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STATEMENT OF INSOLVENCY- DECEASED ESTATE

DECEASED'S FULL LEGAL NAME _____

ADDRESS _____

DATE OF BIRTH _____ RELATIONSHIP TO THE DECEASED _____

I DECLARE THAT _____ who died on _____

left insufficient assets to pay for the outstanding debt held with Westpac Bank New Zealand Limited. The deceased's estate is insolvent.

DECLARANT'S FULL NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

SIGNATURE _____

DATE _____

Declared at _____ on _____	
before me, a Justice of the Peace in New Zealand or a Solicitor of the High Court in New Zealand (select one)	
_____ Signature of witness	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Stamp</div>

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