

FORM 74.15

*Courts of Justice Act*

APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE  
WITHOUT A WILL (CORPORATE APPLICANT)

ONTARIO

SUPERIOR COURT OF JUSTICE

APPLICATION FOR CERTIFICATE OF  
APPOINTMENT OF ESTATE TRUSTEE  
WITHOUT A WILL (CORPORATE APPLICANT)

(Form 74.15 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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<b>Address of fixed place of abode</b> <i>(street or postal address)(city or town)</i>	<i>(county or district)</i>
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If the deceased person had no fixed place of abode in Ontario, did he or she have property in Ontario? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last occupation of deceased person</b>
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<b>Place of death</b> <i>(city or town; county or district)</i>	<b>Date of death</b> <i>(day, month, year)</i>
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**Marital Status**     Unmarried     Married     Widowed     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.

Did the deceased person go through a form of marriage with a person where it appears uncertain whether an earlier marriage of the deceased person had been terminated by divorce or declared a nullity?     No     Yes  
If yes, give the person's name and address, and the names and addresses of any children (including deceased children) of the marriage, in an attached schedule.

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?     No     Yes  
If yes, give details in an attached schedule.

Was the deceased person immediately before his or her death living with a person in a conjugal relationship outside marriage?     No     Yes  
If yes, give the person's name in an attached schedule.

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**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)
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**VALUE OF ASSETS OF ESTATE**

Do not include in the total amount: insurance payable to a named beneficiary or assigned for value, property held jointly and passing by survivorship, or real estate outside Ontario.

Personal property	Real estate, net of encumbrances	Total
\$	\$	\$

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Explain why the applicant is entitled to apply.

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**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:**

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. I am a trust officer of the corporate applicant.</li><li>2. I am 18 years of age or older.</li><li>3. 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.</li><li>4. The corporate applicant will faithfully administer the deceased person's property according to law and render a complete and true</li></ol> | <ol style="list-style-type: none"><li>5. account of my administration when lawfully required.</li><li>6. 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.</li><li>7. The information contained in this application and in any attached schedules is true, to the best of my knowledge and belief.</li></ol> |
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<b>Name of corporate applicant</b>	<b>Name of trust officer</b>
<b>Address of corporate applicant</b> <i>(street or postal address) (city or town) (province) (postal code)</i>	

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Sworn/Affirmed before me at the .....  
of .....  
in the .....  
of .....  
this ..... day of ..... , 20.....

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Signature of trust officer

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