FORM 74.4

Courts of Justice Act

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE WITH A WILL (INDIVIDUAL APPLICANT)

ONTARIO

SUPERIOR COURT OF JUSTICE

at							
This application is file	ed by (insert name and a	ddress)					
	ETAILS ABOUT THE	DECEASED PE	RSON				
Complete in full as applic		DEGLACEDIE	110011				
First given name	Second given name	Third given name	Surname				
			ame(s) used including surname.				
First given name	Second given name	Third given name	Surname				
Date of birth of the	deceased person, if	known: (day, mon	th, year)				
Address of fived pla	oo of abode (start sure						
Address of fixed place of abode (street or po		ostal address) (city or t	own) (county or district)				
If the deceased pers		Last occupation of deceased person					
place of abode in Ontario, did he or she have property in Ontario?							
□ No □ Yes							
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)	(day, month, year)				
10/ (-1-				
•	erson 18 years of age rs of age or older if the						
than September 1, 1	•	o wiii io datod odii	☐ No ☐ Yes				
If not, explain why ce	ertificate is being soud	ht. Give details in	an attached schedule.				

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Date of codicil (marked as Exhibit "B") Date of codicil (marked as Exhibit "C") (day, month, year) (day, month, year)								
Marital Status Unmarried Married Widowed Divorced								
Did the deceased person ma	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?								
If yes, give details in an attac	hed schedule	e .						
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 attac								
	UE OF ASS	ETS OF ESTATE	Ξ					
Note:								
 Under "Real estate, net of encumbrances", do not include any real estate in Ontario that is held jointly and passes by survivorship or any real estate outside Ontario. 								
 Under "Personal Property", do not include money or property held jointly and passing by survivorship (such as a bank account), or money or property to which a person is entitled by virtue of a beneficiary designation under, for example, a life insurance contract, a registered pension plan, a registered retirement savings plans, a registered retirement income fund, a life income fund, a locked-in retirement account or a tax free savings account. 								
Personal property		estate, net of umbrances	Total					
\$	\$		\$					
Is there any person entitled to an interest in the estate who is not an applicant?								
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.						
If the spouse of the deceased is an applicant, it to receive the entitlement under section 5 of the						
If yes, explain why the spouse is entitled to apply.						
AFFIDAVIT(S) OF APPLICANT(S) (Attach a separate sheet for additional affidavits, if necessary)						
I, an applicant named in this application	n, make oath and say/affirm:					
 I am 18 years of age or older. 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. 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.					
Name (surname and forename(s))	Occupation					
Address (street or postal address) (city	or town) (province) (postal code)					

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	Affirmed before me at the _	_			
of			_		
in the $_$			_		
of					
this day of		, 20	Signature o	Signature of applicant	
A (Commissioner for taking Affidavit	s (or as may be)	_		
Name (surname and forename(s))	Occupati	on		
Addres	SS (street or postal address)	(city or town)	(province)	(postal code)	
	Affirmed before me at the $_$		_		
			_		
of			_		
of day of		, 20	Signature o	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.

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