		
SITUATION OF PROPERTY	Lands Place ☑ in the appropriate box	Buildings Place ☑ in the appropriate box
County:	Agricultural Commercial	Residential Office
City:	Davidanment Mix M	- Agricultural -
Town: Townland or	Development Mix	Commercial Agricultural Agricultural
Street and No.	Residential Single Site	Retail Mix Mix
Electoral Division or		Industrial
Ward		Date of lease
Estimated market value of property Millions Thousands Hundreds Te	→ Leasehold ☐ {	Length of Term Y Y Y Y M M - M M
	- Freehold	If registered, folio number
	Freehold	
Property 4		·
SITUATION OF PROPERTY	Lands Place ☑ in the appropriate box	Buildings Place 図 in the appropriate box
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City: Town:	Development Mix Mix	Commercial Agricultural
Townland or Street and No.	Residential Single Site	Retail Mix Mix
Electoral Division or Ward		Industrial
		Date of lease D D M M Y Y Y Y
Estimated market value of property Millions Thousands Hundreds Te	→ Leasehold ☐ {	Length of Term Y Y Y M M -
	→ Freehold	If registered, folio number
Property 5		
Property 5	Lands	Buildings
SITUATION OF PROPERTY	Place I in the appropriate box	Place I in the appropriate box
County:	Agricultural Commercial	Residential Office
City:	Development Mix	Commercial Agricultural
Town: Townland or		
Street and No.	Residential Single Site	Retail Mix Mix
Electoral Division or Ward		Industrial
- Value		Date of lease
Estimated market value of property Millions Thousands Hundreds Te	→ Leasehold ☐ {	Length of Term Y Y Y M M If registered, folio number
	→ Freehold □	
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Self Assessment return Form IT38 is required for each beneficiary where the value of the current benefit, when added to the prior aggregable benefits within the same Group Threshold, exceeds 80% of that threshold.

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