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 fi	iled by (insert name and a	nddress)		
	DETAILS ABOUT TH	E DECEASED PERS	SON	
Complete in full as appl	licable			
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 nam	ne(s) used including surname.	
First given name	Second given name	Third given name	Surname	
Data of hirth of the	doogood noroon it	Eknoverni (day manth)	(2.24)	
Date of birth of the	e deceased person, if	KIIOWII. (day, month,)	/ear)	
Address of fixed pl) (
Address of fixed pi	ace of abode (street or p	ostal address) (city or tow	(county or district)	
If the deceased per	son had no fixed place	Last occupation of	of deceased person	
-	, did he or she have	·	·	
property in Ontario?				
□ No □ Ye	es			
Place of death (city or town; county or district)			Date of death	
			(day, month, year)	
Monital Ctatus	Lineary Alex	ried \(\sqrt{\lambda} \)	d Diversed	
Marital Status	Unmarried Mar	ried	ed Divorced	
Was the deceased person ever legally married? ☐ Yes ☐ No				
If yes, attach a sche	edule and provide the f	ollowing information:		
_	rrent address of the de	•		
spouse.		occassa s spease an	a or odom formion	

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- Whether any of the marriages was terminated and, if so, the method of termination of each marriage (that is, by divorce, by death or by declaration of nullity).
- Name and address of each child of each of the marriages.
- Name of each child who died before the deceased and the name and address of any issue of that deceased child.

Was the deceased person living with a person in a conjugal relationship outside marriage immediately before his or her		
death?	Yes	□ No
If yes, attach a schedule and provide the name and address of living with the deceased.	the person	who was

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

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.

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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	Real estate, net of encumbrances	Total	
\$	\$	\$	
Explain why the applicant 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, 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.
- 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.
- 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 to	own)	(province)	(postal code)

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Sworn/Affirmed before me at the				
of				
in the				
of				
this day of	, 20	Signature	Signature of applicant	
A Commissioner for taking Affida	vits (or as may be)			
Name (surname and forename(s))	Occupation	on		
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 Affida	vits (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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