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| FORM 4 | | |
| APPLICATION FOR GRANT OR RESEAL OF A GRANT | | |
| Rule 34 | | |
| IN THE SUPREME COURT OF TASMANIA | | |
| PROBATE REGISTRY | | |
|  | | |
| In the matter of the Estate of: | | FULL NAME  *[full name of deceased including, in brackets, “in the Will called…” and/or “also known as…” if the name of the deceased differs in the Will or 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]* |
| Gross value of Tasmanian estate: | | $0.00  *[see form 10 for details of how to calculate the gross value of the Tasmanian estate]* |
| \*I/\*We, | |  |
| Full name of applicant: | | FULL NAME  *[full name of applicant including, in brackets, “in the Will called…” and/or “also known as…” if the name of the applicant differs in the Will or if the applicant is known by any other name]* |
| Address of applicant: | | address |
| \*Full name of applicant:  *[repeat for more applicants]* | | FULL NAME  *[full name of applicant including, in brackets, “in the Will called…” and/or “also known as…” if the name of the applicant differs in the Will or if the applicant is known by any other name]* |
| \*Address of applicant:  *[repeat for more applicants]* | | address |
| Apply for a grant of: | | \*probate of the Will dated 00/00/0000;  \*letters of administration with the Will dated 00/00/0000 annexed;  \*letters of administration on intestacy; or  \*reseal of a foreign grant dated 00/00/000 |
| To the Registrar of the Supreme Court of Tasmania. | |  |
| Applicant signature:  Dated: | | …………………………………………………….  00/00/0000 |
| \*Applicant signature:  \*Dated:  *[repeat for more applicants]* | | …………………………………………………….  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. | | |