

FORM 74.24

Courts of Justice Act

APPLICATION FOR CERTIFICATE OF APPOINTMENT AS SUCCEEDING ESTATE TRUSTEE WITHOUT A WILL

ONTARIO

**APPLICATION FOR CERTIFICATE OF
APPOINTMENT AS SUCCEEDING ESTATE TRUSTEE
WITHOUT A WILL**

SUPERIOR COURT OF JUSTICE

(Form 74.24 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

Name(s) of estate trustee(s) or administrator(s)

Date issued
(day, month, year)

PERSONS ENTITLED TO SHARE IN THE ESTATE

(at date of this application)

(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 UNDISTRIBUTED ASSETS OF ESTATE

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, 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. 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
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Address of corporate applicant <i>(street or postal address)</i>	<i>(city or town)</i>	<i>(province)</i>	<i>(postal code)</i>
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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 and a resident of Ontario.
- 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. 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 <i>(surname and forename(s))</i>	Occupation
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Address <i>(street or postal address)</i>	<i>(city or town)</i>	<i>(province)</i>	<i>(postal code)</i>
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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)*