

FORM 74.27

Courts of Justice Act

APPLICATION FOR CONFIRMATION BY RESEALING OF APPOINTMENT OR
CERTIFICATE OF ANCILLARY APPOINTMENT OF ESTATE TRUSTEE

ONTARIO

SUPERIOR COURT OF JUSTICE

at

This is an application for *(check one)*

confirmation by resealing of the appointment of an estate trustee with *(or without)* a will.

a certificate of ancillary appointment of an estate trustee with a will.

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

--	--	--	--

--	--	--	--

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>
--	--

PARTICULARS OF PRIMARY CERTIFICATE OR GRANT

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

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 an estate trustee named in the primary certificate (or primary grant of letters probate or letters of administration), a copy of which, certified by the court that issued it, is Exhibit "A" to this affidavit.
- 2. I am 18 years of age or older.
- 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. The primary certificate (or primary grant of letters probate or letters of administration) is still effective.
- 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)*

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.