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| FORM 17 | | | |
| CAVEAT | | | |
| Rule 78 | | | |
| 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]* | | |
| To the Registrar of the Supreme Court of Tasmania at Hobart: | | | |
| Let no grant issue in relation to the estate of the abovenamed deceased without giving notice to the caveator/s\*, who intend/s\* to oppose the issue of a grant of representation. | | | |
| Particulars of caveator/s\*: | |  | |
| Full name of caveator:  *[repeat for more caveators]* | | FULL NAME  *[full name of caveator]* | |
| Address:  *[repeat for more caveators]* | | address | |
| Relationship to deceased:  *[repeat for more caveators]* | | I am the deceased's ROLE  *[state the caveator’s relationship with the deceased e.g. wife or as the case may be]*. | |
| Solicitor for caveator: | solicitor’s name of firm name  *[say not applicable if you are not represented by a solicitor]* | | |
| Address for service: | address for service  *[this must be a street address, not a post office box and must be completed even if you are not represented by a solicitor]* | | |
| \*Caveator/\*Australian legal practitioner acting for Caveator signature:  Dated:  *[repeat for more caveators]* | …………………………………………………….  00/00/0000 | | |
| In the presence of:  *[repeat for more caveators]* | …………………………………………………….  FULL NAME  \*REGISTRAR OF THE SUPREME COURT OF TASMANIA/\*AN AUSTRALIAN LEGAL PRACTITIONER | | |
| 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. | | | |