



Isle of Man Land Registry
**Application to Withdraw the Name of a Deceased Joint
 Tenant from the Register**
 Rule 32

Form 20-3

FOR REGISTRY USE ONLY
Application Number

Note: This form must be accompanied by Form 100.

1. Title Number	
Registered Owner(s)	
Index of Names Number(s)	

2. Details of what is to be Changed:
That the name of one of the above named registered owners, be withdrawn from the Registry due to death.
2.1 Details of Death: <i>The original or certified copy Death Certificate must be lodged with this application.</i>
Date of death:

3. I/We on behalf of the surviving or continuing registered owners apply for the name of the deceased registered owner to be withdrawn from the Register.

4. Number of Applicant(s)		
<i>Please enter the number of applicant(s) in the box provided. If there are more than two applicants, their details must be set out in Appendix C.</i>		
4.1 Applicant(s) Name <i>Please provide the full name of each applicant, including title. In the case of a company provide the company's full name. If more than two applicants please continue on Appendix C.</i>		
	<u>APPLICANT 1</u>	<u>APPLICANT 2</u>
Title		
Forenames		
Surname or Company Name		
Company No.		
Index of Names Number (if any)		
4.2 Service Address		Rule 15
<i>This must be an address in the Island or the UK to which all notices and communications from the Land Registry will be directed after registration is completed.</i>		
Flat or Unit No.		
Name of Building Number		
Street		
Town or Parish		
Postcode		
Country		

5. Signature of Each Applicant

To avoid unnecessary delays please ensure that all forms have been correctly completed, signed and dated and that all necessary documents and maps are furnished together with the correct fees.

I/We authorise the agent nominated by this application to receive and respond to all communications affecting this application until the registration is completed. *Delete if application is made by the applicants.*

Signature(s)

Date

6. Signature of Person Lodging Application (if not the Applicant)

To avoid unnecessary delays please ensure that all forms have been correctly completed, signed and dated and that all necessary documents and maps are furnished together with the correct fees.

Signature

Date

Name of Advocate

Please state the name of the signing advocate in block letters

Name of Firm

Please state the name of the firm in block letters