|  |  |
| --- | --- |
| In the matter of the will of [*insert name*] |  |
|  |  |

# AFFIDAVIT BY EXECUTOR(S) IN SUPPORT OF A REQUEST TO UPLIFT A WILL

|  |  |  |  |
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| Date of document: |  | Phone: |  |
| Filed by: |  | Email: |  |
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I, [*insert name and address of requestor(s)*], affirm/make oath and say that:

1. I am the executor named in the will of [*insert name*] (deceased) which is deposited in the office of the Registrar of Probates numbered [*insert will number*]. I hereby apply for delivery of the said will to me.
2. Now produced and shown to me marked “A” is a certified copy of my [*insert type of photo identification*].
3. The deceased died on [*insert date*] and I believe the deceased is the person referred to in the certified copy of death registration now produced and shown to me marked “B”.
4. [*insert any other relevant evidence as required*].

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: |  | |
| [*insert name*] |  | |
| At [*insert place*] |  | |
| On [*insert date*] |  | |
| Before me |  | |
|  | A person authorised under section 19(1) of the *Oaths and Affirmations Act 2018* to take an affidavit. | |
|  | |  | |

|  |  |
| --- | --- |
| In the matter of the will of [*insert name*] |  |

**CERTIFICATE IDENTIFYING EXHIBIT**

|  |  |  |  |
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| Date of document: |  | Phone: |  |
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This is the exhibit marked “A” now produced and shown to [*insert name of requestor(s)*] at the time of swearing/affirming their affidavit on [*insert date*]:

…………………………………….… …………………………………….…

[Signature of authorised witness] [Signature of requestor(s)]

**Exhibit "A"**

***Certified copy of photo identification***

|  |  |
| --- | --- |
| In the matter of the will of [*insert name*] |  |

**CERTIFICATE IDENTIFYING EXHIBIT**

|  |  |  |  |
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| Date of document: |  | Phone: |  |
| Filed by: |  | Email: |  |
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This is the exhibit marked “B” now produced and shown to [*insert name of requestor(s)*] at the time of swearing/affirming their affidavit on [*insert date*]:

…………………………………….… …………………………………….…

[Signature of authorised witness] [Signature of requestor(s)]

**Exhibit "B"**

***Certified copy of death registration***