

FORM 74.4.1

Courts of Justice Act

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE WITH A WILL (INDIVIDUAL APPLICANT) LIMITED TO THE ASSETS REFERRED TO IN THE WILL

ONTARIO

SUPERIOR COURT OF JUSTICE

at _____

This application is filed by (insert name and address)

DETAILS ABOUT THE DECEASED PERSON

Complete in full as applicable

Table with 4 columns: First given name, Second given name, Third given name, Surname

And if the deceased was known by any other name(s), state below the full name(s) used including surname.

Table with 4 columns: First given name, Second given name, Third given name, Surname

Empty table row with 4 columns

Empty table row with 4 columns

Date of birth of the deceased person, if known: (day, month, year)

Address of fixed place of abode (street or postal address) (city or town) (county or district)

If the deceased person had no fixed place of abode in Ontario, did he or she have property in Ontario?
[] No [] Yes

Last occupation of deceased person

Place of death (city or town; county or district)

Date of death (day, month, year)

Date of last will (marked as Exhibit "A") (day, month, year)

Was the deceased person 18 years of age or older at the date of the will (or 21 years of age or older if the will is dated earlier than September 1, 1971)? [] No [] Yes

If not, explain why certificate is being sought. Give details in an attached schedule.

Date of codicil (marked as Exhibit "B") <i>(day, month, year)</i>	Date of codicil (marked as Exhibit "C") <i>(day, month, year)</i>
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Marital Status Unmarried Married Widowed Divorced

Did the deceased person marry after the date of the will? No Yes

If yes, explain why certificate is being sought. Give details in an attached schedule.

Was a marriage of the deceased person terminated by a judgment absolute of divorce, or declared a nullity, after the date of the will? No Yes

If yes, give details in an attached schedule.

Is any person who signed the will or a codicil as witness or for the testator, or the spouse of such person, a beneficiary under the will? No Yes

If yes, give details in an attached schedule.

VALUE OF ASSETS REFERRED TO IN ATTACHED WILL
(Marked as Exhibit "A" to this application)

Note:

- Under "Real estate, net of encumbrances", do not include any real estate in Ontario that is held jointly and passes by survivorship or any real estate outside Ontario.
- Under "Personal Property", do not include money or property held jointly and passing by survivorship (such as a bank account), or money or property to which a person is entitled by virtue of a beneficiary designation under, for example, a life insurance contract, a registered pension plan, a registered retirement savings plans, a registered retirement income fund, a life income fund, a locked-in retirement account or a tax free savings account.

Personal property	Real estate, net of encumbrances	Total
\$	\$	\$

Is there any person entitled to an interest in the estate who is not an applicant? No Yes

If a person named in the will or a codicil as estate trustee is not an applicant, explain.

If a person not named in the will or a codicil as estate trustee is an applicant, explain why that person is entitled to apply.

If the spouse of the deceased is an applicant, has the spouse elected to receive the entitlement under section 5 of the *Family Law Act*? No Yes

If yes, explain why the spouse is entitled to apply.

AFFIDAVIT(S) OF APPLICANT(S)

(Attach a separate sheet for additional affidavits, if necessary)

I, an applicant named in this application, make oath and say/affirm:

- | | |
|--|--|
| 1. I am 18 years of age or older. | 4. If I am not named as estate trustee in the will or codicil, consents of persons who together have a majority interest in the value of the assets of the estate at the date of death are attached. |
| 2. The exhibit(s) referred to in this application are the last will and each codicil (where applicable) of the deceased person relating to the assets referred to in the will and I do not know of any later will or codicil affecting those assets. | 5. The information contained in this application and in any attached schedules is true, to the best of my knowledge and belief. |
| 3. I will faithfully administer the deceased person's property according to law and render a complete and true account of my administration when lawfully required. | |

Name <i>(surname and forename(s))</i>	Occupation
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Address <i>(street or postal address)</i>	<i>(city or town)</i>	<i>(province)</i>	<i>(postal code)</i>
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Sworn/Affirmed before me at the _____
of _____
in the _____
of _____
this _____ day of _____, 20 _____

Signature of applicant

A Commissioner for taking Affidavits (or as may be)

Name (surname and forename(s))

Occupation

Address (street or postal address)

(city or town)

(province)

(postal code)

Sworn/Affirmed before me at the _____
of _____
in the _____
of _____
this _____ day of _____, 20 _____

Signature of applicant

A Commissioner for taking Affidavits (or as may be)

Notice to applicant: Information provided on this form related to the payment of estate administration tax may be forwarded to the Ministry of Finance pursuant to clause 39(1)(b) and 42(1)(c) of the *Freedom of Information and Protection of Privacy Act*. This includes the name of the deceased, name and address of estate trustee(s), value of the estate and any undertakings and tax payments made or refunded. This information will be used by the Ministry of Finance to determine the value of estates and the amount of estate administration tax payable. Questions about the collection of this information should be directed to the Senior Manager – Audit, Advisory and Compliance Branch, 33 King Street West, PO Box 625, Oshawa ON L1H 8H9, 1-866-668-8297.