

address

(including postcode)

Claim Form (probate claim)

| In the | |
|-----------------|--|
| Claim no. | |
| Fee Account no. | |

| In the estate | e of | deceased (Prob | ate) | |
|-------------------------|-------------|----------------|-----------|------|
| Claimant(s) | | | | SEAL |
| | | | | |
| Defendant(| s) | | | |
| Duint dataile | o of alaine | | | |
| Brief details | s of Claim | | | |
| | | | | |
| | | | | |
| | | | | |
| Defendant's name and | | C | Court fee | |

Legal Representative's costs

Issue date

N2 Claim form probate (05.14)

To be assessed

| | Claim no. | | | | | |
|--|--|---|--|--|--|--|
| Does, or will, your claim include any issues under the Human Rights Act 1998? Yes | | | | | | |
| Particulars of Claim (attached)(to follow) | | | | | | |
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| Statement of Truth | | | | | | |
| *(I believe)(The claimant believes) that the facts stated in this claim form are true. * I am duly authorised by the claimant to sign this statement. | | | | | | |
| signed | | _ | | | | |
| *(Claimant)(Litigation friend(where claimant is a child or a protected party))(Claimant's legal representative) *delete as appropriate | | | | | | |
| Full name | | | | | | |
| Name of claimant's legal representative's firm | | | | | | |
| position or office held | | | | | | |
| (ii signing on benail of a company) | | | | | | |
| | Claimant's or claimant's legal representative's address to which documents should be | S | | | | |

sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.