

*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 RESEALING**

The undersigned *(name of applicant)* of *(address of applicant)* in the Island of Trinidad or Tobago applies for the Resealing of the Grant of Probate or Letters of Administration in the Estate of *(name of deceased)* granted to me *(or name of LPR)* by the *(name of Court)* on the *(date of issue of grant)*.

The deceased died on the *(date of death)* at *(place of death)*. The applicant *(name of the applicant)* is the *(capacity of applicant)*<sup>1</sup>.

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

Dated this .....day of ....., 20.....

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

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

To the Registrar of the Supreme Court

<sup>1</sup> The Legal Personal Representative of the deceased or the Lawful Attorney by virtue of Power of Attorney from (name of LPR grant was issued to).