

## 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	Write the case number – you can find this on your published Notice of Intended Application

### TITLE OF PROCEEDINGS

The estate of **[name of deceased]**  
Write name of the deceased

Late of:  
Write the name of the suburb/town, state/country where the deceased lived

### FILING DETAILS

Filed for	<b>[name/s]</b> plaintiff[s] Write the full name(s) of every person applying for administration
#Legal representative	[solicitor on record] [firm] Delete or leave this section blank if you do not have a lawyer
#Legal representative reference	[reference number] Delete or leave this section blank if you do not have a lawyer
Contact name and telephone	[name] [telephone] Write your name and telephone number including the area code
Contact email	[email address] Write your email address, if you have one

**AFFIDAVIT**

Name Write the full name of the person making the affidavit  
 Address Write the address of the person making the affidavit  
 Occupation Write the occupation of the person making the affidavit  
 Date Write the date the affidavit was signed and witnessed

I [#say on oath #affirm]: Delete whichever option does not apply

- 1 The document dated (*date*) write the date of the will 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*) write the name of deceased, late of (*place, occupation*), write the suburb the deceased lived in and the deceased's 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*]. If there is a codicil document add the words "except for" and specify any codicil document here.
  2. My means of identifying the will are (*state these*).  
Write an explanation of how you recognise the signature on the will as the deceased's signature and your relationship to the deceased.
  3. The attesting witnesses to the will are (*name*) and (*name*).  
Write the full name(s) of the witnesses to the deceased's will
  4. The deceased died on (*date*) write the date of death as recorded on certificate of registration of death aged (*number*) write the age of the deceased at the time of death 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'' write the letter of the annexure.
  5. The deceased {did or did not} select one marry after the will was made. If the deceased married after the will then write the name of the spouse and the date of marriage, for example "The deceased was married to...on..."
  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*)}.]  
 If one of the executors died before the deceased, write their name and date of death followed by the words "as evidenced by the certificate of registration of death annexed and marked 'B'". If the executor has renounced probate, write the name of the executor followed by the words "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].

Write the full names, ages and entitlements of all the persons who are entitled and who do not appear on the face of the will. State their relationship to the deceased

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)*. Write the date the notice was published.  
#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)* write the date of publication in the *(name)* write the name of the newspaper, which is a Sydney daily newspaper, as evidenced by the tear sheet annexed and marked ``....". write the letter of the annexure

Delete the #paragraph above that does not apply

12. A statement of all assets of the deceased of which I am presently aware is annexed and marked "...." write the letter of the annexure. 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  
Record the debts of the deceased's estate, as well as the estimated or known value in the secured column (if the debt is attached to the asset, for example a home loan) or in the unsecured column (if the debt is not attached to any asset, for example a credit card).

#### LIABILITIES

Date	Name of creditor, etc.	Description of liability	Estimated or known amount
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Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B

			Secured	Unsecured
<i>(date liability incurred eg 3-8-93 (date))</i> Write the date of the debt	<i>(name)</i> Write down the name of the creditor	<i>(description)</i> Provide a brief description of the type of liability, for example, credit card debt	\$ (amount) Write the secured amount owed here	\$(amount) Write the unsecured amount owed here
<i>(add a row for each liability)</i> Add a row for each separate debt				

14. The estate has a gross value of \$ *(amount)* write the total value of all assets, which should be the same as the inventory of property and a net value of \$ *(amount)* write the total value of the assets minus the debts.
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)*]. If applicable, add the words "except for" and explain the circumstances.

#SWORN #AFFIRMED at	Choose one and delete the other. Write the name of the suburb where the affidavit is sworn or affirmed
Signature of deponent	The person who made the affidavit must sign in front of the prescribed witness.
Name of witness	Write the full name of the prescribed witness.
Address of witness	Write the address of the prescribed witness.
Capacity of witness	[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public] Delete whichever option does not apply

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**): The witness must select one from options 1 and 2 to verify the identity of the person making the affidavit:

- #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.<sup>1</sup>
- #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:

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Identification document relied on (may be original or certified copy)<sup>2</sup>

Witness must specify what type of identification document they sighted to confirm the identity of the person who made the affidavit.

Signature of witness

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The witness signs here

The executor and witness must also sign each page of the affidavit.

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

<sup>2</sup> ["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 JP Ruling 003 - Confirming identity for NSW statutory declarations and affidavits, footnote 3.]