

NOTICE OF DEATH BY SURVIVING PROPRIETOR

Form 015 - ND

Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge a notice of death by surviving proprietor under the *Land Titles Act 1925* (the Act). You can access the Act at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accesscbr.

PRIVACY INFORMATION

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of issuing a registration under the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General provides identifiable information to law enforcement and other Directorates that have legal authority to request information under prescribed circumstances. These agencies may also use this information to prepare and sell property sales reports to commercial organisations concerned with the development, sale or marketing of land.

INSTRUCTIONS FOR COMPLETION

- Original registered Death Certificate or certified true copy of original must be supplied with lodgement of this form.
- A Buyer Verification Declaration must be completed prior to lodgement of this form. The submission date and reference number must be recorded on this form.
- The certificate of title or production of title consenting to the registration of this document is required for lodgement.
- All information should be typed or clearly printed. If completing this form by hand please use a solid black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- The first named surviving proprietor on this form will be the primary contact for ACT Revenue Office purposes if there is more than one surviving proprietor.
- Any alteration to information provided on this form must be struck through with a black pen. Substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape.
- Ensure all required documents are attached. If there is insufficient space in any panel, please use an Annexure Sheet.
- Execution by:
 - a) **A Natural Person** – Should be witnessed by an adult person who is not a party to the document.
 - b) **Attorney** – if this document is executed by an Attorney pursuant to a registered power of attorney, it must set out the full name of the attorney and the form of execution must indicate the source of his/her authority e.g. "AB by his/her attorney XY pursuant to Power of Attorney ACT Registration No..... of which he/she has no notice of revocation". (This execution requires a witness).
 - c) **Agent** – if this document is executed by an Agent for the Surviving Joint Tenant – the full name and address of the agent should be provided at the execution.

LODGE MENT AND CONTACT INFORMATION

Website:

accesscanberra.act.gov.au

General Enquiries:

13 22 81

In Person:

Environment, Planning and Land Shopfront

Ground Floor South, Dame Pattie Menzies House, 16 Challis Street, Dickson

Opening hours - Monday to Friday 8:30am to 4:30pm (*excluding public holidays*)



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LODGING PARTY DETAILS		
Name	Email Address	Contact Telephone Number

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

REPRESENTING SOLICITOR DETAILS (Complete if applicable – otherwise state below “Not Applicable”)		
Name of Firm	Solicitor Email Address	Solicitor Name

THE BUYER VERIFICATION DECLARATION HAS BEEN SUBMITTED (must be completed prior to lodgement of this document)
<input type="checkbox"/> Yes – (provide date and reference number, if there are multiple submissions provide details for all) Submission Date: _____ Reference Code: _____

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

FULL NAME OF DECEASED (Surname Last)	DATE OF DEATH

DEVELOPMENT STATUS (Tick the appropriate box – one box must be completed)				
<input type="checkbox"/> Land Only	or	<input type="checkbox"/> Incomplete Building	or	<input type="checkbox"/> Building Completed
LAND USE (Tick the appropriate box – one box must be completed)				
<input type="checkbox"/> Residential	or	<input type="checkbox"/> Commercial	or	<input type="checkbox"/> Rural

EXECUTION OF SURVIVING JOINT TENANT	
Print full name of Surviving Joint Tenant / Solicitor / Agent	Print full name and address of witness
Signature of applicant (if Agent – address also required)	Signature of witness
Dated -	Dated -

OFFICE USE ONLY			
Lodged by		Certificate of title lodged	
Data entered by		Certificates attached to title	
Registered by		Death certificate sighted	
Registration date		Production	