

FORM 74.15

Courts of Justice Act

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE WITHOUT A WILL (CORPORATE APPLICANT)

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.

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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)

Marital Status Unmarried Married Widowed Divorced

Was the deceased person ever legally married? Yes No

If yes, attach a schedule and provide the following information:

- Name and current address of the deceased's spouse and of each former spouse.
Whether any of the marriages was terminated and, if so, the method of termination of each marriage (that is, by divorce, by death or by declaration of nullity).

- 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
\$	\$	\$

Explain why the applicant is entitled to apply.

AFFIDAVIT(S) OF APPLICANT(S)

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

I, a trust officer named in this application, make oath and say/affirm:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. I am a trust officer of the corporate applicant. 2. I am 18 years of age or older. 3. I have made a careful search and inquiry for a will or other testamentary document of the deceased person, but none has been found. I believe that the person did not leave a will or other testamentary document. 4. The corporate applicant will faithfully administer the deceased person's property according to law and render a complete and true account of my administration when lawfully required. | <ol style="list-style-type: none"> 5. 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. 6. The information contained in this application and in any attached schedules is true, to the best of my knowledge and belief. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name of corporate applicant	Name of trust officer
------------------------------------	------------------------------

Address of corporate applicant			
<i>(street or postal address)</i>	<i>(city or town)</i>	<i>(province)</i>	<i>(postal code)</i>

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

Signature of trust officer

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.