**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) |

# CONSENT FOR LETTERS OF ADMINISTRATION WITH THE WILL ANNEXED

# *DURANTE DEMENTIA*

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]*

1. I *[name]* of *[address]*, say I am over the age of 18 years and under no legal disability.
2. I am aware that [*name*] (‘the plaintiff’) has made an application for letters of administration with the will annexed *durante dementia* in relation to the estate of *[deceased’s name]* (‘the deceased’).
3. I am aware that *[incapable person’s name]* is the sole beneficiary under the terms of the will and that they are mentally incapable of making an application.
4. I am a person who would be entitled to share in the estate of *[incapable person’s name]* were they to die without a will.
5. I DO HEREBY CONSENTto the plaintiff making an application for letters of administration with the will annexed *durante dementia* in relation to the estate of the deceased.

Dated:

SIGNED by *[name]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

In the presence of *[name]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness