**%COURT%**

**PROBATE**

**%REGISTRY%**

**AFFIDAVIT OF MENTAL CAPACITY**

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

I, **\*\*\*INSERT NAME AND ADDRESS OF SOLICITOR HERE\*\*\***, Solicitor, aged twenty‑one years and upwards make Oath and say as follows:

1. I am a solicitor of the firm of **\*\*\*INSERT FIRM HERE\*\*\***, who are the solicitors who acted for the deceased and 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. I say that I am one of the subscribing witnesses to the Last Will of the said %DECEASED NAME% deceased bearing the date the %DATE OF WILL% and that the said %TESTATOR/TESTATRIX% executed the said Will on the day of the date thereof, by signing %HIS/HER% name at the end as the same now appears thereon, in the presence or me and of %OTHER WITNESS NAME%, %OTHER WITNESS OCCUPATION%, the other subscribing witness thereto, both of of being present at the same time and we thereupon attested and subscribed to the said Will in the presence of the %TESTATOR/TESTATRIX% and of each other.

3. I say that I was the Solicitor who tool instructions from %DECEASED NAME% and I drafted and had engrossed the Will and arranged for the execution of same.

4. I say that I had ample time to study %DECEASED NAME% the deceased and I saw that I had no concerns as to %HIS/HER% mental capacity in giving me instructions as the contents of the Will.

Sworn at

in the County of

this day of

by the said **\*\*\*INSERT SOLS 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