**%COURT%**

**PROBATE**

**%REGISTRY%**

**AFFIDAVIT OF MENTAL CAPACITY**

IN THE ESTATE OF %DECEASED NAME%, late of %DECEASED ADDRESS%, %MARITAL STATUS%, deceased.

I, **\*\*\*INSERT DOCTOR'S NAME AND ADDRESS HERE\*\*\***, Medical Doctor do hereby make oath and say as follows

1. I am a medical doctor carrying on practice at %APPLICANT ADDRESS% I make this affidavit from facts within my own knowledge save where otherwise appears and where so appearing I believe those facts to be true.

2. The above-named %DECEASED NAME% was a patient of mine for a period of \*\*\*ENTER YEARS\*\*\* years between \*\*\*START DATE\*\*\* and \*\*\*END DATE\*\*\*.

3. I say and believe that I have been informed that %HE/SHE% executed %HIS/HER% Last Will and Testament on the %DATE OF WILL% I am quite satisfied that he was of sound disposing mind on the date and fully capable of making %HIS/HER% Will.

Sworn at

in the County of

this day of

by the said **\*\*\*INSERT DOCS NAME HERE\*\*\***

before me a Commissioner for Oaths/

Practising Solicitor, before me a Commissioner for Oaths

and I know the Deponent.

Practising Solicitor

Commissioner for Oaths