

# Application to release assets where there is a Will/ Probate/Letter of Administration

This form should be completed to request the release of a deceased person's Moveable Estate (Jersey)/Personalty (Guernsey) / where a Will/Grant of Probate/Letter of administration have or are due to be issued

## Definitions:

**The Will:** there could be two wills – one for movable estate and one for immovable estate. We require the part of the will naming the executors only.

**The Executor(s):** The person(s) appointed to perform the instructions of a **Will**.

**The Administrator(s):** The person(s) to whom monies can be paid to and is appointed to deal with deceased policyholder affairs if there is no **Will**.

**Grant of Probate:** Issued to the **Executors** named in a **Will**.

**Letters of Administration (with will):** Issued when no executor is named in a will or when the executors are unable or unwilling to apply for the grant.

**Letter of Administration (when there is no will):** The letter will name the person(s) to whom monies can be paid and is appointed to deal with deceased policyholder affairs.

## Note – No Grant of Probate will be issued:

- If the movable estate (personal items)/Personalty including cash, shares & share transfers, jewellery, arts & antique, cars & boats, is **in joint names**. (Through Marriage or Civil partnership)
- On Immovable estate (real estate) including freehold land and property, leases over 9 years, immovable estate in a different jurisdiction. Immovable estate will go through court like a new property.

## Documents to return with this form:

- Death Certificate
- Will (if applicable)
- Grant of probate &/or Letter of administration
- Motor Certificate & Windscreen disc (if cancelling a Motor insurance policy)

## DETAILS OF THE PERSON WHO HAS DIED

First Name and Middle Names:

Date of death:  /  /

Surname:

Place of death:

Place of domicile:

Policy Number(s):

## DETAILS OF THE PERSON REQUESTING THE RETURN OF ASSETS (THE APPLICANT)

First Name and Middle Names:

Surname:

Address (if different to the deceased):

Telephone:

Relationship to the deceased:

Email:

What documentation is being used to administer the estate?

Letter of Administration  Will  Grant of Probate

Are you the single Administrator/ Executor/ Trustee of the estate? Yes  No

*(If no, please pass this document to the other Executors to complete and sign on the supplementary page at the end of the document)*

**You must present the holder with proof of identity as part of the application**

## DETAILS OF THE COMPANY HOLDING THE ASSETS (THE HOLDER) – (For in office use only)

Company Name:

HEPBURNS GUERNSEY  
HEPBURNS JERSEY  
ISLANDS GUERNSEY/ALDERNEY  
ISLANDS JERSEY

Details of Assets  
(if applicable):

Broker/Handler:

Total Value:

## BACS payment:

Account Name:

Account Number:

Sort Code:



## Declarations by Applicant

I declare that:

- a) I am the applicant named above
- b) I am acting on behalf of the estate of the deceased and I will pay any share of the returned due, to anyone else entitled to it
- c) I am entitled to receive the moveable estate/ of the person who has died either: -
  - Under the terms of the will of the person who has died, OR -
  - Under the laws relating to intestate succession in the place in which the deceased was considered domiciled Note: intestate succession means the rules that govern how the deceased's estate is distributed amongst family members if they did not have a valid will in place
  - In accordance with the documentation supplied with this declaration
- e) The information I have provided in this application form, and the declaration I have made, is correct to the best of my knowledge.

Signature of Applicant:

*(Signatures are required to be handwritten in black ink)*

Printed Name of Applicant:

Date of signing:  DD /  MM /  YYYY

## Declarations by Holder

I declare that:

- a) I have checked the identification of the applicant
- b) The item(s) as described, is / are the entirety of the deceased's moveable estate, we hold

Signature of Holder:

*(Signatures are required to be handwritten in black ink)*

Printed Name of Holder:

Date of signing:  DD /  MM /  YYYY

**Warning: it is an offence, punishable by a fine and imprisonment, knowingly to make or cause to be made any false declaration under Article 19F of the Probate (Jersey) Law 1998**

# Additional Executors

Signature:

*(Signatures are required to be handwritten in black ink)*

Print Name(s):

Date of signing:  DD /  MM /  YYYY

Signature:

*(Signatures are required to be handwritten in black ink)*

Print Name(s):

Date of signing:  DD /  MM /  YYYY

Signature:

*(Signatures are required to be handwritten in black ink)*

Print Name(s):

Date of signing:  DD /  MM /  YYYY

Signature:

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