

THIS FORM IS A GUIDE. IT DOES NOT REPLACE THE FORMS IN THE WILLS AND PROBATE ACT

Form 11 Guide Affidavit of Applicant - Resealing (Commonwealth Countries)

*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)
Deceased**

I (*Name, occupation¹ and marital status² of applicant*) of (*address of applicant*) in the Island of Trinidad, make oath and say as follows:

1. The facts contained herein are true and correct and are within my own knowledge.
2. That a (*state type of grant received*) in the estate of (*Name of deceased as on the grant and all other names by which the deceased was known³*) (hereinafter called "the Deceased"), who died at (*place of death as appears on the grant*)⁴ on the (*date of death as appears on the grant*) was granted to (A.B.) by the (*name of Court office and address of Court office where grant was issued⁵*) on the (*date that grant was issued*). A certified copy⁶ of the grant together with a certified copy of the will (*where applicable*) is hereto annexed and marked (*"initials of (attorney of) applicant I"*). I am over the age of 18 years.
3. That the deceased was at the time of his death was domiciled in (*state name of country*).
4. The deceased at the time of his death was (*state marital status⁷ and occupation⁸*).

¹ This is required for male applicants only.

² This is required for female applicants only.

³ Where there are typographical errors (e.g. Basdaye/Basdai/Basday/Basdaie) in the deceased's name appearing on documents or otherwise, all typographical errors must be stated (and searched) and each must be properly explained by the applicant i.e. an explanation is required to account for the differences.

Where there are different names for the deceased and no nexus between the names (e.g. Basdeo Persad also called Andre Jones) an affidavit of alias by an independent person (who is either older than or close in age to the deceased) is to be filed.

⁴ Where the place and/or date of death do not appear on the Grant a death certificate is to be exhibited.

⁵ Name and address of court office to be stated where it is not stated on the grant.

⁶ Certified copy of Grant and Will (where applicable) to be certified from the court issuing the grant. A certified copy from a Notary Public is not accepted.

⁷ This is required if the deceased was female.

⁸ This is required if the deceased was male.

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5. I am applying for a Resealing of (*state type of grant received*), in my capacity as (*to state capacity in which application is being made*)⁹ of the (*last will or estate*) of the Deceased.
6. By virtue of a Power of Attorney dated (*date of Power of Attorney*) registered as (*registered number of Power of Attorney*) the executor/legal personal representative (*name of executor/legal personal representative*) appointed me his lawful attorney to apply for a Resealing of (*state type of grant received*) in the estate of the deceased. A certified copy of the Power of Attorney is hereto exhibited and marked ("*initials of attorney of applicant 2*") (*if applicable*).
7. On the (*date of advertisements*) I caused two advertisements to be placed in the newspapers stating my intention to make an application for a Resealing of the Grant issued in (*state name of country that grant was issued in*). The pages¹⁰ from the newspapers are hereto annexed in a bundle and marked ("*initials of applicant 3*").
8. The Inventory hereto annexed and marked ("*initials of applicant 4*") is a true inventory of the particulars of the estate of the Deceased and the value of all the real and personal estate and effects of the Deceased for and in respect of which a grant is required and is exclusive of what the Deceased may have been possessed of and entitled to as trustee for any other person or persons and not beneficially, and is also exclusive of the property in the said inventory specified as being incapable of immediate valuation. The gross value as at the date of death thereof altogether is (*same value as on the inventory*¹¹ (*TT dollar value to be stated*)) as set out in the Inventory to the best of my knowledge, information and belief.
9. The Grant is required in the names of the deceased as (*state names of deceased*¹²) and in the name of the applicant as (*state names of the applicant*).

SWORN to at *Place sworn*)
) Applicant's signature
)
This day of _____ 20__ .)

Before me,

Commissioner of Affidavits¹³

⁹ Where the applicant is applying in the capacity of Attorney of the Legal Personal Representative, to state this.

¹⁰ Entire newspapers page to be exhibited.

¹¹ Value of the estate is to be at the date of death of deceased person. Inventory to contain only assets held in Trinidad and Tobago.

¹² Only state the names in which you would like the grant to be issued, this may or may not include all the names in which the search was done. If the grant is required in names of the deceased which were not on the previous grant, to indicate the names of the deceased and an affidavit of alias is to be filed accounting for all the names of the deceased.

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THIS DOES NOT REPLACE WPA FORMS

¹³ Please note the Commissioner of Affidavit is to sign, date and stamp all exhibits according to the exhibit numbers as set out in the affidavit. The Commissioner of Affidavits is also to initial all insertions and corrections made to every document filed.