SUPREME COURT OF QUEENSLAND

REGISTRY: (*Place )*

NUMBER:

**AFFIDAVIT OF SCRIPTS**

In the [Will/Will and Codicil/Estate of] (*name of deceased including any aliases in which assets are held)* deceased

Last address: *(insert last address of deceased)*

[Address in will – if different]: *(insert address in will)*

*(Full name of deponent)* of *(residential or business address)[[1]](#endnote-1)* states on oath [or: solemnly and sincerely affirms and declares]:

1. The script of *(name),* deceased, of which I am aware is *(describe each item of script of the deceased of which the deponent knows, eg. the last will dated (date))*.

Or

1. I do not know of any script of the deceased.

1. The *(description of item of script)* is in the possession and control of *(name)* of *(address)* (as the case may be). I believe that the *(description of script)* is in the possession or control of *(name)* because *(insert grounds for the belief).*

Or

1. I do not know who has possession or control of the *(insert description of items of script).*

3. [A copy of] The *(description of item of script dated (date))* is exhibit # to this affidavit.

***If the affidavit extends over more than one page, at the foot of the first and every other page except the last:***

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|  |  |
| --- | --- |
| …………………………………………..  Deponent | …………………………………………..  Witness |

***At the end of the body of the affidavit:***

***[If this affidavit is being sworn in accordance with the Oaths Act 1867 requirements before a special witness (either remotely and/or using electronic signature/s) DO NOT USE the contents below. INSTEAD use Form 001A Special Witness Jurat for Uniform Civil Procedure Rules 1999 forms.] \****

***\*delete instructions***

|  |
| --- |
| **The contents of this affidavit are true, except where they are stated on the basis of information and belief, in which case they are true to the best of my knowledge.**  **I understand that a person who provides a false matter in an affidavit commits an offence** |

|  |  |  |
| --- | --- | --- |
| **SWORN / AFFIRMED by**  …………………………………….  [insert full name of deponent]  at ..……………………………………...  [insert place where deponent is located] | )  )  )  )  )  )  )  ) | …………………………………….  [signature of deponent ]  …………………………………….  [date] |
| **BEFORE ME:**  …………………………………….  [insert full name of witness]  …………………………………….  [insert type of witness][[2]](#endnote-2)  …………………………………….  [insert witness’s place of employment] \*[[3]](#endnote-3)  \* delete if not applicable | )  )  )  )  )  )  )  )  )  )  )  ) | ………………………………….  [signature of witness]  ………………………………….  [date] |

[who certifies that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit. (*If required: see R. 433(1)].*

[who certifies that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit, but was physically incapable of signing it. *(If required: see R.433(2)].*

***The footnotes are to assist in the completion of this form and should be deleted once complete***

1. If more than one deponent, continue with the name, address and description of each other deponent. [↑](#endnote-ref-1)
2. Insert the witness’s capacity that makes them eligible to witness the affidavit under s16A Oaths Act 1867. For example, lawyer, justice of the peace, commissioner for declarations [↑](#endnote-ref-2)
3. For example, the name of the law practice for the lawyer, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc [↑](#endnote-ref-3)