PAPUA NEW GUINEA
In the National Court of Justice

O.19, r.27 **Form 86.**

AFFIDAVIT OF APPLICANT FOR RESEALING

(As to heading, see O.19, r.3.)

On ..... 20....., I ..... (name, address and occupation) say on oath--

1. My full residential address is ..... (state this).

2. ..... (name), the deceased, died at ..... (place) in the Province of ..... (state this) on ..... (date).

3. The deceased died intestate. (or) The deceased left a will dated ..... (date) by which he appointed me (or where applicable (name)) sole executor of it.

4. Probate of the will was (or where applicable letters of administration of the estate of the deceased were) granted by ..... (name of court) to me (or where applicable to ..... (name)) on ..... (date).

5. The grant has not been revoked.

6. (Where applicable) By power of attorney dated ..... (date) ..... (name) appointed me his attorney to apply to this Court to reseal the probate (or letters of administration).

7. (Where applicable) I have not received any notice of revocation of the power of attorney by death, unsoundness of mind, act of the donor or otherwise.

8. The deceased left an estate within the Independent State of Papua New Guinea.

9. I am over 21 years of age.

10. (Where applicable) I am not aware of any claims against the estate (or as the case may be).

Sworn at ..... }

before me ..... }