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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. |