

APPLICATION FOR SUCCESSION WHEN NO GRANT OF ADMINISTRATION IS HELD

Te Ture Whenua Māori Act 1993
Sections 113 and 118

For more information visit www.maorilandcourt.govt.nz

RESET FORM

WHAT IS THIS FORM FOR?

If an owner with Māori Land interests is deceased, and a succession has not previously been dealt with by the Court or a Registrar, you can use this form to seek a determination from the Court as to those persons entitled to a deceased's Māori Land interests and an order transferring the interests to those entitled.

You can complete this form if the deceased left a Will. However, if the Will has been probated or letters of administration or an election to administer have been granted by the High Court – you must complete Form 21.

HOW TO FILE AND COMPLETE THIS APPLICATION FORM

- (i) This form must be accompanied with the appropriate application fee and may be filed at any office of the Court;
- (ii) Please ensure that all information required on the form is completed;
- (iii) Where tick boxes are provided please ensure you tick all those boxes that apply to your application, unless you are required to select one box, then only select the box that applies;
- (iv) If there is insufficient room on the form to provide all the required information you should continue your application on a separate sheet of paper;
- (v) Additional information – in addition to completing this form, if the application requires you to provide further information you must include all documents, information or evidence you wish the Court to consider; and
- (vi) Refer to the notes to assist applications at the end of the form and comply with the requirements set out in the Checklist at the end of this form.

Office use:

Application: ACCEPTED / REFUSED

Dated:

Signed:

Name:

Designation:

Your application may be heard by a Registrar and you will not need to attend court. If you would prefer your application to be heard in court by a Judge, please tick here:

The Māori Land Court of New Zealand

(please select the name of the Māori Land Court District in which you wish your application to be heard)

Please select one District	<input type="checkbox"/> Taitokerau	<input type="checkbox"/> Waikato Maniapoto	<input type="checkbox"/> Waiariki
<input type="checkbox"/> Tairāwhiti	<input type="checkbox"/> Tākitimu	<input type="checkbox"/> Aotea	<input type="checkbox"/> Te Waipounamu

NAME OF DECEASED: (List all possible names that the deceased may have been known by including any aliases)

.....
.....

APPLICATION:

I / We
.....
.....(state full name)

make application to vest the Māori land interests of the above named deceased in the persons beneficially entitled.

1 RELATIONSHIP TO DECEASED

My/our relationship to the deceased was:
.....

(specify relationship ie father, mother, sister, brother or not related)

Deceased's gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse
Deceased's age:	Date of death:		
Place of death:			

A copy of the death certificate is provided (see note (i))

2 I / WE ATTENDED THE TANGI OR FUNERAL OF THE DECEASED:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3 I / WE HAVE MADE REASONABLE ENQUIRIES AS TO A WILL:

<input type="checkbox"/> but have been unable to find a will and believe the deceased left no will; OR
<input type="checkbox"/> The deceased left a will datedand the original or a certified copy is provided. (see note (ii))

4 HAS A GRANT OF ADMINISTRATION IN THE ESTATE BEEN GRANTED OR IS IT INTENDED TO APPLY FOR A GRANT?

<input type="checkbox"/> YES - STOP. Please complete form 21	<input type="checkbox"/> NO - go to question 5
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5 WAS THE DECEASED AT THE TIME OF DEATH LEGALLY MARRIED OR IN A CIVIL UNION?

<input type="checkbox"/> YES - go to question 6	<input type="checkbox"/> NO - go to question 8
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6 GIVE THE FULL NAMES OF AND ADDRESS OF THE SPOUSE OR CIVIL UNION PARTNER

.....

.....

7 TICK WHICHEVER OF THE FOLLOWING STATEMENTS APPLY:

The spouse / partner:

<input type="checkbox"/> Wishes to surrender their lifetime right (surrender attached); or
<input type="checkbox"/> Desires to take their lifetime right to receive any income or discretionary grants from the interest; or
<input type="checkbox"/> Has since died; or
<input type="checkbox"/> Has since remarried or entered into a civil union or a de facto relationship; or
<input type="checkbox"/> Was, at the date of death, separated from the deceased under a Separation Order or a written agreement.
<input type="checkbox"/> Desires to take their right to occupy the principal family home if it is on the land; or (Please specify the name of the block(s) on which the dwelling is located):

8 THE FULL NAMES OF ANY FORMER SPOUSES, CIVIL UNION PARTNERS OR DE FACTO PARTNERS OF THE DECEASED,

Other than as stated in question 6, who are a parent of any of the deceased's children, are:

Name	Spouse	Civil union partner	De Facto Partner
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 WHAKAPAPA

Full name of deceased's parents:

	Male	Female	Gender diverse	Deceased
(a) Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FULL NAMES OF DECEASEDS BROTHERS AND SISTERS:

Male Female Gender diverse Deceased

(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The above information assists the Court to search for land interests – any additional whakapapa could assist the Court in its search - see note (iii)

10 NEXT OF KIN tick the first alternative that applies)

(see note(iii))

The deceased left children or their issue as next of kin and they are listed below: or

The deceased had no children but left brothers and sisters or their issue as next of kin and they are listed below: or

The deceased left no children or brothers and sisters as next of kin but I/we list below or attach a whakapapa record showing the next of kin to the deceased, including where possible the names, gender, age and postal address of those next of kin living at the date of death of the deceased

G. Write the date of death, and, as the case may be, DI to indicate deceased with children, or DNI to denote deceased without children. Include any persons who have been legally adopted into the family. Details of all next of kin are to be given even though some may not be beneficiaries under a will.

1.	Full Name	Gender	Age
	Postal Address		
	Email		
2.	Full Name	Gender	Age
	Postal Address		
	Email		
3.	Full Name	Gender	Age
	Postal Address		
	Email		
4.	Full Name	Gender	Age
	Postal Address		
	Email		

5.	Full Name	Gender	Age
	Postal Address		
	Email		
6.	Full Name	Gender	Age
	Postal Address		
	Email		
7.	Full Name	Gender	Age
	Postal Address		
	Email		
8.	Full Name	Gender	Age
	Postal Address		
	Email		
9.	Full Name	Gender	Age
	Postal Address		
	Email		
10.	Full Name	Gender	Age
	Postal Address		
	Email		
11.	Full Name	Gender	Age
	Postal Address		
	Email		
12.	Full Name	Gender	Age
	Postal Address		
	Email		

11 SPECIFY THE FULL NAMES OF THE PARENTS OF EACH PERSON AS NEXT OF KIN (ABOVE)

Where there are different parents – identify the parents by reference to the numbers before the names of each next of kin (above). For example:

The parents of numbers 1 to 6 are.....; or

The parents of number 7 is.....; or

The parents of numbers 8 and 10 are

.....
.....
.....
.....
.....

12 WHERE ANY NEXT OF KIN LISTED IN QUESTION 10 ARE DECEASED WITH CHILDREN

Write the corresponding number of that person in question 10 (above) in the table below and the name of each child and their details. Repeat this process if there is more than one child or more than one next of kin who is deceased leaving children. Under 'Gender', please write either 'M' (male) 'F' (female) or 'GD' (gender diverse). For example:

No.	Name	Gender	Age	Postal Address
6	Rangi Te Mete	M	12	1 Smith Street, Tauranga
6	Waimarie Te Mete	F	9	1 Smith Street, Tauranga
6	Tere Te Mete	GD	16	1 Smith Street, Tauranga

No.	Name	Gender	Age	Postal Address

Please continue on separate sheet if necessary.
Where any of the above children is deceased, list their children on a separate sheet in the same manner as above.

13 DID THE DECEASED LEGALLY ADOPT ANY CHILDREN INTO THEIR FAMILY OR WERE ANY CHILDREN ADOPTED OUT OF THE FAMILY?

<input type="checkbox"/> YES - if YES complete the details below:	<input type="checkbox"/> NO - if NO go to question 14.
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Name	Tick as appropriate			
	Adopted in	<input type="checkbox"/>	Adopted out	<input type="checkbox"/>
	Adopted in	<input type="checkbox"/>	Adopted out	<input type="checkbox"/>
	Adopted in	<input type="checkbox"/>	Adopted out	<input type="checkbox"/>
	Adopted in	<input type="checkbox"/>	Adopted out	<input type="checkbox"/>
	Adopted in	<input type="checkbox"/>	Adopted out	<input type="checkbox"/>
	Adopted in	<input type="checkbox"/>	Adopted out	<input type="checkbox"/>

14 DID THE DECEASED HAVE WHĀNGAI? (see note (v))

<input type="checkbox"/> YES (go to question 15)	<input type="checkbox"/> NO (go to question 16)
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15 WHĀNGAI - (see note (v))

Names and addresses of whāngai:

Name	Postal address

<input type="checkbox"/> The family wish the whāngai to succeed as if they were natural children of the deceased; or
<input type="checkbox"/> The family wish the whāngai to succeed as follows
<input type="checkbox"/> The family recognises the whāngai as a child of the deceased and is not entitled to succeed; or
<input type="checkbox"/> The family recognises the whāngai as a child of the deceased and entitled to the right to receive any income or discretionary grants from the interest and occupation of the principal family home as set out in the schedule; or Please specify the name of the block(s) on which the dwelling is located:
<input type="checkbox"/> THE FAMILY DO NOT WISH THE WHĀNGAI TO SUCCEED BECAUSE (set out reasons)

Relationship of whāngai child to the deceased.....

FULL NAMES OF BIRTH PARENTS of WHĀNGAI (if known):

Male Female Gender diverse Deceased?

(a) Parent:

(b) Parent:

Birth parents relationship to the deceased.....

Has the whāngai child already received an interest in Māori land from either of their birth parents?

YES

NO

16 DID THE DECEASED LEAVE A WILL? (see note (ii))

YES (go to question 17)

NO (go to question 19)

17 THE BENEFICIARIES IN THE WILL:

Are all named in question 10 and 12 as next of kin of Deceased; or

Include the following people not named as next of kin (give names, addresses and relationship to deceased)

Name	Postal address	Relationship

18 WHERE ANY NAMED BENEFICIARY'S RIGHT TO SUCCEED under section 108(2) of the Act is not evident from his or her relationship to the deceased explain how the beneficiary qualifies under that section: (see note (vi))

.....

.....

.....

.....

.....

19 WHĀNAU TRUST:

Those entitled do not wish to form a whānau trust; or

Those entitled to succeed have conferred and wish to vest the interests of the deceased into a whānau trust. If those entitled do wish to vest the deceased's interests into a whānau trust please complete and attach application form 23.

PREFERRED PLACE OF HEARING:

SIGNATURE OF APPLICANT(S)

Dated:

Dated:

Dated:

CONTACT DETAILS

Contact Address:

(Address to which documents or correspondence in connection with the application can be posted or delivered)

Phone Number(s):

Home:

Work:

Mobile:

Fax:

Email Address:

NOTE: Where fax or email addresses are given these may be used as a means of notice and service.

Fee: \$ 60.00

Notes to assist applicants

- (i) Death Certificate – original or photocopy should be filed. If a death certificate is not readily available by reasonable enquiry the Court may accept other evidence as to death. If death has been established at a previous hearing a further death certificate may not be required.
- (ii) Will - the original or a copy certified as a true copy by a solicitor or Trustee Company must be supplied. Where a copy is produced the Court may still require production of the original.
- (iii) Next of Kin – where there is no will the next of kin for the purposes of succession are children of the deceased; if there are no children then brothers and sisters; if neither of these then next of kin are the nearest relatives on the side of the family from whom the land originated. Generally speaking where next of kin die before the person from whom succession is sought their children are entitled to the share they would have received had they survived the deceased.
- (iv) Notice of hearing – while an applicant is not required to give formal notice of hearing to other beneficiaries he or she is expected to consult with them and advise them of the application and when it is to be heard. If this is not done the Court may direct that formal notice be given to the beneficiaries.
- (v) Whāngai – where it is desired to include whāngai as successors the Court will normally require evidence of their acceptance by the family either by signed consents or at the hearing.
- (vi) Succession by will – where a testator died after 1 July 1994 the right to succeed under a will is limited by s108 of the Act to certain classes of people. If the successors named in a will are not children or their issue or qualify as next of kin of the testator an applicant needs to satisfy the Court that they qualify to succeed. The Court office can assist you as to what the qualifications are to succeed.
- (vii) Additional information – if you find that there is not enough room on the form to provide all the information you need to supply continue your application on a separate sheet of paper.

CHECKLIST OF DOCUMENTS REQUIRED

<input type="checkbox"/>	Death Certificate or other evidence as to death (<i>see note (i) above</i>)
<input type="checkbox"/>	Original or certified copy of the Will
<input type="checkbox"/>	Written confirmation to surrender lifetime right (<i>where applicable</i>)
<input type="checkbox"/>	Consents to succession by whāngai (<i>where applicable</i>)
<input type="checkbox"/>	Minutes of meeting agreeing to constitute a Whānau Trust (<i>where applicable</i>)
<input type="checkbox"/>	Completed Whānau Trust form and draft Trust order (<i>where applicable</i>)

MĀORI LAND COURT CONTACT DETAILS

This application may be lodged with the Registrar at any office of the Māori Land Court.

<p>TAITOKERAU Level 1 16 Rathbone Street WHANGĀREI</p> <p>DX Box AX 10086 WHANGĀREI</p> <p>PH: (09) 983 9940 Fax: (09) 983 9941 mlctaitokerau@justice.govt.nz</p>	<p>TAITOKERAU Auckland Information Office Avanti Finance Building 65B Main Highway Ellerslie, AUCKLAND</p> <p>DX Box EX10912 AUCKLAND</p> <p>PH: (09) 279 5850 Fax: (09) 279 5852 mlctamakimakaurau@justice.govt.nz</p>	<p>WAIKATO-MANIAPOTO L2, BNZ Centre 354-358 Victoria St HAMILTON</p> <p>DX Box GX10101 HAMILTON</p> <p>PH: (07) 957 7880 Fax: (07) 957 7881 mlcwaikato@justice.govt.nz</p>	<p>WAIARIKI Hauora House 1143 Haupapa St ROTORUA</p> <p>DX Box JX10529 ROTORUA</p> <p>PH: (07) 921 7402 Fax: (07) 921 7412 mlcwaiariki@justice.govt.nz</p>
<p>TAIRĀWHITI Ngā Wai e Rua Building Cnr Lowe Str & Reads Quay GISBORNE</p> <p>DX Box PX10106 GISBORNE</p> <p>PH: (06) 869 0370 Fax: (06) 869 0371 mlctairawhiti@justice.govt.nz</p>	<p>TĀKITIMU Hastings District Court 106 Eastbourne Street West HASTINGS</p> <p>DX Box MX10024 HASTINGS</p> <p>PH: (06) 974 7630 Fax: (06) 974 7631 mlctakitimu@justice.govt.nz</p>	<p>AOTEA Ingestre Chambers 74 Ingestre Street WHANGANUI</p> <p>DX Box PX10207 WHANGANUI</p> <p>PH: (06) 349 0770 Fax: (06) 349 0771 mlcaotea@justice.govt.nz</p>	<p>TE WAIPOUNAMU Level 1 20 Lichfield Street CHRISTCHURCH</p> <p>DX Box WX11124 CHRISTCHURCH</p> <p>PH: (03) 962 4900 Fax: (03) 962 4901 mlctewaipounamu@justice.govt.nz</p>