

## FORM FOR APPLICATION FOR ACCESS TO ESTATE OF DECEASED

In the matter of the estate of \_\_\_\_\_

of \_\_\_\_\_, deceased.

And in the matter of the Probate and Administration Act (Cap 16)

### APPLICATION DETAILS

1. Application No: _____	2. District: _____
3. Date of Application: _____	4. Decision recorded: _____
<i>(For Official Use)</i>	

### APPLICANT'S INFORMATION

5. Full Name: _____	6. Age: _____
7. Occupation: _____	8. Address: _____
9. Identification Supplied: <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Other	
10. Relationship to the Deceased: _____	
11. If applicant is not the widow/widower OR next of kin, relevant authorization must be produced. Describe authority _____	

### ADDITIONAL INFORMATION

12. How many children did the Deceased have? _____	
13. Is there a widow/widower living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did the Deceased leave a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Will there be any application for letters of administration? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ESTATE**

16. The total value of the Estate does not exceed \$5,000.00:     Yes                       No

17. Describe the estate which is the subject of this application and the valuation for each item:

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18. Purpose for which proceeds are to be applied:

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19. Are there any debts owing by the Deceased to any persons?     Yes                       No

If YES, list details below (name and amounts):

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20. Do you have consent of all beneficiaries to present this application?     Yes                       No

**DECLARATION**

I, \_\_\_\_\_, the applicant herein do confirm the above information to be true and correct to the best of my knowledge and belief.

.....  
**(Applicant's signature)**

.....  
**(Witness) Name in Print:**

**Designation:** \_\_\_\_\_

**NB:**    The witness must either be a Law Practitioner, Police Officer, Town or District Officer who has known the applicant for over 5 years.

**-End-**