

CONSENT TO ADMINISTRATION

COURT DETAILS

Court	Supreme Court of New South Wales
Division	Equity
List	Probate
Registry	Sydney
Case number	

TITLE OF PROCEEDINGS

The estate of **[name of deceased]**

Late of:

FILING DETAILS

Filed for	[name/s] plaintiff[s]
#Legal representative	[solicitor on record] [firm]
#Legal representative reference	[reference number]
Contact name and telephone	[name] [telephone]
Contact email	[email address]

DECLARATION OF CONSENT BY AFFECTED PERSON

Name

Address

Occupation

Date

I declare:

I am over 18 years of age. I am not an undischarged bankrupt and I have not assigned or encumbered my interest in the estate of the deceased.

I consent to letters of administration being granted to *(name)* who is *(state relationship)* of the deceased #and to an administration bond being dispensed with.

#I have read the Affidavit of the Applicant for Administration and understand how the entitlement of the de facto spouse affects the distribution of the estate of the deceased.

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Signature of person giving consent

Signature of witness

AFFIDAVIT OF WITNESS TO AFFECTED PERSON'S CONSENT

Name

Address

Occupation

Date

* [to be made before someone other than the affected person]

I [#say on oath #affirm]:

1. The above document was signed in my presence on *(date)* by *(name_of person consenting)*.
2. The signatures are respectively that of *(name of person consenting)* and my signature.

#SWORN #AFFIRMED at

Signature of witness to
affected person's consent

Name of witness to this
affidavit

Address of witness to this
affidavit

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner for
affidavits #Notary public]

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. [OR, delete whichever option is inapplicable]

 #I did not see the face of the deponent because the deponent was wearing a face covering, but I
 am satisfied that the deponent had a special justification for not removing the covering.¹
2. #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]

 #I have confirmed the deponent's identity using the following identification document:

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

Signature of witness to this
affidavit

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 refer to the guidelines in the NSW Department of Attorney General and Justice's "[Justices of the Peace Handbook](#)" section 2.3 "Witnessing an affidavit" at the following address:
<http://www.jp.nsw.gov.au/Documents/jp%20handbook%202014.pdf>]