

Claim

No.

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**IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN**

**CIVIL DIVISION**

**ORDINARY PROCEDURE**

In the estate of

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deceased (Probate)

Parties

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Claimant(s)

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Defendant(s)

Please enter the full name of the defendant (a) if there is more than one defendant or (b) if different from the name given on the claim form.

If the defendant is an individual, give date of birth (or *over* 18) here

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Enter an 'X' in the appropriate box below

- I intend to defend all of this claim and attach my defence [and counterclaim]
- I do not intend to defend this claim

**Testamentary documents of the deceased**

- Testamentary documents are described in the attached witness statement or affidavit. [The documents are also attached for filing].
- I do not know of any testamentary documents - see attached witness statement or affidavit.

*All written evidence whether in a witness statement and/or affidavit must be typed.*

**Revocation of existing Grant**

*Do not complete this part unless the claimant(s) is/are seeking revocation of a grant of probate or letters of administration, and the grant has **not** already been filed in the court.*

- I do not have the [probate][letters of administration] under my control.
- I do have the [probate] [letters of administration] under my control. [I am filing it with this acknowledgment of service.]

Signed	
(type or print full name here)	
[Defendant] ['s advocate] [Litigation friend] delete as appropriate	
Position or office held (if signed on behalf of a company or other corporation):	
Date	
Defendant or defendant's advocate's address in the Isle of Man (including postcode) to which documents should be sent:	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)