



Supreme Court  
of New South Wales

## Application to Publish

### Notice of Intended Distribution of an Estate

*Under Supreme Court Rules Part 78 rule 93, Notices of Intended Distribution (UCPR form 114) relating to an Estate are to be published online at [www.onlineregistry.lawlink.nsw.gov.au](http://www.onlineregistry.lawlink.nsw.gov.au).*

*You must complete this form if the Supreme Court of NSW made an order for a Grant of Representation, Administration or Reseal before January 2013. You may also complete this form if you are unable to publish a Notice independently through the Online Registry as you do not have a credit card.*

*Once completed, you can lodge this form in person at the Registry located at Level 5, 184 Phillip Street, Sydney, or via post to GPO Box 3, Sydney 2001. If posting the form, please enclose a bank or solicitor's cheque or a money order for \$48.00 made payable to "Supreme Court of NSW".*

*The Registry will publish your Notice within three days of receiving your form and payment and send confirmation of publication to your nominated contact.*

#### Case details

Case name:

Case number:

#### Deceased details

<b>Deceased's Name</b>	Surname	Given name/s		
<b>Aliases</b> (if applicable)	Separate known aliases with a comma			
<b>Date of death</b>	DD/MM/YYYY	Between	&	<input type="checkbox"/> Unknown
<b>Place of last residence</b>	<input type="checkbox"/> Australia	Suburb	State	Postcode
	<input type="checkbox"/> Overseas	City	Country	

**Will details** (if applicable; skip this section if the Court issued Letters of Administration, or a Reseal of Letters of Administration)

<b>Date of will</b>	DD/MM/YYYY	<input type="checkbox"/> Undated
	Between	&

#### Notice details

<b>Within how many days should particulars of any claim be provided?</b>	<input type="checkbox"/> 30 Days (standard)	<input type="checkbox"/> A Longer Period. (please specify in days) _____
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<b>Lawyer details</b> (Leave this section blank if you do not have a lawyer)			
Surname		Given name/s	
Practising Certificate Number/PCN PCN                      State		Firm Name	
Street Address/PO Box		Suburb	State              Postcode
Email address		Telephone (Business Hours)	Mobile (Optional)

<b>Executor/Administrator details</b>			
Surname		Given name/s	
Street Address/PO Box		Suburb	State              Postcode
Email address		Telephone (Business Hours)	Mobile (Optional)
<b>Which address should be published in the Notice?</b>	<input type="checkbox"/> Postal address only		<input type="checkbox"/> Postal address and Email

<b>OFFICE USE ONLY</b>			
Case Number		Processed by (Initials & date)	
Date Client Notified & Invoiced			