

FORM 74.5.1

*Courts of Justice Act*

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE WITH  
A WILL (CORPORATE 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*

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

**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")  
(day, month, year)

**Date of codicil** (marked as Exhibit "C")  
(day, month, year)

**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)

Do not include in the total amount: insurance payable to a named beneficiary or assigned for value, property held jointly and passing by survivorship, or real estate outside Ontario.

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

Is there any person interested 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.

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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.

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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.

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**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:**

1. I am a trust officer of the corporate applicant.
2. I am 18 years of age or older.
3. 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.
4. The corporate applicant will faithfully administer the deceased person's property according to law and render a complete and true account of its administration when lawfully required.
5. If the corporate applicant is 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.
6. The information contained in this application and in any attached schedules is true, to the best of my knowledge and belief.

<b>Name of corporate applicant</b>	<b>Name of trust officer</b>
<b>Address</b> <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)*

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

1. I am 18 years of age or older.
2. The exhibit(s) referred to in this application are the last will and each codicil (where applicable) of the deceased person and I do not know of any later will or codicil.
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.
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.
5. The information contained in this application and in any attached schedules is true, to the best of my knowledge and belief.

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

**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.