**CONSENT OF PROPOSED [*EXECUTOR‑ADMINISTRATOR*] TO ACT**

SUPREMECOURT OF SOUTH AUSTRALIA

TESTAMENTARY CAUSES JURISDICTION

[PROB-XX-XXXXXX]

**In the Matter of [*FULL NAME OF PROPOSED TESTATOR*]**

**or**

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

**[*Full Name*]**

First Applicant

**[*Full Name*]**

First Respondent

I, [*Full name of proposed executor/administrator*], consent to act as [*executor/administrator*] of the abovenamed [*Name of proposed testator/name of deceased estate (deceased)*].

……………………………………..

Signed [*Proposed executor/administrator*]

……………………………………..

Date

I, [*Name of witness*] of [*address and postcode*] certify that the signature written above is the signature of the person giving consent.

……………………………………..

Signed [*Witness signature*]

……………………………………..

Date