

CONSENT FORM

SUPREME COURT OF SOUTH AUSTRALIA
TESTAMENTARY CAUSES JURISDICTION

In the Estate of **[Name of Deceased]** (Deceased)

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

- 1 I am a [relationship to deceased] of [name of deceased] late of [address and postcode] who died at [suburb and postcode] on [date] leaving a testamentary document dated/undated [date] a copy of which is annexed and marked "A".
- 2 I am over the age of 18 years and not under any disability affecting my legal capacity.
- 3 I am informed that [name of applicant recited in the Originating Application] seeks an order [for admission to proof of an informal testamentary document / to admit to proof a testamentary document as contained in a copy / for rectification of a testamentary document / or as the case may be]. A copy of the [draft orders / Originating Application] is annexed and marked "B".
- 4 I have had the opportunity to seek and obtain independent legal advice.
- 5 I understand that my interest may be adversely affected if the Court makes the orders sought on the [draft orders / Originating Application] as [include details as to how the deponent is adversely affected].
- 6 Notwithstanding, I consent to the application / do not object to the application and will abide by the decision of the Court.

[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]