APPLICATION FOR CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE WITH A WILL

DETAILS ABOUT THE DECEASE	D PERSON:					
Full Legal Name:				·		
Other Names (also known as)	if applicable:					
Address of fixed place of about	de:					
If the deceased person had no of abode in Ontario, did he or property in Ontario?			14)		×	
Last Occupation of deceased	person:					
Date of Birth:						
Date of Death:						
Date of Last Will:						
Date of Codicil(s):				11		
Marital Status at date of death:						
Did the deceased person mar Was a marriage of the deceas DETAILS ABOUT APPLICANT 1	sed person teri	ite of the V minated at	Vill? fter the date	of the Will?	Yes Yes	No
Full Legal Name:						
Occupation:						
Address:						
DETAILS ABOUT THE APPLICA	NT 2:					
Full Legal Name:						
Occupation:						
Address:						
DETAILS ABOUT THE APPLICA	NT 3:					
Full Legal Name:						
Occupation:					990	
Address:					.	
BENEFICIARIES:						
Full Legal Name:						
Relationship to Deceased:						
Date of Birth & Name of Rep	resentative if u	inder 18:				
Full Legal Name:						
Relationship to Deceased:						<u> </u>
Date of Birth & Name of Rep	resentative if u	inder 18:				
Full Legal Name:						
Relationship to Deceased:						
Date of Birth & Name of Rep	resentative if u	inder 18:		-		
Full Legal Name:						
Relationship to Deceased:				-		
Date of Birth & Name of Rep	oresentative if v	ınder 18:				