

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

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 <i>(city or town; country)</i>	Date of death <i>(day, month, year)</i>
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Country of domicile

PARTICULARS OF FOREIGN CERTIFICATE

Country <i>(and province or state if applicable) where issued</i>	Issuing court	Date issued <i>(day, month, year)</i>
TOTAL VALUE OF ASSETS OF ESTATE	\$	Total

VALUE OF ASSETS LOCATED IN ONTARIO		
Personal Property	Real estate, net of encumbrances	Total
\$	\$	\$

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.
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.
3. I am 18 years of age or older.
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.
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
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Address *(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)*

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.