**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 OR SOLE BENEFICIARY

# UNABLE TO ACT

Date of document:

Filed on behalf of the Plaintiff

Prepared by: *[name and*

*address of lodging party]* Ref: *[solicitors only]*

CODE: *[solicitors only]*

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

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/sole beneficiary’s name]* (‘the incapable person’) has been appointed as executor/is the sole beneficiary of the estate of *[deceased’s name].*
3. The incapable person has been a patient of mine since *[date]*.
4. I have reviewed the medical records of the incapable person and in my opinion, they are unable to act. *[Where possible, the reason(s) why the incapable person 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.