SUPREME COURT OF QUEENSLAND

REGISTRY:

NUMBER:

In the Estate of (*name of deceased including any aliases in which assets are held)* deceased

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

**Affidavit Supporting Application for**

**LetterS of Administration ON INTESTACY**

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

1. The deceased died at *(address as per certificate of death)* on *(date)\** intestate, leaving an estate in Queensland.

2. The deceased's death certificate is exhibit ## to this affidavit.

3. As at the date of this affidavit, the following persons are known to have the following beneficial interests under the *Succession Act* 1981, sections 35 to 37, namely *(insert name/s).*

4. [At death, the deceased was not married or in a civil partnership and was without issue, parent, brother or sister, uncle or aunt, nephew or niece] (*or as the case may be*).

5. \*The deceased [did/did not] leave a spouse as defined by section 5AA of the Succession Act 1981.[If did insert name of spouse]

6. There were no children of the deceased who predeceased the deceased leaving issue [or as the case may be].

7. I am related to the deceased in the following manner, namely *(describe relationship to the deceased)*

8. I am entitled to a grant in priority to anyone else because *(set out priority)*

***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 *(delete whichever is not applicable)* | …………………………………………..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] **\****delete if not applicable* | ))))))) | ……………………………………. [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)