FORM 74.27

Courts of Justice Act

APPLICATION FOR CONFIRMATION BY RESEALING OF APPOINTMENT OR CERTIFICATE OF ANCILLARY APPOINTMENT OF ESTATE TRUSTEE

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APPLICATION FOR CONFIRMATION BY RESEALING OF APPOINTMENT OR CERTIFICATE OF ANCILLARY APPOINTMENT OF ESTATE TRUSTEE

SUPERIOR COURT OF JUSTICE

(Form 74.27 Under the Rules)

at							
This is an application for (check	one)						
a certificate of ancillary appo	ointment of an estate tru	estate trustee with (or without) a will. ustee with a will.					
This application is filed by (inser	rt name)						
	DETAIL	S ABOUT THE DECEASED PE	ERSON				
Complete in full as applicable							
First given name	Second given name	Third given name	Surname				
And if the deceased was known b	Second given name(s), ste	ate below the full name(s) used including Third given name	g surname. Surname				
I not given name	become given name	Tima given name	Surname				
Address (street or postal address) (city or town)		(city or town)	(province or state) (country)				
	Date of death						
	(day, month, year)						
PARTICULARS OF PRIMARY CERTIFICATE OR GRANT							
Country (and province or state	Date issued						
Country (and province or state if applicable) where issued Issuing court			(day, month, year)				
	VALUE (OF ASSETS LOCATED IN ON	TARIO				
Personal propert	v	Real estate,	Total				
F-7F-7		net of encumbrances					
\$ \$			\$				
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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 an estate trustee named in the primary certificate (*or* primary grant of letters probate *or* letters of administration), a copy of which, certified by the court that issued it, is Exhibit "A" to this affidavit.
- 2. I am 18 years of age or older.
- 3. 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. The primary certificate (or primary grant of letters probate or letters of administration) is still effective.
- 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)
Sworn/Affirmed before me at the				
ofin the				
of			Signature of applicant	
A Commissioner for taking Affidavits (or				

RCP-E 74.27 (November 1, 2005)