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 applica	omplete in full as applicable					
First given name	Second given name	Third given name	Surname			
And if the deceased was kn	own 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			
Place of death (city of	town, county of district)		(day, month, year)			
Marital Status	Unmarried	Married Widow	ved 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.						

\$			net of encumbrances		- •		
Do not include in the tota for value, property held journal proper	al amoun ointly and		e to a named ship, or real e			Onta	
Name		Address	Relations deceased	•	(if t	Age unde	e er 18)
(Attach a schedule if more	space is n	TITLED TO SHARE eeded. If a person enti the deceased person,	tled to share in t	he estate			
If yes, give the person's	, ,	•	_	dule.			. 55
Was the deceased person in a		•			No		Yes
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? If yes, give details in an attached schedule.				r	No		Yes
If yes, give the person's addresses of any childr marriage, in an attache	en (inclu d schedi	iding deceased chileule.	dren) of the				
Did the deceased persor where it appears uncerta person had been terminal	in wheth	er an earlier marriage	of the deceas		No		Yes

Exp	lain why the applicant is entitled to	apply.	
			APPLICANT(S) conal affidavits, if necessary)
I, ar	n applicant named in this applica	tion, mak	ake oath and say/affirm:
2.	 I am 18 years of age or older and a rof Ontario. I have made a careful search and incommodate a will or other testamentary document deceased person, but none has been I believe that the person did not leave or other testamentary document. I will faithfully administer the decease person's property according to law a render a complete and true account administration when lawfully required 	uiry for t of the found. { a will ed nd of my	 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.
Nan	ne (surname and forename(s))		Occupation
Add	Iress (street or postal address) (city	or town)	(province) (postal code)
Swo	orn/Affirmed before me at the		
	е		
this	day of	, 20	Signature of applicant
	A Commissioner for taking Affidavits (or	as may be)	<u> </u>

Name (s	urname and forename(s))		Occupation		
Address	S (street or postal address)	(city or town)	(province)	(postal code)	
Sworn/A	ffirmed before me at the				
of					
in the					
of					
this	day of	, 20	Signature o	Signature of applicant	
A (Commissioner for taking Affida	vits (or as may be)			