Claim Form (probate claim)

In the	
Claim no.	
Fee Account no.	

In the estate of Krishnaswami Venkataramanan, deceased (Probate)

SEAL

Claimant(s)
Mohini Hersom
Room 303
95-98 Talbot Street
Dublin
D01 WR94

Defendant(s)
Vijayalakshmi Wortley
Atomic Weapons Establishment at Mala
Sandy Lane
Pamber Health
Tadley, Hampshire
RG26 6PA

Brief details of claim
1.The Claimant is the daughter and a beneficiary of Krishnaswami Venkataramanan, who died on 01/08/2024 in the uk,without a will. The Defendant is the daughter of the Deceased and sister of the Claimant. Despite letters and pre-action protocol letters sent to the Defendant.
The Defendant failed to produce a will or any information to the contrary. The Claim is made on the grounds that there is a total breakdown of communication between the parties, a restraining order dated 08/07/13 legally prohibits contact netween the parties, making joint administration impossible. The Claimant seeks appoinment of an independant administrator to administer the estate.

Defendant's name and address (including postcode)

Vijayalakshmi Wortley
Atomic Weapons Establishment at Mala
Sandy Lane
Pamber Health
Tadley, Hampshire
RG26 6PA

Court fee	
Legal Representative's costs	To be assessed

Issue date	

Claim no.	

Does, or will, your claim include any issues under the Human Rights Act 1998? ☐ Yes ☑ No

Particulars of Claim (attached)(to follow)
see the particulars of claim attached.

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Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.

Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

☑ **I believe** that the facts stated in this claim form are true.

☐ **The Claimant** believes that the facts stated in this claim form are true. **I am authorised** by the claimant to sign this statement.

Signature

☑ Claimant

☐ Litigation friend (where claimant is a child or a patient)

☐ Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day	Month	Year
25	02	2026

Full name

Mohini Hersom

Name of claimant's legal representative's firm

If signing on behalf of firm or company give position or office held