

**IN THE SUPREME COURT OF VICTORIA  
IN ITS PROBATE JURISDICTION**

S PRB [*Application No.*]

In the matter of the deceased estate of [*name*]

Application by:

[*Plaintiff's name*]

Plaintiff(s)

---

**AFFIDAVIT OF MEDICAL PRACTITIONER – EXECUTOR UNABLE TO ACT**

---

Date of document:

Filed on behalf of the Plaintiff

Prepared by: [*name and  
address of lodging party*]

Ref: [*solicitors only*]

DX: [*solicitors only*]

CODE: [*solicitors only*]

E-mail: [*e-mail address*]

Tel: [*number*]

---

I, [*insert name and address of medical practitioner*], [*occupation*] affirm/make oath and say that:

1. I am a duly qualified medical practitioner working as a [*type of medical practitioner*] at [*organisation*].
2. I am informed by the [*solicitor for the plaintiff/plaintiff*] that [*executor's name*] ('the executor') has been appointed as executor of the will of [*deceased's name*].
3. The executor has been a patient of mine since [*date*].
4. I have reviewed the medical records of the executor and in my opinion the executor is unable to act as executor of the will of [*deceased's name*]. [*Where possible, the reason(s) why the executor is unable to act are to be stated*]

The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.

Sworn/affirmed by  
the deponent

at [*place*]  
on [*date*]

Before me:

Witness Full Name

Address

Qualification

A person authorised under section 19(1) of the *Oaths and Affirmations Act 2018* to take an affidavit.