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| FORM 7 |
| AFFIDAVIT IN SUPPORT OF AN APPLICATION FOR LETTERS OF ADMINISTRATION |
| Rule 55  |
| 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 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]* |
| **\*I/\*We** |  |
| Full name of applicant: | FULL NAME *[full name of applicant including, in brackets, “also known as…” 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, “also known as…” if the applicant is known by any other name]* |
| \*Address of applicant:*[repeat for more applicants]* | address |
| \*make oath and say/\*do solemnly and sincerely declare and affirm: |
|  | The deceased died at suburb or town in state on 00/00/0000.*[If the date of death is between two dates please state “the deceased was last seen alive on 00/00/0000 and their body found on 00/00/0000”]*  |
|  | The Record of Death annexed to this affidavit and marked “A” is an original extract of the Record of Death of the deceased. |
|  | The deceased left an estate in Tasmania. |
|  | \*I/\*We have:1. conducted careful searches and enquiries for a Will of the deceased and are satisfied that the deceased died without leaving a valid Will;
2. \*searched the deceased’s personal papers and effects and did not find a Will;
3. \*made enquiries with Tasmanian Perpetual Trustee and the Public Trustee in Tasmania and have been informed that they do not hold a Will on behalf of the deceased;
4. \*caused a notice to be placed in the Tasmanian Law Society Newsletter searching for the deceased’s Will and have not received a response to the notice

*[If the deceased resided outside of Tasmania you may delete paragraphs b-d and provide particulars of the searches that have been made for a Will and reason for knowing that there is no Will.**If the deceased had a Will but it has been wholly revoked please provide particulars and annex any relevant documentation.]* |
|  | \*I am/\*We are 18 years of age or older. |
|  | \*I/\*We \*am/\*are \*one of the persons/\*the only person/\*s entitled to share in the estate of the deceased. |
|  | \*I am/\*We are \*a/\*the:*[the order of priority to apply is set out in rule… select the first category which applies]*\*spouse of the deceased within the meaning of the Intestacy Act 2010\*child/ren\* of the deceased\*issue of \*a child/ren\* of the deceased (grandchild)\*parent/s\* of the deceased\*brother/\*sister/s\* of the deceased\*issue of \*a \*brother/\*sister/s\* of the deceased (niece/nephew)\*grandparent/s\* of the deceased\*aunt/\*uncle\*/s\*of the deceased\*issue of \*a \*aunt/\*uncle/s\* of the deceased (cousin)\*State\*creditor of the deceased |
|  | There is \*no/\*a prior right for the grant of letters of administration.*[Please confirm there is no category of persons above you, as set out in paragraph 7 e.g. If you are applying as the parents of the deceased you may state: “There is no spouse within the meaning of the Intestacy Act 2010. There are no children of the deceased or issue of children of the deceased.”]* |
|  | There is \*no/\*an equal right for the grant of letters of administration.*[Please confirm there is no category of persons equal to you, as set out in paragraph 7 e.g. If you are applying as a child of the deceased you may state: “I am the only child of the deceased” or “I am one of the children of the deceased. The only other child of the deceased consented to this application on 00/00/0000 (consent is annexed to this affidavit and marked “CON-1”.]* |
|  | \*A/\*No person under the age of 18 years is entitled to share in the estate.*[If there is a person under the age of 18 years entitled to share in the estate please provide further details and note that at least two administrators must apply, see section 14 of the Administration and Probate Act 1935.]* |
|  | \*I/\*We believe the following persons have a beneficial interest in the estate of the deceased pursuant to the provisions of the *Intestacy Act 2010*:FULL NAME/S\* of person/s\* with a beneficial interest in the estate of the deceased |
|  | Notice of Intention to make this application, a true copy of which is annexed and marked “B” was published on the Supreme Court of Tasmania’s website on 00/00/0000.*[do not sign this affidavit until 14 days has elapsed since the Notice was published]* |
|  | \*I/\*We have made \*no other/\*another application for a grant in respect of the estate of the deceased.*[if another application has been made then please set out the particulars of the application and the result]* |
|  | \*I/\*We will administer according to law all the estate which by law devolves to and vests in \*me/\*us as personal representative/s\* of the estate of the deceased. |
|  | \*I/\*We annex and mark “C” an inventory of the assets and liabilities of the deceased’s estate held in the name of the deceased and all aliases of the deceased. |
|  | The values set out in the inventory are fair and reasonable at the date of swearing this affidavit and the liabilities set forth in the inventory are justly due at the date of swearing this affidavit. |
|  | In the event of finding that the assessment is inaccurate or incomplete in a way that materially effects the value of the estate \*I/\*We will provide a further affidavit annexing a revised inventory correcting any inaccuracy or deficiency. |
|  | \*I/\*We undertake to provide an updated inventory of the real and personal estate of the deceased and deliver up the grant to the Court whenever required by law to do so. |
|  | *[Please add any* further *relevant information required to allow the Court to process your application]* |
| \*SWORN/\*AFFIRMED by | FULL NAME |
| at SUBURB OR TOWN in STATE |  |
| dated 00/00/000 | ……………………………………………………. |
| Before me: | …………………………………………………….FULL NAME\*SOLICITOR/\*JUSTICE OF THE PEACE |
| \*SWORN/\*AFFIRMED by | FULL NAME |
| at SUBURB OR TOWN in STATE |  |
| dated 00/00/000 | ……………………………………………………. |
| Before me:*[repeat for more applicants]*  | …………………………………………………….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. |
| TAKE NOTE:If you are making this application more than 2 years after the date of death of the deceased please refer to Rule… and include the following matters in your affidavit:1. An inventory of assets and liabilities of the deceased’s estate at the time of the deceased’s death;
2. An inventory of assets and liabilities of the deceased’s estate at the date of the making of the application;
3. The reason why an application in respect of the deceased has not been made previously;
4. The reasons why the application is now being made.
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