**THE HIGH COURT**

**PROBATE**

**AFFIDAVIT OF TESTAMENTARY CAPACITY BY DOCTOR**

**The Probate Office, Phoenix House, Smithfield Dublin**

**Or**

**The District Probate Registry at**

(*delete the appropriate text*)

In the Estate of [*insert name of deceased*]

Late of [*insert address of deceased*]

I, [*insert name of doctor*]

of [*insert address of doctor*] in the County of

Medical Practitioner, aged 18 years and upwards make oath and say as follows:

I attended the above named [*insert name and address of deceased*]

in my professional capacity for a period of [*insert number of years testator was attending the doctor*] years between X and Y.

I am informed and believe that he/she made his/her last Will on the [*insert date of will*].

I am quite satisfied that he/she was of sound disposing mind on that date and fully capable of making his/her Will.

Sworn etc