



# IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

## CIVIL DIVISION

### PROBATE APPLICATION FORM

Please refer to the **GUIDANCE NOTES** to assist you in completing this form. Please use **CAPITAL LETTERS**

The Guidance Notes can be viewed online at <http://www.courts.im/courtprocedures/willsandprobate/> or they can be obtained by email from [probate@courts.im](mailto:probate@courts.im) or by telephoning (01624) 685243

There are guidance notes provided to help you complete this probate application form. They should not be treated as a complete and authoritative statement of the law. Please note that Probate Office staff members are not permitted to give legal advice or offer opinions and therefore if you are in any doubt about your rights, or the procedures to follow in relation to obtaining probate, you should seek legal advice. The Probate Staff can however provide assistance in the completion of this form.

Where required, please refer to the Glossary of Terms of commonly used legal expressions in the Guidance Notes.

#### Section A – Details of the Deceased

1.	Surname	NAKADA
	Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> V <input type="checkbox"/> MS <input type="checkbox"/> OTHER <input type="text"/>
2.	Forename(s)	JUNKO
3.	Alias name(s) – (if any)	/
4.	Address (enter last, full permanent address, including postcode)	#201 318-1 SHIROHORI YUGAWARAMACHI ASHIGARA SHIMOGUN KANAGAWA 259-0305 JAPAN
5.	Place of Domicile	JAPAN
6.	Nationality	JAPAN
7.	Occupation (if any)	ADMINISTRATION OFFICER
8.	Date of Death (Death Certificate attached herewith)	6 NOVEMBER 2014
9.	Place of Death (enter full address, including postcode)	20-20 SHOWACHO ATAMI-SHI SHIZUOKA 413-0022 JAPAN

**Section B – Details of the Estate**

10. Did the deceased leave a Will? YES  NO  If NO, go to Q.14

11. Date of Will (being submitted with this form)

12. Are there any Codicils to the Will? YES  NO  If NO, go to Q.14

13. Date(s) of Codicil(s)

14. Does a minority interest arise under the said Will, or, if there is no Will, intestacy? YES  NO

15. I can confirm no persons are required to be given notice of this application  (tick whichever box applies – tick one box only)

**OR**

I can confirm notice of this application has been given to the persons detailed below and I can confirm that no further persons are required to be given notice of this application: *NB - additional persons to be completed on a separate sheet and attached to this form.*

Full name of (full address)	NAKADA KENTA #201 318-1 SHIROHORI YUGAWARAMACHI ASHIGARASHIMOGUN KANAGAWA 259-0305 JAPAN <i>Relationship to deceased - DECEASED'S SON</i>
Full name of (full address)	 <i>Relationship to deceased -</i>
Full name of (full address)	 <i>Relationship to deceased -</i>
Full name of (full address)	 <i>Relationship to deceased -</i>

**Section C – The Will/Codicil†** (complete only if the deceased left a Will/Codicil)

16. Are there any Executors named in the Will/Codicil? YES  NO  If NO, go to Q.19

17. Give the names of those Executors who are not applying and the reasons why. All Executors must be accounted for.

Full name	Reason	Guide
		A = pre-deceased
		B = died after the deceased
		C = Power Reserved (see Q 17 in Guidance Notes)
		D = Renounced Probate
		E = Power of Attorney granted to another
		F = Other (see Q.18)

18. If "F" is indicated at 17 above please state the reason in full – this must be clarified in respect of each Executor if more than one is indicated by "F". NB - additional persons to be completed on a separate sheet and attached to this form.

Full name	Reason

**Section D – Relatives of the Deceased** (complete only if the deceased did not leave a Will)

19. State the number of relatives of the deceased in categories (a) to (h) inclusive.

Categories (a) to (h) must be completed in all cases.

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

**Please note :** Categories (i) to (m) inclusive only need to be completed if the deceased had no relatives in categories (a) to (h) inclusive.

Number of relatives (if none, write nil)		Under 18	Over 18
(a)	Surviving lawful husband or wife or civil partner	NIL	NIL
(b)	Sons or daughters who survived the deceased	NIL	2
(c)	Sons or daughters who did <u>not</u> survive the deceased	NIL	NIL
(d)	Children whose parent(s) at (c) above <u>only</u> who survived the deceased (ie surviving Grandchildren of deceased)	NIL	NIL
(e)	Parents who survived the deceased	NIL	NIL
(f)	Brothers or sisters who survived the deceased	NIL	NIL
(g)	Brothers or sisters who did <u>not</u> survive the deceased	NIL	NIL
(h)	Children whose parents indicated at category (g) above <u>only</u> who survived the deceased (ie surviving nieces/nephews of deceased)	NIL	NIL
(i)	Grandparents who survived the deceased	NIL	NIL
(j)	Uncles or aunts who survived the deceased	NIL	NIL
(k)	Uncles or aunts who did <u>not</u> survive the deceased	NIL	NIL
(l)	Children whose parents indicated at category (k) above <u>only</u> who survived the deceased (ie cousins of the deceased)	NIL	NIL
(m)	Other (please specify – you may need to submit a family tree clearly showing your link)	NIL	NIL

**Section E – Details of Applicant(s)**

20.		<b>Applicant 1</b>	<b>Applicant 2</b>
	<b>Surname or Company Name</b>	NAKADA	
	<b>Forename(s)</b>	YUKA	
	<b>Alias name(s) – (if any)</b>	/	
	<b>Full address (Including postcode)</b>	#201 318-1 SHIROHORI YUGAWARA-MACHI ASHIGARASHIMOGUN KANAGAWA 259-0305 JAPAN	
	<b>Occupation</b>	STUDENT	
	<b>Additional information</b>	/	
<b>Relationship to the Deceased</b>	DAUGHTER		

21.		<b>Applicant 3</b>	<b>Applicant 4</b>
	<b>Surname or Company Name</b>		
	<b>Forename(s)</b>		
	<b>Alias name(s) – (if any)</b>		
	<b>Full address (Including postcode)</b>		
	<b>Occupation</b>		
	<b>Additional information</b>		
<b>Relationship to the Deceased</b>			

22. Capacity in which applicant applies – please complete by indicating - in one relevant box - as appropriate

- (a) as an Executor named in the Will or Codicil(s)
- (b) (one of) the person(s) beneficially entitled to the estate of the deceased
- (c) as a Lawful Attorney (see Question 23 below)
- (d) the person entrusted with the administration of the estate by the Court in the deceased's country of domicile
- (e) a beneficiary named in the Will or Codicil(s)
- (f) other (see Question 23 below)

Applicant 1	Applicant 2	Applicant 3	Applicant 4
V			

23. If the role of an applicant is specified as "Lawful Attorney" or "other" in Question 22 above, please state who the applicant is Lawful Attorney for, or specify the role of the applicant respectively, below:

Applicant 1	
Applicant 2	
Applicant 3	
Applicant 4	

24. Please indicate what you are applying for:

- (a) Probate of the Will of the deceased
- (b) Administration of the estate of the deceased with the Will annexed
- (c) Administration of the estate of the deceased
- (d) Administration *de bonis non*
- (e) Administration *ad colligenda bona*
- (f) Administration *pendente lite*

V

If (d), (e) or (f) is indicated above, please provide a full explanation in the box below:

**Section F – Applications where the deceased died domiciled outside the Isle of Man**

25. Has Probate or Letters of Administration been granted outside of the Isle of Man? YES  Go to Q.26 NO  If NO, go to Q.28

26. Date of Grant

27. Details of Issuing Registry/Court

28. Date of Will, (and Codicils), if any, in respect of estate outside of the Isle of Man – other than the Will being submitted with this application

*(Please note that a plain copy of any other Wills (and Codicils) made by the deceased in respect of estate elsewhere in the world must be submitted with the application)*

*If there are no other Wills please state this clearly*

**Section G – Value of Estate**

29. Please indicate the gross value of the estate in the Isle of Man at the date of death of the deceased:

Please note: if not indicated, the maximum fee will be charged

Does not exceed £10,000	
Exceeds £10,000 but not £50,000	V
Exceeds £50,000 but not £125,000	
Exceeds £125,000 but not £250,000	
Exceeds £250,000 but not £500,000	
Exceeds £500,000 but not £1,000,000	
Exceeds £1,000,000	

**Section H – Oath** (\* where indicated, please delete as appropriate)

APPLICANT 1

NAKADA YUKA

I .....  
#201 318-1 SHIROHORI YUGAWARA-MACHI ASHIGARASHIMO GUN KANAGAWA 259-0305 JAPAN  
of .....

MAKE OATH and say that the particulars set out in this application are true (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\* of the deceased. (\*delete as appropriate)

I UNDERTAKE to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court -

- (a) to exhibit on oath in the Court a full inventory of the estate; and
- (b) to render an account of the administration of the estate to the Court.

I confirm that I am over the age of 18 years

Signature of Applicant 1

中田有香 (circled in red)      死亡保険金受取人サイン

Sworn at Tokyo, JAPAN

this 25th day of Nov. 2015

Before me

Kunio Sakuma



Commissioner for Oaths NOTARY Kunio SAKUMA

TOKYO LEGAL AFFAIRS BUREAU



APPLICANT 2

I .....  
of .....

MAKE OATH and say that the particulars set out in this application are true (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\* of the deceased. (\*delete as appropriate)

I UNDERTAKE to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court -

- (a) to exhibit on oath in the Court a full inventory of the estate; and
- (b) to render an account of the administration of the estate to the Court.

I confirm that I am over the age of 18 years

Signature of Applicant 2

[Empty signature box]

Sworn at .....

this ..... day of .....

Before me .....

Commissioner for Oaths

**APPLICANT 3**

I .....  
of .....

**MAKE OATH** and say that the particulars set out in this application are true (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\*) of the deceased. (\*delete as appropriate)

**I UNDERTAKE** to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court –

- (a) to exhibit on oath in the Court a full Inventory of the estate; and
- (b) to render an account of the administration of the estate to the Court.

I confirm that I am over the age of 18 years

Signature of Applicant 3

Sworn at ..... :

this ..... day of ..... :

Before me ..... :

.....  
Commissioner for Oaths

**APPLICANT 4**

I .....  
of .....

**MAKE OATH** and say that the particulars set out in this application are true (and that the paper writing(s)\* hereto annexed and marked by me contain(s)\* the last Will (with Codicil(s)\*) of the deceased. (\*delete as appropriate)

**I UNDERTAKE** to collect all the real and personal estate of the deceased and administer it according to law and when required to do so by the Court –

- (a) to exhibit on oath in the Court a full Inventory of the estate; and
- (b) to render an account of the administration of the estate to the Court.

I confirm that I am over the age of 18 years

Signature of Applicant 4

Sworn at ..... :

this ..... day of ..... :

Before me ..... :

.....  
Commissioner for Oaths



**Section X – Address for Service**

**Please state the name of the person (or the name of the Isle of Man Advocates) submitting the application**

**Box 1**

**NAKADA YUKA**

**Please state the address for service in the Isle of Man (full address including postcode)**

**Box 2**

**UNDERWRITING AND CLAIMS DEPARTMENT  
RL360 HOUSE  
COOIL ROAD  
DOUGLAS  
ISLE OF MAN  
BRITISH ISLES  
1M2 2SP**

**Please note all correspondence from the Probate Office will be sent to the nominated address for service in the Isle of Man**

## APPLICANT CHECKLIST REMINDER – DOCUMENTS REQUIRED

When submitting the completed application form, please remember to include:

For applications where deceased died domiciled in the Isle of Man	For applications where Probate or Administration has been obtained outside the Isle of Man
Application Form <input style="float: right;" type="checkbox"/>	Court sealed/certified copy Will* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>
Original Will* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>	Court sealed/certified copy Codicil(s)* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>
Original Codicil(s)* <i>(see notes below)</i> <input style="float: right;" type="checkbox"/>	Court sealed/certified copy Grant <input style="float: right;" type="checkbox"/>
Original Death Certificate* <input style="float: right;" type="checkbox"/>	Original Death Certificate* <input style="float: right;" type="checkbox"/>
Original Power of Attorney <input style="float: right;" type="checkbox"/>	Original Power of Attorney <input style="float: right;" type="checkbox"/>
Original Renunciation Form <input style="float: right;" type="checkbox"/>	Original Renunciation Form <input style="float: right;" type="checkbox"/>
Will(s)/Codicil(s) in respect of estate elsewhere in the World <input style="float: right;" type="checkbox"/>	Will(s)/Codicil(s) In respect of estate elsewhere in the World <input style="float: right;" type="checkbox"/>
Other Affidavits <input style="float: right;" type="checkbox"/>	Affidavit of Law <input style="float: right;" type="checkbox"/>
	Other Affidavits <input style="float: right;" type="checkbox"/>
Any other documents <i>(please describe below)</i>	
Probate Fee <input style="float: right;" type="checkbox"/>	Probate Fee <input style="float: right;" type="checkbox"/>
<b>Remember to include the cost of any additional copies etc. that may be required.</b>	

**\*Please note:**

**The Will (and each Codicil) must be freshly marked (that is to say signed, with full signatures, in a clear space on the front page of each only – (please note that to simply mark the document with initials is not sufficient) by both the applicant(s) and the Commissioner for Oaths before whom the application was sworn or affirmed. Photocopies of previous markings for other jurisdictions are not acceptable.**

**\*Please note:**

**If the original Death Certificate is not available, a certified copy from the Issuing Registry will be accepted.**

**FOR USE BY ADMIN OFFICE ONLY** (tick relevant boxes)

Probate Fee paid	<input type="checkbox"/>	Draft Application Fee paid	<input type="checkbox"/>
Swearing of Oath fee paid	<input type="checkbox"/>	To be charged to Account	<input type="checkbox"/>
Exhibit fee paid	<input type="checkbox"/>		

**ADDITIONAL DOCUMENTS REQUIRED & PAID FOR**

Certified Grant	<input type="checkbox"/>	Exemplified Grant	<input type="checkbox"/>
Certified Will	<input type="checkbox"/>	Exemplified Will	<input type="checkbox"/>
Certified Grant and Will	<input type="checkbox"/>	Exemplified Grant and Will	<input type="checkbox"/>
Certified Grant/Will/Codlcl(s)	<input type="checkbox"/>		

**FOR USE BY PROBATE OFFICE ONLY - DOCUMENTS RECEIVED** (tick relevant boxes)

Application Form	<input type="checkbox"/>	Court sealed/certified copy Will	<input type="checkbox"/>
Original Will	<input type="checkbox"/>	Court sealed/certified copy Codlcl(s)	<input type="checkbox"/>
Original Codlcl(s)	<input type="checkbox"/>	Court sealed/certified copy Grant	<input type="checkbox"/>
Death Certificate	<input type="checkbox"/>	Will(s)/Codlcl(s) in respect of estate elsewhere	<input type="checkbox"/>
Original Power of Attorney	<input type="checkbox"/>	Affidavit of Law	<input type="checkbox"/>
Original Renunciation Form	<input type="checkbox"/>	Other Affidavits	
Any other documents (please describe)	<input type="text"/>		

Once you are satisfied that you have completed all sections of the form that are applicable, please send this form and all supporting documentation to:

**The Probate Office  
Isle of Man Courts of Justice  
Deemsters Walk  
Bucks Road  
Douglas  
Isle of Man  
IM1 3AR**

**Web address:** <http://www.courts.im/court/procedures/willsandprobate/> **Email:** [probate@courts.im](mailto:probate@courts.im) **Tel:** (01624) 685243

