**AFFIDAVIT TO LEAD TO CITATION TO ACCEPT OR REFUSE ADMINISTRATION**

SUPREMECOURT OF SOUTH AUSTRALIA

TESTAMENTARY CAUSES JURISDICTION

**In the Estate of [*FULL NAME OF DECEASED*] (Deceased)**

I, [*full name, address, postcode and occupation of deponent*], [*swear on oath / do truly and solemnly affirm*] that:

1 [*Full name of deceased*] late of [*address and postcode*] deceased (“the deceased”) died at [*suburb*] [*postcode*] on [*date*] intestate leaving [*full* *name of spouse*] of [*address and postcode*] their [*surviving spouse]* and one of the persons entitled to share in their estate.

2 There is no person adjudged under the *Family Relationships Act 1975* (SA) to have been a domestic partner of the deceased as at the date of their death.

3 [F*ull name of surviving spouse*] has not yet taken upon themself letters of administration of the estate of the deceased or renounced their right to apply.

4 I am the [*relationship to the deceased*] and one of the persons entitled to share in the estate of the deceased.

5 I wish to obtain letters of administration of the estate of the deceased.

6 The deceased left [*real and personal estate / real estate only / personal estate only*] in the State of South Australia.

[*Sworn/Affirmed*] by the abovenamed deponent at [*place and postcode*] on [*date*].

……………………………………..

[*signature of* *deponent*]

before me ……………………………………..

[*signature of authorised witness*]

[*print name of witness*]

[*print title of authorised witness*]

[*ID number of witness*]

**Note**

1 If the intestate died leaving a domestic partner (adjudged under Part 3 of the *Family Relationships Act* *1975* (SA)) then amend this form to substitute the word “spouse” with the words “domestic partner”, delete paragraph numbered 2 of the Form and renumber the subsequent paragraphs.