

AFFIDAVIT OF APPLICANT FOR ADMINISTRATION WITH THE WILL ANNEXED

COURT DETAILS

Court	Supreme Court of New South Wales
Division	Equity
List	Probate
Registry	Sydney
Case number	

TITLE OF PROCEEDINGS

The estate of **[name of deceased]**
Late of:

FILING DETAILS

Filed for	[name/s] plaintiff[s]
#Legal representative	[solicitor on record] [firm]
#Legal representative reference	[reference number]
Contact name and telephone	[name] [telephone]
Contact email	[email address]

AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1. The document dated *(date)* and signed in the margin by me and by the person before whom this affidavit is sworn is, I believe, the last will of *(name)*, late of *(place, occupation)*, the deceased, and I am not aware of the existence of any other document purporting to embody the testamentary intentions of the deceased [*where applicable except for specify document*].
2. My means of identifying the will are *(state these)*.
3. The attesting witnesses to the will are *(name)* and *(name)*.
4. The deceased died on *(date)* aged *(number)* years and I believe that the deceased is *(name in certificate of registration of death)* referred to in the certificate of registration of death which is annexed and marked ``A".
5. The deceased {*did or did not*} marry after the will was made.
6. The deceased left assets within New South Wales.
7. I am not an undischarged bankrupt, I have not assigned or encumbered my interest in the estate of the deceased and I am over 18 years of age.
8. [*Where applicable (name) the executor named in the will {died on (date) as evidenced by the death certificate annexed and marked "...” or renounced probate of the will on (date)}.]*]
9. The names, ages and entitlements of the persons entitled in distribution of the estate are *(state these)* [*where the names of all the persons entitled do not appear on the face of the will, state the facts establishing that the persons named in this paragraph are the persons entitled*].
10. If I am granted administration of the estate of the deceased:
 - (a) I will administer the estate according to law; and
 - (b) I will
 - (i) verify and file; or
 - (ii) verify, file and pass,
 my accounts relating to the estate of the deceased within 12 months from the date of grant if so required by the Court.
11. *#Where a notice of the application was published on the New South Wales On-line*

Registry website Notice of this application was published on the New South Wales On-line registry website on *(date)*.

#Where the deceased resided at the date of his or her death in the State and the notice was published before 21 January 2013 Notice of this application was published on *(date)* in the *(name)*, which is a newspaper circulating in the district where the deceased resided at the date of the deceased's death, evidenced by the tear sheet annexed and marked ``....".

or

#Where the deceased did not reside at the date of his or her death in the State and the notice was published before 21 January 2013 Notice of this application was published on *(date)* in the *(name)*, which is a Sydney daily newspaper, as evidenced by the tear sheet annexed and marked ``....".

12. A statement of all assets of the deceased of which I am presently aware is annexed and marked "....". I will disclose to the Court any other asset which comes to my notice.
13. The liabilities of the deceased of which I am presently aware are as follows

LIABILITIES

Date	Name of creditor, etc.	Description of liability	Estimated or known amount	
			Secured	Unsecured
<i>(date liability incurred eg 3-8-93 (date))</i>	<i>(name)</i>	<i>(description)</i>	\$ (amount)	\$(amount)
<i>(add a row for each liability)</i>				

14. The estate has a gross value of \$ *(amount)* and a net value of \$ *(amount)*.
15. I am not aware of any circumstances which raise doubt as to my entitlement to a grant of administration of the estate of the deceased [*where applicable* except for *(specify matter)*].

#SWORN #AFFIRMED at

Signature of deponent

Name of witness

Address of witness

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner
for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit
(the **deponent**):

1. #I saw the face of the deponent. [OR, delete whichever option is inapplicable]

 #I did not see the face of the deponent because the deponent was wearing a face
 covering, but I am satisfied that the deponent had a special justification for not removing
 the covering.¹
2. #I have known the deponent for at least 12 months. [OR, delete whichever option is
 inapplicable]

 #I have confirmed the deponent's identity using the following identification document:

Identification document relied on (may be original or certified copy)²

Signature of witness

¹ [The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

² ["Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see [Oaths Regulation 2011](#) or refer to the guidelines in the NSW Department of Attorney General and Justice's "[Justices of the Peace Handbook](#)" section 2.3 "Witnessing an affidavit" at the following address: <http://www.jp.nsw.gov.au/Documents/jp%20handbook%202014.pdf>]