

**IN THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR
GENERAL DIVISION**

In the Estate of _____

AFFIDAVIT OF PHYSICIAN

I, _____ (*name of physician*) of _____
(city/town), in the Province of _____ (*Province*) make oath (or
affirm) and say as follows:

1. THAT I am a qualified medical doctor, carrying on practice at _____
_____ located in _____ ;

2. THAT I am currently treating _____ (“the
patient”) and I am familiar with (his/her) condition;

3. THAT I certify that the patient’s medical condition is (*set out details of any relevant
diagnoses*):

4. THAT for the reasons set out below (or in the attached schedule), I am of the opinion
that, the patient requires care, supervision and control for the protection of (his/her)
property, and/or is incapable of managing (his/her) affairs (*please set out details about
how the medical condition set out above manifests itself and how this might impact the
patient’s everyday life*):

and, in my opinion, it is unlikely that (his/her) condition will ever improve to the extent that _____ will be able to manage (his/her) own affairs in the future;

5. THAT the facts contained herein are true to the best of my knowledge, information and belief.

SWORN (OR AFFIRMED) at _____, in the Province of _____, this _____ day of _____, 20_____.

before me:

Commissioner/Notary Public

(Physician signature)