IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

CIVIL DIVISION

PROBATE APPLICATION FORM

Please refer to the GUIDANCE NOTES to assist you in completing this form. Please use CAPITAL LETTERS

The Guidance Notes can be viewed online at <https://www.courts.im/court-procedures/probate-and-admin-of-estates/> or they can be

obtained by email from [probate@courts.im](mailto:probate@courts.im) or by telephoning (01624) 685243

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| --- |
| There are guidance notes provided to help you complete this probate application form. They should not be treated as a complete and authoritative statement of the law.  Please note that Probate Office staff members are not permitted to give legal advice or offer opinions and therefore if you are in any doubt about your rights, or the procedures to follow in relation to obtaining probate, you should seek legal advice.  The Probate Staff can however provide assistance in the completion of this form.  Where required, please refer to the Glossary of Terms of commonly used legal expressions in the Guidance Notes. |

Section A – Details of the Deceased

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| 1. | | Surname | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
|  | | | Title | MR | |  | MRS |  | MISS |  | MS |  | OTHER |  |  |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 2. | | Forename(s) | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 3. | | Alias name(s) –  (if any) | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 4. | | Address  (enter last, full  permanent address, including postcode) | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 5. | | Place of Domicile | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 6. | Nationality | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 7. | | Occupation *(if any)* | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 8. | | Date of Death  (Death Certificate attached herewith) | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| 9. | | Place of Death  (enter full address, including postcode) | | |  | | | | | | | | | |  |
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Section B – Details of the Estate

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| 10. | Did the deceased leave a Will? | YES |  |  | NO |  | If NO, go to Q.14 | |
|  | | | | | | | | |
| 11. | Date of Will *(being submitted with this form)* | |  | | | | |  |
|  | | | | | | | | |
| 12. | Are there any Codicils to the Will? | YES |  |  | NO |  | If NO, go to Q.14 | |
|  | | | | | | | | |
| 13. | Date(s) of Codicil(s) | |  | | | | |  |
|  | | | | | | | | |
| 14. | Does a minority interest arise under the said Will, or, if there is no Will, intestacy? | YES |  |  | NO |  |  | |
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| 15. | I can confirm no persons are required to be given notice of this application | |  | | *(tick whichever box*  *applies – tick one*  *box only)* | |
| OR | | | |  | | |
|  | I can confirm notice of this application has been given to the persons detailed below  and I can confirm that no further persons are required to be given notice of this  application: *NB - additional persons to be completed on a separate sheet and attached to this form.* | |  | |  | |
|  | | | |
|  | | | | | | |
|  | Full name  of (full address) |  | | | |  |
| *Relationship to deceased –* | | | |
|  | Full name  of (full address) |  | | | |
| *Relationship to deceased –* | | | |
|  | Full name  of (full address) |  | | | |
| *Relationship to deceased –* | | | |
|  | Full name  of (full address) |  | | | |
|  | *Relationship to deceased –* | | | |
|  | | | | | | |

Section C – The Will/Codicil†  *(complete only if the deceased left a Will/Codicil)*

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| 16. | Are there any Executors named in the Will/Codicil  [not making an application in this jurisdiction]? | YES |  |  | NO |  | If NO, go to Q.19 | |
|  | | | | | | | | |
| 17. | Give the names of those Executors who are not applying and the reasons why. All Executors must be accounted for. | | | | | | | |
|  | Full name | Reason | | | Guide | | |  |
|  |  | | | A = pre-deceased  B = died after the deceased  C = Power Reserved *(see*  *Q 17 in Guidance Notes)*  D = Renounced Probate  E = Power of Attorney  granted to another  F = Other (see Q.18) | | |
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| 18. | If “F” is indicated at 17 above please state the reason in full – this must be clarified in respect of each Executor if more than one is indicated by “F”. It must be clearly indicated here if the application is being made by the person(s) entrusted in the deceased’s country of domicile – please refer to the Guidance Notes.  *NB - additional persons to be completed on a separate sheet and attached to this form.* | | | | | | |  |
|  | Full name | Reason | | | | | |  |
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Section D – Relatives of the Deceased *(complete only if the deceased did not leave a Will)*

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| 19. | State the number of relatives of the deceased  in categories (a) to (h) inclusive. | | Number of relatives (if none, write nil) | | Under 18 | Over 18 |  |
|  | Categories (a) to (h) must  be completed in all cases. | | (a) | Surviving lawful husband or wife or civil partner |  |  |  |
|  | (b) | Sons or daughters who survived the deceased |  |  |
|  | (c) | Sons or daughters who did not survive the deceased |  |  |
|  | (d) | Children whose parent(s) at (c) above only who survived the deceased *(ie surviving Grandchildren of deceased)* |  |  |
|  | If there are no relatives  in a particular category, write ‘nil’ in each box  and move on to the next category. | | (e) | Parents who survived the deceased |  |  |
|  | (f) | Brothers or sisters who survived the deceased |  |  |
|  | (g) | Brothers or sisters who did not survive the deceased |  |  |
|  | (h) | Children whose parents indicated at category (g) above only who survived the deceased *(ie surviving nieces /nephews of deceased)* |  |  |
|  | Please note : Categories  (i) to (m) inclusive only  need to be completed if  the deceased had no relatives in categories  (a) to (h) inclusive. | | (i) | Grandparents who survived the deceased |  |  |
|  | (j) | Uncles or aunts who survived the deceased |  |  |
|  | (k) | Uncles or aunts who did not survive the deceased |  |  |
|  | (l) | Children whose parents indicated at category  (k) above only who survived the deceased *(ie cousins of the deceased)* |  |  |
|  | | (m) | | Other *(please specify – you may need to submit a family tree clearly showing your link)* |  |  |  |
|  | | | | | | | |

Section E – Details of Applicant(s)

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| --- | --- | --- | --- | --- |
|  | | | | |
| 20. |  | Applicant 1 | Applicant 2 |  |
|  | Surname or Company  Name |  |  |
| Forename(s) |  |  |
| Alias name(s) –  (if any) |  |  |
| Full address  (including postcode) |  |  |
| Occupation |  |  |
| Additional information |  |  |
| Relationship to the  Deceased |  |  |
|  | | | |  |

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| 21. |  | Applicant 3 | Applicant 4 |  |
|  | Surname or Company  Name |  |  |
| Forename(s) |  |  |
| Alias name(s) –  (if any) |  |  |
| Full address  (including postcode) |  |  |
| Occupation |  |  |
| Additional information |  |  |
| Relationship to the  Deceased |  |  |
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| 22. | Capacity in which applicant applies – please complete by indicating - in one relevant box - as appropriate | | | | | | | |
|  |  | | | Applicant  1 | Applicant  2 | Applicant  3 | Applicant  4 |  |
|  |  | (a) | as an Executor named in the Will *or Codicil(s)* |  |  |  |  |
|  | | |  | | | |
|  | (b) | (one of) the person(s) beneficially entitled to the estate of the deceased |  |  |  |  |
|  | | |  | | | |
|  | (c) | as a Lawful Attorney *(see Question 23 below)* |  |  |  |  |
|  | | |  | | | |
|  | (d) | the person entrusted with the administration of the estate by the Court in the deceased’s country of domicile |  |  |  |  |
|  | | |  | | | |
|  | (e) | a beneficiary named in the Will *or Codicil(s)* |  |  |  |  |
|  | | |  | | | |
|  | (f) | other *(see Question 23 below)* |  |  |  |  |
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| 23. | If the role of an applicant is specified as “Lawful Attorney” or “other” in Question 22 above, please state who the applicant is Lawful Attorney for, or specify the role of the applicant respectively, below: | |  |
|  | Applicant 1 |  |  |
|  | Applicant 2 |  |
|  | Applicant 3 |  |
|  | Applicant 4 |  |
|  | | | |

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| 24. | Please indicate what you are applying for: | | | | |
|  | (a) | Probate of the Will of the deceased |  |  | |
|  | (b) | Administration of the estate of the deceased with the Will annexed |  |  | |
|  | (c) | Administration of the estate of the deceased |  |  | |
|  | | | | | |
|  | (d) | Administration *de bonis non* |  |  | |
|  | (e) | Administration *ad colligenda bona* |  |  | |
|  | (f) | Administration *pendente lite* |  |  | |
|  | | | | | |
|  | If (d), (e) or (f) is indicated above, please provide a full explanation in the box below: | | | | |
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Section F – Applications where the deceased died domiciled outside the Isle of Man

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| 25. | Has Probate or Letters of Administration been granted outside of the Isle of Man? | YES |  | Go to Q.26 | NO |  | If NO, go to Q.28 | |
|  | | | | | | | | |
| 26. | Date of Grant |  | | | | | |  |
|  | | | | | | | | |
| 27. | Details of issuing Registry/Court |  | | | | | |  |
|  | | | | | | | | |
| 28. | Date of Will, (and Codicils), if any, in respect of estate outside of the Isle of Man – other than the Will being submitted with this application  *(Please note that a plain copy of any other Wills (and Codicils) made by the deceased in respect of estate elsewhere in the world must be submitted with the application)*  *If there are no other Wills please state this clearly* |  | | | | | |  |
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Section G – Address for Service

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| Please state the name of the person *(or the name of the Isle of Man Advocates)* submitting the application | Box 1 |
|  | | |
| Please state the address for service in the Isle of Man *(full address including postcode)*  Please note all correspondence from the Probate Office will be sent to the nominated address for service in the Isle of Man | Box 2 |  |
|  | | |

Section H – Inventory of Estate

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| --- | --- | --- | --- | --- | --- |
| The Probate Rules 1988 introduce provision for applicants to provide a full inventory of the Isle of Man estate of the deceased upon request. Such inventory particulars will be requested in full from time to time. However, applicants are requested to complete the following condensed inventory in all cases to assist their correct calculation of the total estate value at the date of death of the deceased and to assist the Court in its consideration of the application.  It is very important that due diligence is undertaken by the applicant, their legal representative and the asset holder, to confirm that all of the assets listed in the below inventory are held in the jurisdiction of the Isle of Man and not, for example in England & Wales or elsewhere in the world. Please note that assets with NS&I: National Savings & Investments, such as Premium Bonds, are to be counted as an Isle of Man asset and should be declared below. NS&I are required to accept a Manx Grant of Representation by virtue of the National Debt Act 1972 (of Parliament). *NB Failure to undertake due diligence in this area is likely to delay the processing of the application and may result in the incorrect fee being paid, causing the imposition of additional fees and/or the commencement of legal proceedings (please see section H of the Guidance Notes).*  Please note that any lack of due diligence that results in an incorrect value being entered in this section, which in turn results in an incorrect fee being paid, will not automatically result in a refund being made by the Court. Should this occur, a written application to the Court requesting a refund must be submitted and each instance will be considered on its own merit.  This section must be completed in full, i.e. every question must be answered, even if the answer is ‘No’. | | | | | |
|  | | | | | |
| 1. | Property | | Yes | No |  |
|  | 1.1 | Did the deceased own any real estate/property? |  |  |
|  | 1.2 | Is it jointly owned with another person? |  |  |
|  | 1.3 | If the answer to 1.2 above is No, please state the approximate value of the real estate/property *(as at the date of death of the deceased)* | £ | |
|  | 1.4 | Is it owned with another person as tenants-in-common? |  |  |  |
|  | 1.5 | If the answer to 1.4 above is Yes, please state the approximate value of the half ownership of the real estate/property *(as at the date of death of the deceased)* | £ | |  |
|  | | |  | | |
| 2. | Bank Accounts (Current and Savings) and Currency/Cash | | Yes | No |  |
|  | 2.1 | Did the deceased have any bank accounts or currency/cash in their sole name? |  |  |
|  | 2.2 | If Yes, please state the approximate total value of the bank accounts/cash assets | £ | |  |
|  | | | | | |
| 3. | Insurance and Pension Policies/other Financial Investments | | Yes | No |  |
|  | 3.1 | Did the deceased have a policy of life assurance in their sole name held with any insurance company in the Isle of Man? |  |  |
|  | 3.2 | If Yes, please state the value of the policy | £ | |
|  | 3.3 | Please state name of insurance company and policy number :  ................................................................................................................ |  |  |
|  | 3.4 | Did the deceased have a pension *(excluding a state pension)* and/or other financial investments in their sole name? | Yes | No |
|  |  |
|  | 3.5 | If Yes, please state the approximate total value of these assets | £ | |
|  | | | | |  |  |
| 4. | Shares and Bonds | | Yes | No |
|  | 4.1 | Did the deceased have any shares and/or bonds in their sole name? |  |  |
|  | 4.2 | If Yes, please state the approximate total value of the shares/bonds | £ | |
|  |  | |  |  |
| 5. | Personal Chattels, Effects or other belongings  *(Please see Guidance Notes for further information)* | | Yes | No |
|  | 5.1 | Did the deceased have any personal chattels/effects/other belongings? |  |  |
| 5.2 | If Yes, please state the approximate total value of the items | £ | |
|  |  | |  |  |
| 6. | Please state the approximate total value of all of the deceased’s assets – to be confirmed in the following Section I (Value of Estate). | | £ | |  |
|  | | | | | |

Section I – Value of Estate

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| --- | --- | --- | --- | --- |
|  | | | | |
| 29. | Please indicate the gross value of the estate in the Isle of Man at the date of death of the deceased: | | | |
| Please note: if not indicated, the maximum fee will be charged | | Does not exceed £10,000 |  |  |
| Exceeds £10,000 but not £50,000 |  |
| Exceeds £50,000 but not £125,000 |  |
| Exceeds £125,000 but not £250,000 |  |
| Exceeds £250,000 but not £500,000 |  |
| Exceeds £500,000 but not £1,000,000 |  |
|  | | Exceeds £1,000,000 *(please state specific value)* |  |  |
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| Notes: *(if required)* |

Section J – Oath *(\* where indicated, please delete as appropriate)*

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| --- | --- | --- | --- | --- |
| APPLICANT 1 | | | | |
|  | I ………………….……………………………………………………………………………………………………………………………………………………………………  of …………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………rom the Probate Office will be sent to the address for service according to law and when requir. | | |  |
|  |
|  |  | | |  |
| MAKE OATH and say that the particulars set out in this application are true to the best of my knowledge | | |
| (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\*) of the deceased *(\*delete as appropriate)* | | |
|  | | | | |
|  | I UNDERTAKE to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court – | | | |
|  |  | (a) to exhibit on oath in the Court a full inventory of the estate; and  (b) to render an account of the administration of the estate to the Court. | | |
|  | I confirm that I am over the age of 18 years | | |  |
|  | | | | |
|  | Signature of Applicant 1 | |  |  |
|  | | | | |
|  | Sworn at ………………………………………………………………………………………………………. :  this ……………………. day of …………………………………………………………………………….. :  Before me ……………………………………………………………………………………………………. :  ……………………………………………………………………………………………………………………… :  Commissioner for Oaths | | |  |
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| APPLICANT 2 | | | | |
|  | I ………………….……………………………………………………………………………………………………………………………………………………………………  of …………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………rom the Probate Office will be sent to the address for service according to law and when requir. | | |  |
|  |
|  |  | | |  |
| MAKE OATH and say that the particulars set out in this application are true to the best of my knowledge | | |
|  | (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\*) of the deceased. *(\*delete as appropriate)* | | |  |
|  |  | | |  |
|  | I UNDERTAKE to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court – | | | |
|  |  | (a) to exhibit on oath in the Court a full inventory of the estate; and  (b) to render an account of the administration of the estate to the Court. | | |
|  | I confirm that I am over the age of 18 years | | |  |
|  | | | | |
|  | Signature of Applicant 2 | |  |  |
|  | | | | |
|  | Sworn at ………………………………………………………………………………………………………. :  this ……………………. day of …………………………………………………………………………….. :  Before me ……………………………………………………………………………………………………. :  ……………………………………………………………………………………………………………………… :  Commissioner for Oaths | | |  |
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| APPLICANT 3 | | | | |
|  | I ………………….……………………………………………………………………………………………………………………………………………………………………  of …………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………rom the Probate Office will be sent to the address for service according to law and when requir. | | |  |
|  |
|  |  | | |  |
| MAKE OATH and say that the particulars set out in this application are true to the best of my knowledge | | |
|  | (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\*) of the deceased. *(\*delete as appropriate)* | | |  |
|  |  | | |  |
|  | I UNDERTAKE to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court – | | | |
|  |  | (a) to exhibit on oath in the Court a full inventory of the estate; and  (b) to render an account of the administration of the estate to the Court. | | |
|  | I confirm that I am over the age of 18 years | | |  |
|  | | | | |
|  | Signature of Applicant 3 | |  |  |
|  | | | | |
|  | Sworn at ………………………………………………………………………………………………………. :  this ……………………. day of …………………………………………………………………………….. :  Before me ……………………………………………………………………………………………………. :  ……………………………………………………………………………………………………………………… :  Commissioner for Oaths | | |  |
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| APPLICANT 4 | | | | |
|  | I ………………….……………………………………………………………………………………………………………………………………………………………………  of …………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………rom the Probate Office will be sent to the address for service according to law and when requir. | | |  |
|  |
|  |  | | |  |
| MAKE OATH and say that the particulars set out in this application are true to the best of my knowledge | | |
|  | (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\*) of the deceased. *(\*delete as appropriate)* | | |  |
|  |  | | |  |
|  | I UNDERTAKE to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court – | | | |
|  |  | (a) to exhibit on oath in the Court a full inventory of the estate; and  (b) to render an account of the administration of the estate to the Court. | | |
|  | I confirm that I am over the age of 18 years | | |  |
|  | | | | |
|  | Signature of Applicant 4 | |  |  |
|  | | | | |
|  | Sworn at ………………………………………………………………………………………………………. :  this ……………………. day of …………………………………………………………………………….. :  Before me ……………………………………………………………………………………………………. :  ……………………………………………………………………………………………………………………… :  Commissioner for Oaths | | |  |
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| APPLICANT CHECKLIST REMINDER – DOCUMENTS REQUIRED | | |
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| When submitting the completed application form, please remember to include:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | For applications where deceased died domiciled in the Isle of Man | | | | For applications where Probate or Administration has been obtained outside the Isle of Man | | | | |  | | | |  | | | | | Application Form | |  |  | Court sealed/certified copy Will\*  *(see notes below)* | |  |  | |  | | | |  | | | | | Original Will\*  *(see notes below)* | |  |  | Court sealed/certified copy Codicil(s)\*  *(see notes below)* | |  |  | |  | | | |  | | | | | Original Codicil(s)\*  *(see notes below)* | |  |  | Court sealed/certified copy Grant | |  |  | |  | | | |  | | | | | Original Death Certificate\* | |  |  | Original Death Certificate\* | |  |  | |  | | | |  | | | | | Original Power of Attorney | |  |  | Original Power of Attorney | |  |  | |  | |  | |  | |  |  | | Original Renunciation Form | |  |  | Original Renunciation Form | |  |  | |  | | | |  | | | | | Will(s)/Codicil(s) in respect of estate elsewhere in the World | |  |  | Will(s)/Codicil(s) in respect of estate elsewhere in the World | |  |  | |  | | | |  | | | | |  | |  | | Affidavit of Law | |  |  | |  | |  | |  | |  |  | | Other Affidavits | |  |  | Other Affidavits | |  |  | |  | | | |  | | | | |  | | | |  | | | | | Any other documents *(please describe below)* | | | | | | | | |  | | | |  | | | | | Probate Fee | |  |  | Probate Fee |  | |  | |  | | | |  | | | | |  | Remember to include the cost of any additional copies etc. that may be required. | | | | | |  | |  | | | |  | | | |   \*Please note:  The Will (and each Codicil) must be freshly marked (that is to say signed, with full signatures, in a  clear space on the front page of each only – (please note that to simply mark the document with  initials is not sufficient) by both the applicant(s) and the Commissioner for Oaths before whom the  application was sworn or affirmed. *Photocopies of previous markings for other jurisdictions are not*  *acceptable.*  \*Please note: | | |
| If the original Death Certificate is not available, a certified copy from the issuing Registry will be accepted. |

FOR USE BY ADMIN OFFICE ONLY *(tick relevant boxes)*

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| --- | --- | --- | --- | --- |
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| Probate Fee paid |  | Draft Application Fee paid |  |  |
|  | | | | |
| Swearing of Oath fee paid |  | To be charged to Account |  |  |
|  | | | | |
| Exhibit fee paid |  |  | | |
|  | | | | |
| ADDITIONAL DOCUMENTS REQUIRED & PAID FOR | | | | |
|  |  |  |  |  |
| Certified Grant |  | Exemplified Grant |  |  |
|  | | | | |
| Certified Will |  | Exemplified Will |  |  |
|  | | | | |
| Certified Grant and Will |  | Exemplified Grant and Will |  |  |
|  | | | | |
| Certified Grant/Will/Codicil(s) |  | Other (………………………………………………….) |  |  |
|  | | | | |
|  | | | | |
| FOR USE BY PROBATE OFFICE ONLY - DOCUMENTS RECEIVED *(tick relevant boxes)* | | | | |
|  | | | | |
| Application Form |  | Court sealed/certified copy Will |  |  |
|  | | | | |
| Original Will |  | Court sealed/certified copy Codicil(s) |  |  |
|  | | | | |
| Original Codicil(s) |  | Court sealed/certified copy Grant |  |  |
|  | | | | |
| Death Certificate |  | Will(s)/Codicil(s) in respect of estate elsewhere |  |  |
|  | | | | |
| Original Power of Attorney |  | Affidavit of Law |  |  |
|  | | | | |
| Original Renunciation Form |  | Other Affidavits |  | |
|  | | | | |
| Any other documents *(please describe)* |  | | |  |
|  |  | | |  |

Once you are satisfied that you have completed all sections of the form that are applicable, please send this form and all supporting documentation to our postal address:

Probate & Tribunals Section, Isle of Man Courts of Justice, Deemsters Walk, Bucks Road, Douglas, Isle of Man, IM1 3AR

Alternatively, you can visit our office in person at the following address:

Probate & Tribunals Section, Murray House, Mount Havelock, Douglas, Isle of Man, IM1 2SF

Office Opening Hours: Monday to Thursday 9:30 to 16:30 (16:00 Friday)

Web address: <https://www.courts.im/court-procedures/probate-and-admin-of-estates/> Email: [probate@courts.im](mailto:probate@courts.im) Tel: (01624) 685243



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