

APPLICATION FOR CERTIFICATE OF APPOINTMENT AS SUCCEEDING ESTATE TRUSTEE WITH A WILL

ONTARIO

SUPERIOR COURT OF JUSTICE

APPLICATION FOR CERTIFICATE OF APPOINTMENT AS SUCCEEDING ESTATE TRUSTEE WITH A WILL

(Form 74.21 Under the Rules)

at

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
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*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
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**PARTICULARS OF FIRST CERTIFICATE**

<b>Name(s) of estate trustee(s)</b>	<b>Date issued</b> <i>(day, month, year)</i>
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**VALUE OF UNDISTRIBUTED ASSETS OF ESTATE**

<b>Personal property</b>	<b>Real estate, net of encumbrances</b>	<b>Total</b>
\$	\$	\$

Explain why the applicant is entitled to apply.

**AFFIDAVIT(S) OF APPLICANT(S)**

*(Attach a separate sheet for additional affidavits, if necessary.)*

**I, a trust officer named in this application, make oath and say/affirm:**

- 1. I am a trust officer of the corporate applicant.
- 2. I am 18 years of age or older.
- 3. The corporate applicant will faithfully administer the deceased person's property according to law and render a complete and true account of its administration when lawfully required.
- 4. If the corporate applicant is not named as estate trustee in the will or codicil, consents of persons who together have a majority interest in the value of the undistributed assets of the estate at the date of this application 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 of corporate applicant**

**Name of trust officer**

**Address of corporate applicant** *(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 trust officer

\_\_\_\_\_  
A Commissioner for taking Affidavits *(or as may be)*

**I, an applicant named in this application, make oath and say/affirm:**

- 1. I am 18 years of age or older.
- 2. 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.
- 3. 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 undistributed assets of the estate at the date of this application are attached
- 4. 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)*

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)*