

AFFIDAVIT OF APPLICANT FOR RESEALING

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 deceased died intestate on *(date)* aged *(number)* years.
or
#The deceased died on *(date)* aged *(number)* years and left a will dated *(date)* by which {he or she} appointed {me or *(name)*} executor.
2. I am not aware of the existence of any document purporting to embody the testamentary intentions of the deceased [*where applicable* except for {the said will or *(specify document)*}].
3. {Probate of the will was *or* Letters of Administration of the estate of the deceased were} granted by *(name of court)* to {me or *(name)*} on *(date)*.
4. The grant has not been revoked.
5. The deceased left assets within New South Wales.
6. The names, ages, relationship to deceased and entitlements of the persons entitled in distribution of the estate of the deceased are *(state these)*.
7. #*[Where the application is for resealing Letters of Administration* I am not an undischarged bankrupt and I have not assigned or encumbered my interest (if any) in the estate.]
8. I am over 18 years of age.
9. I am aware that, if the grant is sealed by this Court, accounts relating to the estate must be:
 - (a) verified and filed; or
 - (b) verified, filed and passed,
within 12 months after the sealing if so required by the Court].
10. #*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 ``....".

11. A statement of all assets of the deceased of which I am presently aware is annexed and marked "B". I will disclose to the Court any other asset which comes to my notice.
12. 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> | | | | |

13. The estate has a gross value of \$ *(amount)* and a net value of \$ *(amount)*.

#[Where the application for reseal is made pursuant to a Power of Attorney]

14. *#By Power of Attorney dated (date, name) appointed me {his or her} attorney to apply to this Court to reseal the grant.*
15. *#A certified copy of the Power of Attorney is annexed and marked "C".*
16. *#I have not received any notice of revocation of the Power of Attorney by death, unsoundness of mind, act of donor or otherwise.*
17. I am not aware of any circumstances which raise doubt as to my entitlement to have the grant sealed by this Court *[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>]