



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.ors.act.gov.au.

PRIVACY INFORMATION

The Act authorises the Registrar-General to collect the information required by this form. The Registrar-General provides identifiable information to various agencies including, but not limited to, the Environment and Sustainable Development Directorate, Chief Minister and Treasury Directorate, Canberra Connect and ACTEWAGL for conveyancing, municipal account administrative, statistical and valuation purposes. 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.

CONTACT INFORMATION

Lodge in person at the **Office of Regulatory Services:** 255 Canberra Avenue, Fyshwick ACT 2609
Office Hours: 9:00am to 4:30pm Monday to Friday

General enquiries telephone number: (02) 6207 0491
Website address: www.ors.act.gov.au

INSTRUCTIONS FOR COMPLETION

- Original registered Death Certificate or certified true copy of original must be supplied with lodgement of 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.
- 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.



LAND TITLES OFFICE OF REGULATORY SERVICES **ACT Justice and Community Safety Directorate**

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LODGING PARTY DETAILS Name							
Name		LODGING PARTY DETAILS					
Trume	Post	Postal Address		Contact Telephone Number			
TITLE AND LAND DETAILS							
Volume & Folio District/Division		Section Blo		ock Unit			
FULL NAME OF SURVIVING TENANT		FULL POSTAL ADDR	RESS (including	nost code)			
(Surname Last)			(meraamg	post code;			
FULL NAME OF DECEASED (Surname Last)		DATE OF DEATH					
EXECUTION OF SURVIVING JO	DINT 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 lo	odged				
Data entered by		Certificates attache	d to title				
Registered by		Attachments / Anno	exures				
Registration date		Death certificate sig	ghted				