COUNCIL TAX EXEMPTION APPLICATION FORM - ESTATE OF A DECEASED PERSON

Council Tax Account Reference Number:

SECTION 1 – DETAILS OF DECEASED PERSON		
Last Name:	First Name/s:	
Date of death:		

SECTION 2 – ADDRESS

SECTION 3 – DETAILS OF PROBATE OR LETTERS OF ADMINISTRATION

Has probate or letters of administration been granted?	YES/NO *
If 'YES', date granted:	

Name and address of personal representative of the estate:

Telephone:

SECTION 4 – DETAILS OF THE PROPERTY				
Is the property occupied?	YES/NO *			
If 'YES', please supply the full names of the occupiers:				
Is the property furnished?	YES/NO *	If 'NO', date furniture removed:		
If the deceased person was	the owner:			
(a) Is the property for sale or	sold? YES	/NO *		
(b) If sold or transferred, please give completion date of sale or transfer				
(c) Name and previous address of new owners (if known)				
(d) Contact address for acting	solicitor (if knowi	n)		
If the deceased person was	not the sole ow	ner of the property:		
(a) Name and address of the owner/joint owner/other financially interested party (e.g. released under a				
Mortgage or Reversion Scheme)				
(b) Date tenancy terminated				
(c) Date the estate's liability for rent or licence fee terminated				
(d) Date joint ownership comm	nenced			
(e) Address where future correspondence should be sent				

SECTION 5 – DECLARATION AND SIGNATURE

Please return this form to: Revenues and Benefits Services, PO Box 10607, Nottingham, NG6 6DU

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I declare that the information I have given on this form is complete and accurate to the best of my knowledge

Signature	Date
Full Name	Contact telephone no
Email	