

FORM 74.20.1

Courts of Justice Act

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF A FOREIGN ESTATE TRUSTEE'S NOMINEE AS ESTATE TRUSTEE WITHOUT A WILL

ONTARIO

SUPERIOR COURT OF JUSTICE

at \_\_\_\_\_

This application is filed by *(insert name)*

**DETAILS ABOUT THE DECEASED PERSON**

*Complete in full as applicable*

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.*

First given name	Second given name	Third given name	Surname

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

**Address** *(street or postal address) (city or town) (province or state) (country)*

**Place of death** *(city or town; country)*

**Date of death** *(day, month, year)*

**Country of domicile**

**PARTICULARS OF FOREIGN CERTIFICATE**

Country <i>(and province or state if applicable)</i> where issued	Issuing court	Date issued <i>(day, month, year)</i>

TOTAL VALUE OF ASSETS OF ESTATE	Total
	\$

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**VALUE OF ASSETS LOCATED IN ONTARIO**

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<b>Personal property</b>	<b>Real estate, net of encumbrances</b>	<b>Total</b>
\$	\$	\$

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**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 the nominee of the foreign estate trustee appointed in the jurisdiction where the deceased was domiciled at the date of death.              | 4. 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. |
| 2. A copy of the document appointing the foreign estate trustee, certified by the court that issued it, is marked as Exhibit "A" to this affidavit. | 5. The information contained in this application and in any attached schedules is true, to the best of my knowledge and belief.                                     |
| 3. I am 18 years of age or older.   |   |

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<b>Name</b> <i>(surname and forename(s))</i>	<b>Occupation</b>
<b>Address</b> <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)*

<b>Name</b> (surname and forename(s))		<b>Occupation</b>	
<b>Address</b> (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.