



NOTICE OF DEATH BY SURVIVING PROPRIETOR ON AN INSTRUMENT

Form 016 - NDI

Land Titles Act 1925

LODGING PARTY DETAILS			
Name	Email Address	Customer Reference Number	Contact Telephone Number

TITLE AND LAND DETAILS					
Volume & Folio	District/Division	Section	Block	Unit	Registered Instrument Number

FULL NAME OF SURVIVING TENANT (Surname Last)	FULL POSTAL ADDRESS (including post code)

FULL NAME OF DECEASED	DATE OF DEATH

CERTIFICATION <i>*Delete the inapplicable</i>
Surviving Joint Tenant *The Certifier has taken reasonable steps to verify the identity of the Surviving Joint Tenant or his, her or its administrator or Attorney *The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document. *The Certifier has retained the evidence to support this Registry Instrument or Document. *The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant law and any Prescribed Requirement. Signed By: <Name of certifying party> <Capacity of certifying party> for: <Company name> on behalf of the Surviving Joint Tenant

OFFICE USE ONLY			
Lodged by		Registered date / by	
Data entered by		Attachments/Annexures	