

**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.