



NOTICE OF DEATH BY SURVIVING PROPRIETOR

Form 015 - ND

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

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

FULL NAME OF DECEASED (Surname Last)	DATE OF DEATH

CERTIFICATION <i>* Delete the inapplicable</i>
<p>Surviving Proprietor</p> <p>* The Certifier has taken reasonable steps to verify the identity of the Surviving Proprietor or his, her or its administrator or Attorney</p> <p>* The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document.</p> <p>* The Certifier has retained the evidence to support this Registry Instrument or Document.</p> <p>* 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.</p> <p>Signed By:</p> <p><Name of certifying party> <Capacity of certifying party></p> <p>for: <Company name></p> <p>on behalf of the Surviving Proprietor</p>

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