**AFFIDAVIT AS TO ALIAS – INTESTACY**

SUPREMECOURT OF SOUTH AUSTRALIA

TESTAMENTARY CAUSES JURISDICTION

**In the Estate of [*FULL NAME OF DECEASED*] otherwise [*OTHER NAME OF DECEASED AS JUSTIFIED]* (Deceased)**

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

1 I am the intended administrator of the estate of [*full name of deceased*] otherwise [*other name as justified*] late of [*address*] deceased (“the deceased”) who died at [*suburb*] [*postcode*] on [*date*] intestate.

[*Here set out the details of the asset held by the deceased in another name that justifies the alias. For example*]

2 The deceased is registered in the name of [*full name as published on the Certificate of Title*] as the proprietor of an estate in fee simple in the whole of the land (*or as the case may be*) comprised in Certificate of Title Register Book Volume [*number*] Folio [*number*]. A true copy of the Certificate of Title is annexed and marked “A” (*or as the case may be*).

At the date of death of the deceased the amount of [*$insert amount*] was standing in credit in account number [*number*] at [*name of bank*] in the name of [*full name as described on the bank statement or provided by the bank*], a true copy of a letter from the bank is annexed and marked “B” (*or as the case may be*).

3 In order to deal with the above asset it is requested the grant of administration issue in the names of [*full name of deceased as disclosed on the Electronic System*] otherwise [*other name as justified above*] deceased.

[*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*]