## OATH OF ADMINISTRATOR (WITHOUT WILL) DE BONIS NON

SUPREME COURT 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 died at [suburb] [postcode] on [date] intestate ("the deceased").
- On [date] letters of administration of the estate of the deceased were granted by the Court to [full name of person to whom the grant was made] [relationship to the deceased] of the deceased and one of the persons entitled to share in the estate of the deceased.
- 3 [full name of person to whom the grant was made] died on [date] leaving part of the estate of the deceased unadministered.
- 4 I am a [relationship to the deceased] and one of the persons [or as the case may be] entitled to share in the estate of the deceased.
- There is no person declared under the *Family Relationships Act 1975* (SA), to have been a domestic partner of the deceased as at the date of their death.
- 6 I will:

[signature of deponent]

- (a) collect, get in and administer according to law the unadministered estate of the deceased:
- (b) if required to do so by the Court, produce to the Court a full statement and account of my administration of the estate;
- (c) if required to do so by the Court deliver up to the Court any prior grant that may have issued in this estate:
- (d) deliver at the office of the Public Trustee of the State of South Australia within six calendar months from the date of administration being granted to me a statement and account verified by my declaration of all the estate of the deceased left unadministered and of my administration of such estate.
- 7 The deceased died possessed of assets in the State of South Australia remaining unadministered as disclosed on the Electronic System.

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

Form	PROB33

before me	
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[signature of authorised witness]
[print name of witness]
[print title of authorised witness]
[ID number of witness]

## **Notes**

- The applicant for the grant must disclose on the Electronic System all the unadministered assets and liabilities of the estate existing at the date of the death of the deceased known to the applicant at the time of making the application.
- 2 For grant de bonis non, refer to Division 4 of Chapter 25 of the Uniform Civil Rules 2020.