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| FORM 16 | | | |
| CONSENT TO A GRANT BY A BENEFICIARY/INTERESTED PARTY | | | |
| Rule 21 | | | |
| IN THE SUPREME COURT OF TASMANIA | | | |
| PROBATE REGISTRY | | | |
|  | | | |
| In the matter of the Estate of: | | FULL NAME  *[full name of deceased including, in brackets, “also known as…” if the name of 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 name of the applicant is known by any other name]* | |
| Address of applicant:  *[repeat for more applicants]* | | address | |
| I, | |  | |
| Full name of person consenting: | | FULL NAME  *[full name of person consenting including, in brackets, “in the Will called…” and/or “also known as…” if the name of the person consenting differs in the Will or if the person consenting is known by any other name]* | |
| Address of person consenting: | | address | |
| \*On behalf of: | | FULL NAME OF \*BENEFICIARY/\*INTERESTED PARTY | |
| \*As | | \*Guardian/\*Attorney  *[attach any relevant documentation e.g. certified copy of deed appointing Power of Attorney]* | |
| \*make oath and say/\*do solemnly and sincerely declare and affirm: | | | |
|  | FULL NAME *[name of deceased]* died at suburb in state on the 00/00/0000. | | |
|  | I am \*a person/\*the guardian of a person/\*the attorney of a person with a beneficial interest in the estate of the deceased. | | |
|  | I understand that FULL NAME *[of applicant]* will be applying for a grant with respect to the estate of the deceased. | | |
|  | I agree that FULL NAME [*the name of the person being passed over as personal representative of the deceased due to incapacity*] is incapable of fulfilling the functions of the deceased’s personal representative. | | |
|  | I do give my consent to the application for a grant with respect to the estate of FULL NAME [*name of deceased*]. | | |
| \*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. | | | |