

NOTICE OF DEATH BY SURVIVING PROPRIETOR ON AN INSTRUMENT

Form 016 - NDI

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 NOTICE

The collection of personal information in this form is required by law under the *Land Titles Act 1925*, to ensure accurate and legal transfer of title or registration of other interests relating to land and for maintaining publicly searchable registers and indexes. Personal information collected on this form will be handled in accordance with the Territory Privacy Principles in Schedule 1 of the Information Privacy Act 2014. More detailed information about how Access Canberra handles this personal information is available at: <https://www.act.gov.au/acprivacy>

INSTRUCTIONS FOR COMPLETION

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

CERTIFICATIONS

Any inapplicable certification statement(s) must be deleted.

Certification statements must be made by the Certifier, being one of the following:

- a. A legal practitioner**
- b. If the applicant is not represented by a legal practitioner – the applicant (i.e. self- represented party)**
- c. If a party to an instrument is not represented by a legal practitioner – that party (i.e. self-represented party)**

All certifications apply where the Certifier is a legal practitioner.

The first two listed certifications do not apply where the Certifier is a self-represented party. Self-represented parties are only required to make certifications relating to retaining evidence to support the registry instrument or document and ensuring the registry instrument or document is correct and compliant with relevant legislation and any prescribed requirement.

By certifying this form, the legal practitioner acknowledges they have taken reasonable steps to verify that their client or his, her or its administrator or attorney is a legal person and has the right to enter into the conveyancing transaction.

Note: - An attorney or a body corporate cannot make certification statements.

LODGEMENT INFORMATION

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*)

CONTACT INFORMATION

Email: actlandtitles@act.gov.au

Phone: (02) 6207 0491



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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		DATE OF DEATH		
REGISTERED DEALING NUMBER		TYPE OF DEALING (Sublease, Mortgage, Caveat)		
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 legislation 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	