

AFFIDAVIT THAT DECEASED WAS NOT IN A DEFACTO RELATIONSHIP

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 the name of the deceased

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

FILING DETAILS

| | |
|---------------------------------|---|
| Filed for | [name/s] plaintiff[s] Write the full name of the person applying for administration |
| #Legal representative | [solicitor on record] [firm] Delete or leave blank if you do not have a lawyer |
| #Legal representative reference | [reference number] Delete or leave blank if you do not have a lawyer |
| Contact name and telephone | [name] [telephone] Write your full name and telephone number |
| 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 is signed and witnessed

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

#1. I am the widow (*or widower*) of the deceased.

2. I lived with the deceased up to the time of his (*or her*) death and for a continuous period of write the number of years..... years beforehand. (*or #insert qualifications of deponent to swear this affidavit*) If you did not live with the deceased describe how you knew them and how you knew they did not have a de facto partner.

3. The deceased did not leave any person who at the time of his death was his (*or her*) de facto partner, for whom the estate or any part of it is required to be held under a statutory trust for the partner.

4. I am aware of the provisions of section 21C of the *Interpretations Act 1987*.

| | |
|-----------------------|--|
| #SWORN #AFFIRMED at | Write the name of the suburb the affidavit is sworn or affirmed at. |
| Select one: | |
| 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 witness to the affidavit |
| Address of witness | Write the address of the witness here |
| 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.¹
- #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

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

Signature of witness

The witness signs here

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

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 JP Ruling 003 - Confirming identity for NSW statutory declarations and affidavits, footnote 3.]