

FORM 74.14

Courts Of Justice Act

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE
WITHOUT A WILL (INDIVIDUAL 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

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 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's marriage terminated by a judgment absolute of divorce, or declared a nullity?

No Yes

If yes, give details in an attached schedule.

Did the deceased person go through a form of marriage with a person where it appears uncertain whether an earlier marriage of the deceased person had been terminated by divorce or declared a nullity?

No Yes

If yes, give the person's name and address, and the names and addresses of any children (including deceased children) of the marriage, in an attached schedule.

Was any earlier marriage of a person with whom the deceased person went through a form of marriage terminated by divorce or declared a nullity?

No Yes

If yes, give details in an attached schedule.

Was the deceased person immediately before his or her death living with a person in a conjugal relationship outside marriage?

No Yes

If yes, give the person's name and address in an attached schedule.

PERSONS ENTITLED TO SHARE IN THE ESTATE

(Attach a schedule if more space is needed. If a person entitled to share in the estate is not a spouse, child, parent, brother or sister of the deceased person, show how the relationship is traced.)

Name	Address	Relationship to deceased person	Age (if under 18)

VALUE OF ASSETS OF ESTATE

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.

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

Explain why the applicant is entitled to apply.

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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 18 years of age or older and a resident of Ontario.
2. 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.
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. 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.

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

A Commissioner for taking Affidavits *(or as may be)*

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