

**FORM 1**  
**PETITION**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

Application is hereby made for a GRANT OF [state nature of grant sought] in respect of the real and personal estate and effects of *(state full name)* late of *(state full address)*, deceased.

Dated the day of \_\_\_\_\_, 20 .

.....  
(Print name of applicant)

.....  
(Signature of applicant)

To: The Registrar of the Supreme Court.

**FORM 2**

**AFFIDAVIT OF ATTESTING WITNESS IN PROOF OF THE DUE  
EXECUTION OF A WILL OR CODICIL**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I, *(State full name)*, of *(state full address)* in the island of *(state name of island)(state occupation)* make oath and say [do solemnly, sincerely, and truly declare and affirm] that -

1. I am one of the attesting witnesses to the last will and testament [or codicil as the case may be], of *(state full name)*, late of *(state full address)*, deceased.
2. The said will [codicil] dated the day of , 20 is hereto annexed and marked "A".
3. The deceased executed the said will [codicil] on the day of the date thereof, by signing his/her name [at the foot or end thereof], as the same now appears thereon, in the presence of *(name of the other witness)* and me, both of us being present at the same time, and we thereupon attested and subscribed the said will [codicil) in the presence of the said testator.

.....  
Name of witness

Sworn at            on the            day of            20.

BEFORE ME

**FORM 3**

**OATH OF AN EXECUTOR**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)*, late of *(state full address)*, deceased.

I/We,

A. *(full name of executor)* of *(address)*,*(occupation)*

B. *(full name of executor)* of *(address)*,*(occupation)*

C. *(full name of executor)* of *(address)*,*(occupation)*

D. *(full name of executor)* of *(address)*,*(occupation)*

make oath and say [do solemnly and sincerely declare and affirm] that —

1. I/We believe the annexed paper writing marked “A” to contain the true and original last will and testament [and/or codicil] of the deceased *(name of deceased)* who died on the day of 20 , at *(state full address)* domiciled *(state name of place of domicile)*.

2. The annexed document marked “B” is a certified copy of the death certificate of the deceased.

3. To the best of my knowledge, information and belief the said *(state name of deceased)* at the date of [his][her] death was seised in fee simple in possession *(give particulars of description of land)*.

4. I/we am/are the executor(s) [one of the executors] therein named.

5. Notice was given to the executors to whom power has been reserved namely *(state full names)* on the day of 20.

6. The [certified copy of the death certificate of] [deed of renunciation of probate made by *(name of executor who has died or renounced probate)*] is annexed and marked “C”.

7. I/We undertake that in the event that such grant being made to me/us, I/we shall, *(where such information is not obtainable upon the filing of the petition)*, within —

- (a) six months after the date of the grant of representation, where the estate of the deceased is situate on New Providence;

- (b) nine months after the date of the grant of representation, where the estate of the deceased or any part thereof is situate on any of the Family Islands,

cause to be filed a duly completed return in respect of the true value and personal effects and estate of the deceased in accordance with Form 16.

8. I/We will well and faithfully administer the real and personal estate and effects of the deceased, pay his/her just debts and the legacies contained in his/her will [or will and codicil], and distribute the residue of his/her estates according to law.

9. I/We will exhibit a true and perfect inventory of all and singular the said real and personal estates and effects and render a just and true account thereof, whenever required by law so to do;

10. I/We will pay the just debts of the deceased owing at the time of his decease.

11. To the best of our/my knowledge, information and belief, the whole of the property of the said deceased to be affected by the grant applied for, is comprised or referred to in the Schedule annexed to this affidavit and the personal estate and effects of which the said deceased died possessed, are under the value of (*specify sum*) dollars.

.....  
Names of Executor(s)

Sworn at on the day of .....20 .

BEFORE ME,  
REGISTRAR/NOTARY PUBLIC



SCHEDULE

PART A

**ESTIMATED VALUE OF PERSONAL ESTATE AND EFFECTS OF  
DECEASED**

\$	
Household goods, linen, wearing apparel, books, plate, jewels, etc.	\$25.00
Money in possession of the deceased at the time of his/her death.	Nil
Amounts deposited in a bank — (Provide full information on account(s))	
with interest (fixed savings, annuities or other interest accruing accounts)	Nil
without interest	Nil
Money out on mortgage or loan	Nil
Other securities, stock in trade, farming stock, and implements of husbandry	Nil
Other personal estate not comprised under the foregoing heads	Nil
<b>TOTAL ESTIMATED VALUE OF PERSONAL ESTATE AND EFFECTS</b>	<b>\$25.00</b>

PART B

REAL ESTATE OWNED BY THE DECEASED

*(State here a description of the real estate of the deceased identifying the boundaries thereof, how the property is held (whether held as sole owner or tenant in common) and provide a copy of proof of ownership or if unavailable, such other evidence or explanation as may be acceptable to the court)*

*Lot No. 336 Bay Street, in the City of Nassau*

*Approximately 20ft. by 200ft.*

*Occupied by John Brown*

*OR*

*Land with dwelling house therein known as "Jumper Estate", on Farm Road, Southern District of the Island of New Providence.*

*Approximately 2 acres. Occupied by Samuel Smith.*

*OR*

*Farm land called "The Grove Estate", at Tarpum Bay, in the Island of Eleuthera.  
Approximately 20 acres. Leased to Joan Doe.*

*OR*

*Vacant land at "Camperdown" in the Island of Andros.  
Approximately 40 acres.*



**FORM 4**

**CERTIFICATE AS TO GRANT OF PROBATE**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

BE IT KNOWN that—

1. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the last will and testament [and codicil] of *(state full name)* late of *(state full address)* deceased who died on the day of \_\_\_\_\_, 20\_\_\_\_ at *(state full address)* was proved and registered in this court.

2. Administration of all the real and personal estate and effects of the said deceased was granted by this court to *(state name of executor(s))*, the sole executor *(or as the case may be)* named in the said will, he/she/they having been first sworn well and faithfully to administer the same according to law and to render a just and true account thereof whenever required by law so to do.

3. The grant is in full force and effect and has not been revoked.

Dated the day of 20\_\_\_\_\_ .

.....

JUDGE

**FORM 5**

**OATH FOR AN ADMINISTRATOR WITH THE WILL**

IN THE SUPREME COURT 20 /PRO/npr/00

PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I, *(state full name of intended administrator)*, of *(state full address)*,*(occupation)* in the island of *(state name of island)* make oath and say that —

1. I believe the paper writing (or the paper writings) hereunto annexed and marked by me to contain [the true and original last will and testament] [or a copy of the true and original last will and testament] [or the last will and testament with codicil(s)] of the deceased *(state full name)*, late of *(state full address)* who died on the *(state date)* day of *(state month)*, 20 in the island of *(state name of island)*, domiciled in *(state name of place of domicile)*.

2. The deceased died *(state status of deceased, e.g. spinster, widower)* survived by *(state full names of survivors)*.

3. *(State name of executor)*, *(insert his/her relationship, if any, to the deceased)* the sole executor therein named, survived the said deceased, and is since dead without having taken probate thereof *(or recite the facts as they may be)*.

4. I am the *(insert the relationship to deceased, if any)* residuary legatee in trust named therein *(or recite the facts as they may be)*.

5. I/We undertake that in the event that such grant being made to me/us, I/we shall, *(where such information is not obtainable upon the filing of the petition)*, within —

- (a) six months after the date of the grant of representation, where the estate of the deceased is situate on New Providence;
- (b) nine months after the date of the grant of representation, where the estate of the deceased or any part thereof is situate on any of the Family Islands,

cause to be filed a duly completed return in respect of the true value and personal effects and estate of the deceased in accordance with Form 16.

6. I will well and faithfully administer the real and personal estate and effects of the deceased, pay his/her just debts and the legacies contained in his/her will [or will and codicil(s)], and distribute the residue of his/her estates according to law.

7. I will exhibit a true and perfect inventory of all and singular the said real and personal estate and effects and render a just and true account thereof, whenever required by law so to do;

8. The testator died at *(state name of place)* on the day of 20 .

9. The said testator at the time of his death had a fixed place of abode at *(state full address)*.

10. To the best of my knowledge, information and belief, the whole of the property of the said deceased to be affected by the grant applied for, is comprised or referred to in the Schedule annexed to this affidavit and the personal estate and effects of which the said deceased died possessed, are under the value of *(specify amount)* dollars.

Sworn at on the day of 20 .

.....  
Print name of Intended Administrator(s)

.....  
Signature of Intended Administrator

BEFORE ME  
REGISTRAR/NOTARY PUBLIC

SCHEDULE

(SAME SCHEDULE AS IN FORM 3)

**FORM 6**

**ADMINISTRATION BOND FOR AN ADMINISTRATOR WITH THE  
WILL**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of (*state full name*) late of (*state full address*), deceased.

BE IT KNOWN, that —

1. We,
  - (a) (*state full name, full address and occupation of each administrator*);
  - (b) (*state full name, full address and occupation of each bondsman*),

are jointly and severally bound unto the Honourable Chief Justice in the sum of (*state full amount in words and numbers*), to be paid to the said Chief Justice, for which payment well and truly to be made we bind ourselves, our heirs, executors and administrators.

2. If (*state full name*) the intended administrator(trix) with the will annexed of all the real and personal estate and effects of the said (*state full name of deceased*), late of (*state full address*) deceased, who died on the day of 20 , do, when lawfully called on in that behalf —

- (a) collect and get in the estate of the deceased and to administer it according to law;

- (b) make or cause to be made a true and perfect inventory of all the said estate and effects of *(state full name of deceased)*, which have or shall come to his hands, possession or knowledge;
- (c) cause the inventory so made to be exhibited into the Registry of the Supreme Court whenever required by law so to do;
- (d) pay the debts of the said deceased which *(name of deceased)* did owe at his/her decease;

- (e) pay the legacies contained in the said will annexed to the said letters of administration, as far as the said estates and effects will thereto extend, and the law charge him;
- (f) make or cause to be made a just and true account of his said administration when he shall be thereunto lawfully required;
- (g) deliver the rest and residue of the said real and personal estate and effects and pay unto such person or persons as shall be by law entitled thereto,

then this obligation shall be void and of no effect, or else to remain in full force and virtue.

Dated the day of \_\_\_\_\_, 20

(signature).....(Seal)

Type name of Bondsman

(signature).....(Seal)

Type name of Bondsman

Signed, sealed and delivered by the within named (*state name of bondsmen*) in the presence of :

REGISTRAR/NOTARY PUBLIC



**FORM 7**

**CERTIFICATE AS TO GRANT OF LETTERS OF ADMINISTRATION  
WITH THE WILL ANNEXED**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)*, late of *(state full address)*, deceased.

BE IT KNOWN, that —

1. *(State full name)* late of *(state full address)* deceased, who died on the..... day of 20 at *(state full address)* and who at the time of his death had a fixed place of abode at *(address)*, made and duly executed his last Will and Testament [and codicils thereto] and did therein name *(name of executor)**(or did not therein name any)* executor *(or as the case may be)*.

2. On the day of 20 , a grant of letters of administration with the said will annexed of all the real and personal estate and effects of the said deceased was granted by the court to *(full name of administrator(s))*, the *(state the capacity in which the grant is taken)* of the deceased, he/she having been first sworn well and faithfully to administer the same according to law and to render a just and true account of all the real and personal estate of the said deceased whenever required by law so to do.

3. The grant is in full force and effect and has not been revoked.

Dated the day of 20 .

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JUDGE

**FORM 8**

**OATH OF ADMINISTRATOR**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of (state full name)late of (state full address), deceased.

I, *(full name of intended administrator)*, of *(state full address)*,*(occupation)* make oath and say *(do solemnly, sincerely and truly declare and affirm)* that -

1. *(Full name of deceased)*, late of *(state full address)* deceased, died intestate on the day of 20 in *(state place of death)*, a *(state status of deceased, e.g. spinster, widower and, where necessary, clear off any class entitled in priority to the applicant(s), e.g. "without issue or parent")*, domiciled in *(state name of place of domicile)*.

2. That the deceased died *(state marital status)* leaving *(state name of spouse and issue here)*.

3. The annexed document marked "A" is a certified copy of the death certificate of the deceased.

4. I am the lawful *(state relationship to deceased showing entitlement to grant)* of the deceased and to the best of my knowledge information and belief there is no other person entitled in priority to share in his/her estate by virtue of any enactment.

5. I/We undertake that in the event that such grant being made to me/us, I/we shall, *(where such information is not obtainable upon the filing of the petition)*, within —

- (a) six months after the date of the grant of representation, where the estate of the deceased is situate on New Providence;
- (b) nine months after the date of the grant of representation, where the estate of the deceased or any part thereof is situate on any of the Family Islands,

cause to be filed a duly completed return in respect of the true value and personal effects and estate of the deceased in accordance with Form 16.

6. I will well and faithfully administer the real and personal estate and effects of the deceased, pay his/her just debts and the legacies contained in his/her will [or will and codicils], and distribute the residue of his/her estate according to law.

7. I will exhibit a true and perfect inventory of all and singular the said estate and effects, and render a just and true account of my administration, whenever required by law so to do.

8. The said deceased died at *(state name of place)* on the day of 20 .

9. The said deceased at the time of his death had a fixed place of abode at *(state name of place)*.

10. To the best of my knowledge, information and belief, the whole of the property of the said deceased to be affected by the grant applied for is comprised or referred to in the Schedule annexed to this affidavit, and the personal estate and effects of which the said deceased died possessed are under the value of *(state amount)* dollars.

SCHEDULE

(SAME SCHEDULE AS IN FORM 3)

Sworn at on the day of 20

.....  
Print name of Intended Administrator

.....  
Signature of Intended Administrator

BEFORE ME  
REGISTRAR/NOTARY PUBLIC



**FORM 9**

**AFFIDAVIT OF HEIRSHIP**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* of *(state full address)*, deceased.

I, *(state full name, full address and occupation)* make oath and say that —

1. I am *(state age)* years old.
2. I have known the late *(state name of deceased)* for *(state number of years)*.
3. The said *(name of deceased)* died on the *(specify the date of death of the deceased)*

*(Give particulars here stating whether deceased died without any issue or died leaving a wife/husband, children, brother or sisters (as the case may be).*

4. I make this affidavit for the purpose of establishing that *(name of persons)* is/are the heirs-at-law of the said *(name of deceased)*.
5. The contents of this affidavit are correct and true.

Sworn at on the day of 20 .

BEFORE ME



**FORM 10**

**ADMINISTRATION BOND FOR LETTERS OF ADMINISTRATION**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

BE IT KNOWN, that We —

- (a) *(state full name, full address and occupation of each administrator);*
- (b) *(state full name, full address and occupation of each bondsman),*

are jointly and severally bound unto the Supreme Court in the sum of *(state full amount in words and numbers)* to be paid to the said Supreme Court, for which payment well and truly to be made we bind ourselves, our heirs, executors and administrators.

The CONDITION of this obligation is such, that if *(state full name)* *(state the capacity in which the applicant is applying for e.g. the intended administrator(trix))* of all the real and personal estate and effects of the said deceased do, when lawfully called upon in that behalf —

- (a) to collect and get in the estate of the deceased;
- (b) to make or cause to be made a true and perfect inventory of all the said estate and effects of *(state full name of deceased)*, which have or shall come to his hands, possession or knowledge or into the hands and possession of any other person for him/her;
- (c) to cause the inventory so made to be exhibited into the Registry whenever required by law so to do;
- (d) to well and truly administer according to the law the real and personal estate and effects of the deceased at the time of his death which at any time after shall come into the hands or possession of the said *(full name of administrator)* or into the hands or possession of any other person or persons for *(state full name of administrator)*;
- (e) to pay the debts of the said deceased which *(state full name of deceased)* did owe at his decease;

- (f) to make or cause to be made a just and true account of his said administration when he shall be thereunto lawfully required;
- (g) to deliver and pay the rest and residue of the said real and personal estate and effects unto such person or persons as shall be by law entitled thereto,

and if it shall hereafter appear that any last will and testament was made by the said deceased and the executor or executors, or other persons therein named, do exhibit the same into the said court, making request to have it allowed and approved accordingly, if the said *(state full name of intended administrator)* being thereunto required do render and deliver the said Letters of Administration *(approbation of such testament being first had and made)* in the said court, then this obligation shall be void and of no effect, or else to remain in full force and virtue.

Dated the day of 20 .

.....(Signature)(Seal)

(Type Name of Bondsman)

.....(Signature)(Seal)

(Type Name of Bondsman)

.....(Signature)(Seal)

(Type Name of Bondsman)

Signed, sealed and delivered by(*state name of bondsmen*) in the presence of :

REGISTRAR/NOTARY PUBLIC

**FORM 11**

**PUBLIC NOTICE OF APPLICATION IN THE PROBATE DIVISION OF  
THE SUPREME COURT**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)*, late of *(state full address)*, deceased.

IT IS HEREBY NOTIFIED, for the information of those it may concern,  
that *(state full name)* of *(state full address including name of island)* has made  
application at the PROBATE DIVISION of the Supreme Court, for a grant of  
*(state nature of grant)* in respect of the real and personal estate of *(state full  
name)* late of *(state full address)*, deceased.

This advertisement is published from the day of 20 to the day of , 20 and  
NOTICE IS HEREBY GIVEN that the application will be heard by the court at  
the expiration of 21 days from the last date hereof.

Dated this day of 20

.....  
.....  
NB: *A copy of this notice shall be returned to the Registrar by the Family Island  
Administrator within seven days of the last day of publication pursuant to rule  
10(6).*

**FORM 12**

**CERTIFICATE AS TO GRANT OF LETTERS OF ADMINISTRATION**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)*, late of *(state full address)*, deceased.

BE IT KNOWN that —

1. On the day of 20 , a grant of Letters of Administration of all the real and personal estate and effects of *(full name of deceased)*, late of *(state full address)* deceased, who died intestate on the day of 20 , at *(state full address)* was granted by the court to *(full name of administrator(s))* of *(state full address)*, the *(state relationship)* of the said deceased, he/she having been first sworn well and faithfully to administer the same according to law and to render a just and true account of all the real and personal estate of the said deceased whenever required by law so to do.

2. The grant is in full force and effect and has not been revoked.

Dated the day of , 20

.....

JUDGE

**FORM 13**

**RENUNCIATION OF PROBATE**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

1. *(State full name)* of *(state full address)* deceased, died on the day of 20 having made and duly executed his last will and testament, bearing date the day of 20 and thereof appointed the undersigned *(state full name)* *(sole executor, beneficiary or residuary legatee and devisee {in trust})* *(or recite the facts as the case may be)*:

2. I, the said *(name of person entitled to apply)* of *(state full address)* do hereby declare that I have not inter-meddled in the estate of the said deceased, and will not hereafter inter-meddle therein with intent to defraud creditors.

3. I do hereby renounce all my right and title to probate and execution of the said will [or to letters of administration *(with or without the said will annexed as the case may be)*] of the estate of the said deceased.

.....  
Signature of person entitled to apply

Signed by the said *(name of person entitled to apply)* as a deed this day of 20 in the presence of :

.....

(Witness' name, address and occupation)

FORM 14

RENUNCIATION OF ADMINISTRATION

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

1. *(State full name of deceased)* of *(state full address)* deceased, died on the day of 20 intestate, a widow, leaving *(state full name)*, her *(state relationship)* and the only person entitled to her estate *(or a person entitled)(or recite facts as the case may be)*:

2. Now I, the said *(state full name of person entitled to apply)* of *(state full address)* do hereby renounce all right and title to letters of administration of the estate of the said deceased.

3. I the said *(state full name of person entitled to apply)* as aforesaid hereby consent to a grant of letters of administration in the estate of the said *(state full name of deceased)* deceased, being granted by the Supreme Court to my said *(state relationship to the applicant)* of *(state full address)*.

.....

Signature of person entitled to apply

Signed by the said *(name of personal entitled to apply)* as a deed this day of 20 in the presence of

.....  
(Witness' name, address and occupation)

**FORM 15**

**AFFIDAVIT OF PLIGHT AND CONDITION AND FINDING**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I, *(state full name)*, of *(state full address)* make oath and say that —

1. I am the sole executor named in the last will and testament of *(state full name)* of *(state full address)* deceased, [or recite the facts as the case may be] the said will bearing date the day of 20 being now produced to me and marked ‘A’.

2. Having viewed and perused the said will and particularly observed [here recite the various obliteration, interlineations, erasures, and alteration (if any), or describe the plight and condition of the will, or any other matters requiring to be accounted for, and set forth the finding of the will in its present state, and if possible, trace the will from the possession of the deceased in his lifetime up to the time of making the affidavit] the same is now in all respects in the same state, plight and condition as when found [or recite facts as the case may be] by me as aforesaid.

Sworn at on the day of 20

BEFORE ME

**FORM 16**

**RETURN OF THE VALUE OF THE PERSONAL ESTATE AND  
EFFECTS OF DECEASED**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

RETURN of the value of the personal estate and effects of *(state full name)* late of *(state full address)*, deceased.

\$

Net sales of a portion of the  
personal estate or effects of the  
deceased, sold at auction on the  
day of 20 as per  
account sales annexed

\_\_\_\_\_

Articles sold by the Executor/  
Administrator at private sale  
*(here specify articles)*

\_\_\_\_\_

Articles specifically bequeathed and  
appraised as follows *(here name articles)*

\_\_\_\_\_

Articles taken by the Executor/  
Administrator at their appraised  
value *(here name articles)*

\_\_\_\_\_

Amount of money in possession of the  
deceased at the time of death

\_\_\_\_\_

Sums collected by the Executor/  
Administrator since death

\_\_\_\_\_

Debts still due to the estate,

considered as good and separate,  
estimated at

\_\_\_\_\_

Amount deposited in the Bank at  
the time of the death of the  
deceased where interest accrues  
*(Specify all accounts including bank account no.  
e.g. fixed, savings, annuities, or other interested  
accruing accounts.)*

\_\_\_\_\_

Amount deposited in the Bank, where  
no interest accrues

\_\_\_\_\_

Total value of the estate of the deceased on which  
fees are chargeable

\_\_\_\_\_

\_\_\_\_\_

I, *(state full name)(Executor/Administrator)* of the last will and testament of the  
deceased *(state full name)*, declare that the foregoing contains, to the best of my  
knowledge and belief, a true account of the value of the personal estate of the  
said *(state full name)*.

Declared before me this                      day of                      20

REGISTRAR/NOTARY PUBLIC

**FORM 17**

**WARRANT OF APPRAISEMENT**

IN THE SUPREME COURT 20 /PRO/(cpr/npr)/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I HEREBY DIRECT you,

(a) *(State full name of appraiser)*.....;

(b) *(State full name of appraiser)*.....,

- (i) to make a just and true inventory and appraisal of the value of the personal estate or any part thereof of *(state full name of deceased)*, late of *(state full address)*, deceased which was produced by *(name of executor or administrator)*;
- (ii) to make a return setting forth the nature and value of the same and to file same in the Registry; and
- (iii) to make a declaration as to the truth of the return before the Registrar/notary public in the attached Memorandum.

GIVEN under my hand and seal at New Providence, the day of 20 .

JUDGE

To: *(state full names)*

MEMORANDUM

This day of 20 , personally appeared before me being of the Appraisers appointed to appraise the personal estate of *(name of deceased)*, late of *(state full address)*, deceased, who solemnly declared that they have made a just and true inventory and appraisement of all and the personal estate of the said deceased, which was produced by *(name of executor or administrator)*, of the estate of the said deceased, and that the return made by them and certified under their hands is a true and perfect inventory and appraisement of such personal estate.

Declared to before me this day of \_\_\_\_\_, 20 \_\_\_\_\_ by the within named

---

Name of Bailiff

In the presence of

REGISTRAR

**FORM 18**  
**STANDING SEARCH**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I/We apply for the entry of a standing search so that there shall be sent to me/us an office copy of every grant of representation made in respect of the following deceased —

Full name of deceased:

Full address:

Alternative or alias names:

Deceased date of death:

Deceased date of birth:

which either has issued not more than 12 months before the entry of this application or issues within a period of 6 months after the entry of this application.

Name (in block capitals):

Full mailing address:

Signature:

**FORM 19**

**CAVEAT**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

LET NO GRANT be sealed in the estate of *(state full name)* deceased,  
who died on the day of 20 of *(state full address)* without notice to *(name of party  
by whom or on whose behalf caveat is entered)*.

Dated the day of 20

.....  
(Caveator or his Attorney)

(Address for service)

[Attorney for the said caveator or name and address of the caveator if done in  
person]



**FORM 20**

**WARNING TO CAVEATOR**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

To *(state full name)* of *(state full address)* a party who has entered a caveat in the estate of *(state full name)*, deceased.

1. You have eight days *(starting with the day on which this warning was served on you)* —

- (a) to enter an appearance either in person or by your Attorney, at the *(state name and address of the Registry in which the caveat index is maintained)*, setting out what interest you have in the estate of the above-named *(state full name)* of *(state full address)*, deceased, contrary to that of the party at whose instance this warning is issued; or
- (b) if you have no contrary interest but wish to show cause against the sealing of a grant to such party, to issue and serve a summons for directions by a judge or a Registrar of a district probate Registry.

2. If you fail to do either of these, the court may proceed to issue a grant of probate or administration in the said estate notwithstanding your caveat.

Dated the day of 20

Issued at the instance of *(state full name)* and dated the day of 20 or as the case maybe, setting out the name and interest of the person warning and the date of any will, with specified codicils, if any, under which the interest arises] whose address for service is *(state full address)*, [Attorney for C.D. or in person]

.....

Signature

**FORM 21**

**AFFIDAVIT OF SERVICE OF WARNING AND NON-RECEIPT OF  
SUMMONS FOR DIRECTIONS**

IN THE SUPREME COURT 20 /PRO/npr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I, *(state full name)(state residence or address of place of work), (state occupation)* of *(state full address)*, make oath and say as follows —

1. On the day of 20 , I duly served *(state name of party)* of *(state full address)*, with a true copy of the warning now hereunto annexed marked “A” by [delivering to and leaving the said copy with a clerk of *(state name of firm)* at their office being the address for service of the caveator herein].
2. No summons for directions under rule 26(2) of the Probate Rules has been received by me.

Deponent’s signature

BEFORE ME,

*(State occupation or capacity of person administering the oath)* of *(state full address)*.



**FORM 22**

**APPEARANCE TO WARNING OR CITATION**

IN THE SUPREME COURT 20 /PRO/cpr/00  
PROBATE DIVISION

To: [The Registry]  
Caveat No. or Citation] dated the day of 20

1. *(State full name and address of deceased)* of person warning [or citor]  
*(Here set out the interest of the person warning or citor as shown in the warning or citation).*

2. *(Full name and address of caveator)* [or person cited]:  
*(Here set out the interest of the caveator or person cited and state the date of the will, if any, under which such interest arises).*

Enter an appearance for the above-named caveator [or person cited] in this matter.

Dated the day of 20

.....

(Signature)

(Address for service)

**FORM 23**

**SUMMONS FOR DIRECTIONS BY CAVEATOR WISHING TO SHOW  
CAUSE AGAINST GRANT**

IN THE SUPREME COURT 20 /PRO/cpr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

Let *(state full name)*, the person warning, or his attorney-at-law, attend before *(state full name of Judge or Registrar of the Supreme Court as the case may be)* *(specify the location of court)* on the day of 20 at o'clock on the hearing of an application on the part of, the caveator, for directions of the Judge or the Registrar under rule 26(2) of the Rules.

*(If, in addition, the caveator seeks a specific order, include in the summons details of the order sought.)*

Dated the day of \_\_\_\_\_, 20 \_\_\_\_\_.

REGISTRAR

**FORM 24**

**CITATION TO ACCEPT OR REFUSE PROBATE**

IN THE SUPREME COURT 20 /PRO/cpr/00  
PROBATE DIVISION

To *(state full name)* of *(state full address)*

1. TAKE Notice that *(state full name)* has stated in an affidavit, sworn on the day of 20 , that *(state full name)* of *(address)* died on the day of 20 domiciled in the Commonwealth of The Bahamas, [continue to recite according to the circumstances of the case, e.g.): having made and duly executed his last will and testament dated the day of 20 now remaining in the Registry, and therein named you the said *(state full name)* sole executor [and residuary legatee and devisee in trust]]

2. [AND WHEREAS it appears from the said affidavit that *(state full name)* is one of the residuary legatees and devisees named in the will]

NOW THIS IS TO COMMAND YOU, *(state full name)*, that within 8 days after service hereof on you, inclusive of the day of such service, you do cause an appearance to be entered in the Registry at *(state full address)*, and accept or refuse probate of the said will, or show cause why letters of administration, with the said will annexed, of all the estate which by law devolves to and vests in the personal representative of the deceased, should not be granted to the said *(state full name)*.



3. AND FURTHER TAKE NOTICE that, in default of your so appearing and accepting and extracting probate of the will, the Court will proceed to grant letters of administration, with the will annexed, of the estate to the said *(state full name)*, your absence notwithstanding.

Dated the day of 20 .

(Signature)

REGISTRAR

This citation was served by *(state full name)* on the within named *(state full name)* at *(state full address)*, on the day of 20

(Signature)

**FORM 25**

**PRAECIPE FOR CITATION**

IN THE SUPREME COURT 20 /PRO/cpr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

Citation for *(state full name of person to be cited)*.

Dated the day of 20

Name of Attorney and address for service

REGISTRAR



**FORM 26**

**CERTIFICATE OF AMOUNT OF FEES PAYABLE**

IN THE SUPREME COURT 20 /PRO/cpr/00  
PROBATE DIVISION

In the Estate of *(state full name)* late of *(state full address)*, deceased.

I hereby certify that the amount payable for fees to the Treasury in respect of the personal estate of *(state full name of deceased)* late of *(state full address)*, deceased, is the sum of *(state amount in words and numbers)*.

REGISTRAR

COMMONWEALTH OF THE BAHAMAS

New Providence

In the Estate of \_\_\_\_\_, late of \_\_\_\_\_ in the

**AFFIDAVIT OF SEARCH**

I, [name] of [address] [occupation] make oath and say as follows:

1. I [am the applicant] am employed with the firm of [name of the firm] and I am duly authorized by them to conduct a search of the Supreme Court, Probate Registry with respect to the Estate of [name of deceased].

2. That on [day] the [date] of [month] A.D. [year] I searched the Cause List at the Probate Registry of the Supreme Court to ascertain whether a prior grant of representation had been issued with respect to the said Estate of [name]. My search revealed that no prior grant of representation has been issued up to the date of this Affidavit.

3. The contents of this my affidavit are true and correct.

Sworn at on the day of .....20 .

BEFORE ME,  
REGISTRAR/NOTARY PUBLIC