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| FORM 9 | | | |
| AFFIDAVIT OF CAVEAT SEARCH | | | |
| Rule 64 | | | |
| 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]* |
| **\*I/\*We,** | | |  |
| Full name of \*applicant/\*Australian legal practitioner:  *[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/\*Australian legal practitioner:  *[repeat for more applicants]* | | | Address |
| \*make oath and say/\*do solemnly and sincerely declare and affirm: | | | |
| 1. | | \*I/\*We caused a search to be made of the records held by the Supreme Court of Tasmania Probate Registry on 00/00/0000 to ascertain whether a caveat had been lodged in relation to the issue of the resealing of \*probate/\*letters of administration with the Will annexed/\*letters of administration in the estate of the late FULL NAME, deceased. | |
| 2. | | No caveat has been lodged in the Probate Registry. | |
| \*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. | | | |