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| FORM 21 |
| STATEMENT OF GROUNDS OF OBJECTION TO GRANT |
| Rule 81  |
| 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 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: |
| \*I/\*We, |  |
| 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]*. |
| state that \*my/\*our objections to the issue of a grant in relation to the estate of the deceased are: |
| \*That there is a later Will or act of revocation [provide the date of that Will or revocation]\*That the Will was not executed by the testator\*That the Will was not executed in conformity with the relevant provision [specify the relevant provision];\*That the document of which probate is being sought was not executed in conformity with the relevant statutory provision [specify the relevant statutory provision] and was not known to and approved by the deceased to be his or her Will;\*That the testator lacked testamentary capacity at the time of execution of the Will;\*That the testator acted under undue influence [specify the person who exercised that influence];\*That a Will exists and the date of that Will [provide the date of that Will];\*That the applicant for the grant does not have the capacity or standing in the relationship in which he or she seeks administration;\*That the caveator or some other person seeking administration has a prior or equal right [specify the relevant provision and the nature of the right];\*That the proposed administrator is disqualified [include a statement of the reason for disqualification];\*Other grounds of objection. |
| Australian legal practitioner for caveator: | 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]* |
| TAKE NOTICE that, if you do not commence proceedings under Part 29 of the Supreme Court Rules 2000 and advise the Probate Registry in writing of the proceedings within 28 days after the filing of a statement of the grounds of objection in accordance with Rule 81 your caveat will lapse. |
| \*Caveator’s/\*Australian legal practitioner acting for Caveator signature:Dated: *[repeat for more caveators]* | …………………………………………………….00/00/0000 |
| 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. |