

AFFIDAVIT OF APPLICANT FOR RESEALING

COURT DETAILS

Court	Supreme Court of New South Wales
Division	Equity
List	Probate
Registry	Sydney
Case number	20XX/123456

TITLE OF PROCEEDINGS

The estate of **Amber West**
Late of: 123 The Street, Perth WA 6000

FILING DETAILS

Filed for	Harrison West, plaintiff
Contact name and telephone	Harrison West (08) 9000 xxxx
Contact email	hwemail@email.com

AFFIDAVIT

Name Harrison West
 Address 123 The Street, Perth, Western Australia 6000
 Occupation Teacher
 Date 3 March 20XX

I affirm:

1. The deceased died on 2 April 20XX aged 54 years and left a will dated 4 March 20XX by which she appointed me executor.
2. I am not aware of the existence of any document purporting to embody the testamentary intentions of the deceased except for the said will.
3. Probate of the will was granted by the Supreme Court of Western Australia to me on 1 November 20XX. A certified copy of the grant is annexed and marked "A".
4. The grant has not been revoked.
5. The deceased left assets within New South Wales.
6. The names, ages, relationship to deceased and entitlements of the persons entitled in distribution of the estate of the deceased are:
 Harrison West, 54 years, whole estate
7. I am over 18 years of age.
8. I am aware that, if the grant is sealed by this Court, accounts relating to the estate must be:
 - (a) verified and filed; or
 - (b) verified, filed and passed,
 within 12 months after the sealing if so required by the Court].
9. Notice of this application was published on the New South Wales On-line registry website on 14 February 20XX.
10. A statement of all assets of the deceased of which I am presently aware is annexed and marked "B". I will disclose to the Court any other asset which comes to my notice.
11. The liabilities of the deceased of which I am presently aware are as follows:

LIABILITIES

Date	Name of creditor, etc.	Description of liability	Estimated or known amount	
			Secured	Unsecured
1 July 1999	ABC Bank	Mortgage on property	\$ 200,000	

Harrison West

Daryl Dixon

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B

12. The estate has a gross value of \$600,000 and a net value of \$400,000.

13. I am not aware of any circumstances which raise doubt as to my entitlement to have the grant sealed by this Court.

AFFIRMED at Perth

Signature of deponent *Harrison West*

Name of witness Daryl Dixon

Address of witness 11 The Road, Perth WA 6000

Capacity of witness Solicitor

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

1. I saw the face of the deponent
2. I have confirmed the deponent's identity using the following identification document:

NSW Driver Licence

Identification document relied on (may be original or certified copy)²

Daryl Dixon

Signature of witness _____

¹ [The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

² ["Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011 or JP Ruling 003 - Confirming identity for NSW statutory declarations and affidavits, footnote 3.]