



Dealing Number

**OFFICE USE ONLY**

**Lodger** (Name, address, E-mail & phone number)

**Lodger Code**

**Privacy Statement**

Collection of information from this form is authorised by legislation and is used to maintain publicly searchable records. For more information see the Department's website

1. **Deceased's name**

2. **Lot on Plan Description**

**Title Reference**

3. **Interest held by deceased**

4. **Applicant**

Given Names

Surname

**Address for service of notices to the applicant:**  
*(for rates purposes etc)*

5. **Document(s) deposited**

Office copy of Death Certificate issued by the Registrar General of Births, Deaths & Marriages (Qld) or equivalent evidence from other jurisdictions

6. **Authority of applicant**

7. **Request**

In accordance with the particulars disclosed above, it is requested that this death be recorded.

**Witnessing officer must be aware of his/her obligations under section 162 of the Land Title Act 1994**

..... signature

..... full name

..... qualification

**Witnessing Officer**

(Witnessing officer must be in accordance with Schedule 1 of Land Title Act 1994 eg Legal Practitioner, JP, C Dec)

.....  
**Execution Date**

.....  
**Applicant's or Solicitor's Signature**

Note: A Solicitor is required to print full name if signing on behalf of the Applicant and no witness is required in this instance