

Probate Application Form - PA1



Please use **BLOCK CAPITALS**

| | |
|------------------|----------------------|
| Name of deceased | <input type="text"/> |
| Interview venue | <input type="text"/> |
| Dates to avoid | <input type="text"/> |

Please read the following questions and PA2 booklet 'How to obtain probate' carefully before filling in this form. Please also refer to the Guidance Notes enclosed where an item is marked *.

PLEASE COMPLETE ALL SECTIONS.

- *A1** Did the deceased leave a will/codicil?
(Note: These may not necessarily be formal documents. If the answer to question 1 is Yes, you must enclose the **original** document(s) with your application.)
- A2** Did the deceased marry or enter into a Civil Partnership after the date of the will/codicil?
- A3** Is there anyone under 18 years old who receives anything in the will/codicil?
- A4** Did any of the witnesses to the will or codicil or the spouse/civil partner of any witness receive a gift under the will/codicil?
If Yes, state name of witness.
- A5** Are there any executors named in the will/codicil?
- *A6** Give the names of those executors who are **not** applying and the reasons why.
Note: All executors must be accounted for.

| Section A: The Will / Codicil | | | |
|--|-----------------------------|------------------------------|-----------------------------|
| Will | | Codicil | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If No to both questions, please go to Section B | | | |
| Yes <input type="checkbox"/> | Date: <input type="text"/> | No <input type="checkbox"/> | |
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Full names | | Reason A,B,C,D,E | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |

This column is for official use

Date of will

Date of codicil

- A = Pre-deceased
- B = Died after the deceased
- C = Power Reserved
- D = Renunciation
- E = Power of Attorney

***B1 - B6**

Please refer to the Guidance Notes.

Sections **B1 - B4** must be completed in all cases.

Please state the **number** of relatives of the deceased in categories B1 - B4.

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

Note: Sections B5 and B6 only need to be completed if the deceased had no relatives in Section B1 - B4.

| Section B: Relatives of the deceased | | | |
|--------------------------------------|---|----------------------|----------------------|
| | | Under 18 | Over 18 |
| B1 | Surviving lawful husband or wife or surviving lawful civil partner | <input type="text"/> | <input type="text"/> |
| B2a | Sons or daughters who survived the deceased | <input type="text"/> | <input type="text"/> |
| | b Sons or daughters who did not survive the deceased | <input type="text"/> | <input type="text"/> |
| | c Children of person(s) indicated at '2b' only , who survived the deceased * | <input type="text"/> | <input type="text"/> |
| B3 | Parents who survived the deceased | <input type="text"/> | <input type="text"/> |
| B4a | Brothers or sisters who survived the deceased | <input type="text"/> | <input type="text"/> |
| | b Brothers or sisters who did not survive the deceased | <input type="text"/> | <input type="text"/> |
| | c Children of person(s) indicated at '4b' only , who survived the deceased * | <input type="text"/> | <input type="text"/> |
| B5 | Grandparents who survived the deceased | <input type="text"/> | <input type="text"/> |
| B6a | Uncles or aunts who survived the deceased | <input type="text"/> | <input type="text"/> |
| | b Uncles or aunts who did not survive the deceased | <input type="text"/> | <input type="text"/> |
| | c Children of person(s) indicated at '6b' only , who survived the deceased * | <input type="text"/> | <input type="text"/> |

Please note that the grant will normally be sent to the first applicant. Any applicant named will be required to attend an interview. It is, however, usually only necessary for one person to apply (please see PA2 booklet, page 3).

Section C: Details of applicant(s)

This column is for official use

C1 Title

Mr Mrs Miss Ms Other

C2 Forenames

C3 Surname

C4 Address

C5 Telephone number

Postcode: _____

Home _____

Work _____

E-mail address (optional)

C6 Occupation

C7 Are you related to the deceased?

Yes No

If Yes, what is your relationship?

Relationship: _____

C8 If there are any other applicants, up to a maximum of three, give their details. (Note: **All** applicants named in Sections C1 and C8 must attend an interview.)

Details of other applicants who wish to be named in the grant of representation. (Please give details as C1 to C7 including relationship to deceased.)

C9 Name and address of any surviving lawful husband or wife/civil partner of the deceased, unless stated above.

Postcode: _____

***C10** If you are applying as an attorney on behalf of the person entitled to the grant, please state their name, address and capacity in which they are entitled (e.g. relationship to the deceased).

Postcode: _____

Relationship: _____

***C10a** Have you been appointed by the person entitled as their attorney under an Enduring Power of Attorney (EPA) or a Property and financial affairs Lasting Power of Attorney (LPA)?

EPA LPA No

***C10b** If Yes, has it been registered with the Office of the Public Guardian?

Yes No

***C10c** Does the donor of the EPA/LPA lack mental capacity within the meaning of the Mental Capacity Act 2005? (see PA1a)

Yes No

I.T.W.C

Section D: Details of the deceased

This column is for official use

***D1** Forenames

***D2** Surname

***D3** Did the deceased hold any assets (excluding joint assets) in another name?

Yes No

***D4a** If Yes, what are the assets?

And in what name(s) are they held?

D4b Was the deceased known by any other name in which he/she made a will? If so, what name was it made in?

Yes No

D5 Last permanent address of the deceased.

Postcode: _____

D6 Date of birth

D7 Date of death

Age: _____

Domicile

***D8** Was England and Wales the domicile/permanent home of the deceased at the date of death? If No, please specify the deceased's permanent home or domicile.

Yes No

***D9** Tick the last legal marital or civil partnership status of the deceased, and give dates where appropriate.

Bachelor/Spinster
 Widow/Widower/Surviving Civil Partner
 Married/Civil Partnership Date: _____
 Divorced/Civil Partnership dissolved Date: _____
 Judicially separated Date: _____

Note: These documents (♦) may usually be obtained from the Court which processed the divorce/dissolution of civil partnership/separation.

*(If the deceased did **not** leave a will, please enclose official copy♦ of the Decree Absolute/Decree of Dissolution of Civil Partnership/Decree of Judicial Separation (as applicable))*

***D10** Was the deceased legally adopted?

Yes No

***D11** Has any relative of the deceased been legally adopted? (If Yes, give name and relationship to deceased.)

Yes No

Name: _____

Relationship: _____

D12 Answer this section **only** if the deceased died before 4th April 1988 or left a will or codicil dated before that date.

D12a Was the deceased illegitimate?

Yes No

D12b Did the deceased leave any illegitimate sons or daughters?

Yes No

D12c Did the deceased have any illegitimate sons or daughters who died leaving children of their own?

Yes No

True name

Alias

Address

D/C district and No.

L.S.A.

D.B.F.

Important - please complete the checklist overleaf before submitting your application

Important

Checklist

Please return your forms to the probate registry which controls the interview venue at which you wish to be interviewed (see PA4) otherwise your application may be delayed.

Before sending your application, please complete this checklist to confirm that you have enclosed the following items:

- 1 PA1 (Probate Application Form)
- 2 Either IHT205 (signed by all applicants)
or IHT421
Note: Do not enclose IHT Form 400 – **this must be sent to HMRC (Inheritance Tax)** (see PA2)
- 3 Original will and codicil(s), **not a photocopy**
Note: Do **not** remove or attach anything to the will/codicil
- 4 Official copy of death certificate or coroner's letter, **not a photocopy**
- 5 Other documents as requested on PA1 – please specify

- 6 Please state number of official copy grants required for use in England and Wales (see PA3)
- 7 Please state number of official copy grants required for use **outside** England and Wales (see PA3) **For official use only (sealed and certified)**
- 8 Please state total amount of cheque enclosed for fee (made payable to HMCS) including cost for the number of official copy grants stated in 6 and 7 above.

Note: If you do not enclose all the relevant items, your application may be delayed.

PLEASE ENSURE THAT ALL INFORMATION GIVEN IS ACCURATE AND THAT YOU KEEP COPIES OF ALL DOCUMENTS SENT

Official Use Only

Type of grant:

Power reserved to _____ [Name of executor/s]

Will message: with a codicil / and _____ codicils (delete as appropriate)

Limitation _____

Min interest Yes / No

Life interest Yes / No

Figures:- DNE / amounts to Gross: £

Net: £

Fee paid:

Clearing:-

Title:-

Footnote:-