

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 or by telephoning (01624) 685243

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

1.	Surname	<input type="text"/>
	Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER <input type="text"/>
2.	Forename(s)	<input type="text"/>
3.	Alias name(s) – (if any)	<input type="text"/>
4.	Address (enter last, full permanent address, including postcode)	<input type="text"/>
5.	Place of Domicile	<input type="text"/>
6.	Nationality	<input type="text"/>
7.	Occupation (if any)	<input type="text"/>
8.	Date of Death (Death Certificate attached herewith)	<input type="text"/>
9.	Place of Death (enter full address, including postcode)	<input type="text"/>

Section B – Details of the Estate

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

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)	
	<i>Relationship to deceased –</i>
Full name of (full address)	
	<i>Relationship to deceased –</i>
Full name of (full address)	
	<i>Relationship to deceased –</i>
Full name of (full address)	
	<i>Relationship to deceased –</i>

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

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)

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

Section D – Relatives of the Deceased (complete only if the deceased did not leave a Will)

19. State the number of relatives of the deceased in categories (a) to (h) inclusive.

Categories (a) to (h) must be completed in all cases.

If there are no relatives in a particular category, write 'nil' in each box and move on to the next category.

Please note : Categories (i) to (m) inclusive only need to be completed if the deceased had no relatives in categories (a) to (h) inclusive.

Number of relatives (if none, write nil)		Under 18	Over 18
(a)	Surviving lawful husband or wife or civil partner		
(b)	Sons or daughters who survived the deceased		
(c)	Sons or daughters who did <u>not</u> survive the deceased		
(d)	Children whose parent(s) at (c) above <u>only</u> who survived the deceased (ie surviving Grandchildren of deceased)		
(e)	Parents who survived the deceased		
(f)	Brothers or sisters who survived the deceased		
(g)	Brothers or sisters who did <u>not</u> survive the deceased		
(h)	Children whose parents indicated at category (g) above <u>only</u> who survived the deceased (ie surviving nieces /nephews of deceased)		
(i)	Grandparents who survived the deceased		
(j)	Uncles or aunts who survived the deceased		
(k)	Uncles or aunts who did <u>not</u> survive the deceased		
(l)	Children whose parents indicated at category (k) above <u>only</u> 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)

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		

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		

22. Capacity in which applicant applies – please complete by indicating - in one relevant box - as appropriate

- (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*)

Applicant 1	Applicant 2	Applicant 3	Applicant 4

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	

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:

Section F – Applications where the deceased died domiciled outside the Isle of Man

25. Has Probate or Letters of Administration been granted outside of the Isle of Man?	YES	<input type="checkbox"/>	Go to Q.26	NO	<input type="checkbox"/>	If NO, go to Q.28
26. Date of Grant	<input type="text"/>					
27. Details of issuing Registry/Court	<input type="text"/>					
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	<input type="text"/>					
<i>(Please note that a plain copy of any other Wills (and Codicils) made by the deceased in respect of estate elsewhere in the world <u>must</u> be submitted with the application)</i>						
<i>If there are no other Wills please state this clearly</i>						

Section G – Address for Service

Please state the name of the person (or the name of the Isle of Man Advocates) submitting the application	Box 1 <input type="text"/>
Please state the address for service in the Isle of Man (full address including postcode)	Box 2 <input type="text"/>
Please note <u>all</u> correspondence from the Probate Office will be sent to the nominated address for service in the Isle of Man	

Section H – Inventory of Estate

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

- 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)*

Yes	No
£	
£	

2. Bank Accounts (Current and Savings) and Currency/Cash

- 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

Yes	No
£	

3. Insurance and Pension Policies/other Financial Investments

- 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 :**

Yes	No
£	

- 3.4 Did the deceased have a pension *(excluding a state pension)* and/or other financial investments in their sole name?
 3.5 If Yes, please state the **approximate total value** of these assets

Yes	No
£	

4. Shares and Bonds

- 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

Yes	No
£	

5. Personal Chattels, Effects or other belongings

(Please see Guidance Notes for further information)

- 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

Yes	No
£	

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

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 <i>(please state specific value)</i>	

Notes: *(if required)*

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

APPLICANT 1

I
of

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

APPLICANT 2

I
of

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

APPLICANT 3

I
of

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

APPLICANT 4

I
of

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

APPLICANT CHECKLIST REMINDER – DOCUMENTS REQUIRED

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 <input style="float: right;" type="checkbox"/>	Court sealed/certified copy Will* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>
Original Will* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>	Court sealed/certified copy Codicil(s)* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>
Original Codicil(s)* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>	Court sealed/certified copy Grant <input style="float: right;" type="checkbox"/>
Original Death Certificate* <input style="float: right;" type="checkbox"/>	Original Death Certificate* <input style="float: right;" type="checkbox"/>
Original Power of Attorney <input style="float: right;" type="checkbox"/>	Original Power of Attorney <input style="float: right;" type="checkbox"/>
Original Renunciation Form <input style="float: right;" type="checkbox"/>	Original Renunciation Form <input style="float: right;" type="checkbox"/>
Will(s)/Codicil(s) in respect of estate elsewhere in the World <input style="float: right;" type="checkbox"/>	Will(s)/Codicil(s) in respect of estate elsewhere in the World <input style="float: right;" type="checkbox"/>
Other Affidavits <input style="float: right;" type="checkbox"/>	Affidavit of Law <input style="float: right;" type="checkbox"/>
	Other Affidavits <input style="float: right;" type="checkbox"/>
Any other documents <i>(please describe below)</i>	
Probate Fee <input style="float: right;" type="checkbox"/>	Probate Fee <input style="float: right;" type="checkbox"/>
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)

Probate Fee paid	<input type="checkbox"/>	Draft Application Fee paid	<input type="checkbox"/>
Swearing of Oath fee paid	<input type="checkbox"/>	To be charged to Account	<input type="checkbox"/>
Exhibit fee paid	<input type="checkbox"/>		
ADDITIONAL DOCUMENTS REQUIRED & PAID FOR			
Certified Grant	<input type="checkbox"/>	Exemplified Grant	<input type="checkbox"/>
Certified Will	<input type="checkbox"/>	Exemplified Will	<input type="checkbox"/>
Certified Grant and Will	<input type="checkbox"/>	Exemplified Grant and Will	<input type="checkbox"/>
Certified Grant/Will/Codicil(s)	<input type="checkbox"/>	Other (.....)	<input type="checkbox"/>

FOR USE BY PROBATE OFFICE ONLY - DOCUMENTS RECEIVED (tick relevant boxes)

Application Form	<input type="checkbox"/>	Court sealed/certified copy Will	<input type="checkbox"/>
Original Will	<input type="checkbox"/>	Court sealed/certified copy Codicil(s)	<input type="checkbox"/>
Original Codicil(s)	<input type="checkbox"/>	Court sealed/certified copy Grant	<input type="checkbox"/>
Death Certificate	<input type="checkbox"/>	Will(s)/Codicil(s) in respect of estate elsewhere	<input type="checkbox"/>
Original Power of Attorney	<input type="checkbox"/>	Affidavit of Law	<input type="checkbox"/>
Original Renunciation Form	<input type="checkbox"/>	Other Affidavits	
Any other documents (please describe)	<input style="width: 100%; height: 40px;" type="text"/>		

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 **Tel:** (01624) 685243

