

AFFIDAVIT TO WITHDRAW WILL DEPOSITED WITH RENUNCIATION

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 ("the deceased") died at *[suburb]* *[postcode]* on *[date]* having made and duly executed their last will dated *[date]* ("the will") wherein *[full name of executor as described in the will of the deceased]* was named as executor *[and the residuary beneficiary in trust (or as the case may be)]*.
- 2 *[Full name of executor as described in the deceased's will]* by renunciation filed in this Court on *[date]* renounced probate *[and letters of administration (with the will annexed) of the estate of the deceased]*.
- 3 I am the *[relationship to deceased]* of the deceased *[or as the case may be]* and the *[substituted executor / residuary beneficiary]* *[or as the case may be]* named in the will.
- 4 The deceased died possessed of property in the State of South Australia.
- 5 I intend to make an application to this Court for a grant of *[probate / letters of administration with the will annexed]* of the estate of the deceased and I therefore request that the will which has been deposited in this Court be delivered out to *[me / to my solicitor]* *[name of solicitor]* of *[name of firm]*.

[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]