

*Attorney's Name
Bar Number
Address
Phone Number
Fax Number
Email Address*

REPUBLIC OF TRINIDAD AND TOBAGO

**IN THE ESTATE OF
NAME OF DECEASED**

(INCLUDE ALL NAMES BY WHICH THE DECEASED WAS KNOWN)

(DECEASED)

late of

(Address (use last place of abode)

APPLICATION FOR GRANT OF PROBATE

The undersigned (*name of applicant*) of (*address of applicant*) in the Island of Trinidad or Tobago applies for a Grant of Probate of the Last Will and Testament of the deceased dated (*date of Will*) annexed hereto.

The deceased died on the (*date of death*) at (*place of death*). The applicant (*name of the applicant*) is the Executor¹ named in the will

The Estate of the deceased does not exceed in gross value the sum of \$..... as set out in the Inventory filed herein.

Dated thisday of, 20.....

.....
(Name of applicant to be printed)
Applicant

.....
(Name of attorney to printed)
Attorney-at-Law

To the Registrar of the Supreme Court

¹ To be adjusted accordingly to reflect the capacity of the applicant. An executor may be a sole executor, alternate executor, surviving executor or one of the named executors.