

FORM 74.10

*Courts of Justice Act*

AFFIDAVIT OF CONDITION OF WILL OR CODICIL

ONTARIO

SUPERIOR COURT OF JUSTICE

IN THE ESTATE OF *(insert name)*, deceased.

AFFIDAVIT OF CONDITION OF WILL OR CODICIL

I, *(insert name)*, of *(insert city or town and county or district, metropolitan or regional municipality of residence)*, make oath and say/affirm:

1. On *(date)*, I was present and saw the document marked as Exhibit “A” to this affidavit executed by the deceased.
2. *(Insert name)* executed the document in the presence of myself and *(insert name of other witness and city or town, county or district, metropolitan or regional municipality of residence)*.
3. On *(date)*, I signed the document in the testator’s presence *(insert by video conference, if applicable)* as an attesting witness.

*Insert either paragraph 4 or 5 below if both witnesses were present when each signed (in addition to the testator whose presence is required).*

4. *(insert name of other witness)* and I were both physically present at the same time and signed the document in the testator's presence by video conference as attesting witnesses.

OR

5. *(insert name of other witness)* was in the presence of myself by video conference and the testator by video conference when I signed the document as an attesting witness.

6. The following alterations, erasures, obliterations or interlineations that have not been attested appear in the document:

7. The document is now in the same condition as when it was executed.

**Sworn or Affirmed before me:** *(select one):*  in person OR  by video conference

**Complete if affidavit is being sworn or affirmed in person:**

at the (City, Town, etc.) of ..... in the (County, County, Regional Municipality, etc.) of ....., on (date).

\_\_\_\_\_  
*Signature of Commissioner (or as may be)*

\_\_\_\_\_  
*Signature of Deponent*

***Use one of the following if affidavit is being sworn or affirmed by video conference:***

***Complete if deponent and commissioner are in same city or town:***

by ..... (*deponent's name*) at the (City, Town, etc.) of ..... in the (County, Regional Municipality, etc.) of ....., before me on ..... (*date*) in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely. ....

Commissioner for Taking Affidavits (*or as may be*)

\_\_\_\_\_  
*Signature of Commissioner (or as may be)*

\_\_\_\_\_  
*Signature of Deponent*

***Complete if deponent and commissioner are not in same city or town:***

by ..... (*deponent's name*) of (City, Town, etc.) of ..... in the (County, Regional Municipality, etc.) of ....., before me at the (City, Town, etc.) of ..... in the (County, Regional Municipality, etc.) of....., on ..... (*date*) in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely. ....

Commissioner for Taking Affidavits (*or as may be*)

\_\_\_\_\_  
*Signature of Commissioner (or as may be)*

\_\_\_\_\_  
*Signature of Deponent*

NOTE: If paragraph 3 is not correct, add the words “except that” and give details of the exceptions.