

# Termination for a deceased estate

- The notice period is one (1) month according to the Housing rental law and is counted from the end of the month that falls closest after we have received this termination.
- Attach a death certificate or family investigation from the Swedish Tax Agency.
- All beneficiaries of the estate must sign the termination.
  - If a beneficiary is unable to sign, a certified power of attorney should be attached.
- If the above requirements are not met, a notice period of three (3) months applies.

## **YOUR TERMINATION**

- E-mail your termination to [kundservice@kalmarhem.se](mailto:kundservice@kalmarhem.se) or send it to Kalmarhem AB, Box 305, 391 23 Kalmar.

## **INSPECTION**

- A first inspection takes place within five working days (depending on available appointments) from the time the termination has been processed by us.
- The inspection time is stated in the termination confirmation that the contact person receives via e-mail.
- As the contact person, you are expected to attend the inspection and if the time does not suit, contact us as soon as possible by phone to reschedule.

## **TO THINK OF**

- Any side agreements (parking space/garage space/storage) are automatically terminated if nothing else has been agreed.
- The termination is definitive and cannot be revoked once submitted.
- Rental invoices and any damage discovered during the inspection are to be included in the estate inventory of the deceased
- As a contact person, according to the agreement, you must let others see the accommodation. We share your contact details with new stakeholders if you approve it via the termination form.
  - If showing is not possible, you can offer digital showing or send images to customer service or directly to new stakeholders.



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## TERMINATION APPLIES

Address	Object number (e.g. 170-2103)
Tenant, first name and last name	Personal identity number
Last rental date incl. notice period	

## I CONSENT TO THE CONTACT DETAILS LISTED BELOW BEING SHARED WITH NEW STAKEHOLDERS FOR THE PURPOSE OF VIEWING, PICTURES OR ANY QUESTIONS

☐

YES

☐

NO

## CONTACT PERSON

Address	First name and last name
E-mail	Phone number (mobile)

## SIGNATURE

By my signature, I confirm that the information provided above is correct.

Beneficiary	Print name	Date
Beneficiary	Print name	Date
Beneficiary	Print name	Date

