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| FORM 12 |
| RENUNCIATION OF LETTERS OF ADMINISTRATION |
| Rule 22  |
| IN THE SUPREME COURT OF TASMANIA  |
| PROBATE REGISTRY  |
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| In the matter of the Estate of: | FULL NAME*[full name of deceased including, in brackets, “also known as…” if the deceased is known by any other name]*  |
| Date of death: | 00/00/0000 |
| Last known residential address of deceased:  | address *[full address of the deceased including, in brackets, “in the Record of Death noted as…” if the address of the deceased differs in the Record of Death]* |
| Full name of applicant:*[repeat for more applicants]* | FULL NAME *[full name of applicant including, in brackets, “ “also known as…” if the applicant is known by any other name]* |
| Address of applicant:*[repeat for more applicants]* | address |
| I, |  |
| Full name of person renouncing: | FULL NAME *[full name of person renouncing including, in brackets, “also known as…” if the person is known by any other name]* |
| Address of person renouncing: | address |
| \*make oath and say/\*do solemnly and sincerely declare and affirm: |
|  | I am the deceased's ROLE *[state the person renouncing’s relationship with the deceased e.g. wife or as the case may be]*. |
|  | I desire to renounce all and every right, title and interest in or to letters of administration of the estate of the deceased. |
|  | I understand that I will have no involvement with the administration of the estate or affairs of the deceased in the future. |
|  | I am 18 years or older and I am of sound mind. |
|  | I do wholly and absolutely renounce my right and title to letters of administration on intestacy and also my right to administer the estate of the deceased. |
|  | I understand that unless there are exceptional circumstances and the Court consents that I will not be able to withdraw this renunciation. |
| \*SWORN/\*AFFIRMED by | FULL NAME |
| at SUBURB OR TOWN in STATE |  |
| dated 00/00/000 | ……………………………………………………. |
| Before me: | …………………………………………………….FULL NAME\*SOLICITOR/\*JUSTICE OF THE PEACE |
| NOTES: |
| Please insert details relevant to your application where blue text appears. |
| Text with a \* next to it indicates that it is an option. You must select the applicable option/s and/or delete the \*options which are not applicable |
| If a section of the form does not apply to your application please simply state “not applicable” next to the relevant section. |
| Guidance on completing this form is contained in [square brackets] and *italics*. Please delete the guidance which appears in square brackets and is italicized from your final draft. |
| Otherwise, please do not amend the format or content of this form. |