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 – PERSON 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]*

Guidance for completing this affidavit

This affidavit should be completed by a medical practitioner who has treated, assessed or examined a person who may be unable to act as executor or administrator of a deceased estate.

An executor or administrator is responsible for managing a deceased estate. This may include understanding information about the estate, making decisions, communicating with others, managing money and property, keeping records and carrying out legal obligations.

The affidavit should be based on your own treatment, assessment or examination of the patient and your review of the patient's medical records. If you do not have an independent recollection of the patient, you may rely on your medical records.

Complete the information requested wherever you see words in square brackets [ ]. Before the document is signed, remove this guidance section and any instructions or examples in the document.

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

1. I am a registered medical practitioner practising as *[specialty]* at *[organisation]*.
2. *[Executor's/sole beneficiary's name]* ("the patient") has been a patient of mine since approximately *[year]*.
3. My involvement in the patient's care has included: *[provide details].*

4. The patient has been diagnosed with the following medical condition or conditions relevant to their mental capacity: *[provide details]*.

5. In reaching the opinions expressed in this affidavit, I have relied upon:

   (a) my treatment, assessment and examination of the patient;

   (b) the patient's medical records; and

   (c) *[Identify any other information relied upon or state "I have not relied on any other information"].*

6. Based on my treatment, assessment and examination of the patient, I have observed the following difficulties affecting the patient's ability to manage their affairs: *[provide details].*

7. In my opinion, the patient is unable to carry out the duties of an executor or administrator because: *[provide details].*

8. In my opinion:

   (a) The patient is presently unable to act as executor or administrator of a deceased estate; and

   (b) This inability arises because of the matters described above.

9. The facts set out above are based on my own observations, treatment and assessment of the patient, except where I have referred to medical records.

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.