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| FORM 74J |
| *Courts of Justice Act* |
| ONTARIO |
| **SUPERIOR COURT OF JUSTICE** |
| IN THE ESTATE OF *(insert name),* deceased |

APPLICATION FOR CERTIFICATE OR CONFIRMATION OF APPOINTMENT

*(insert name of applicant(s))* is *(are)* applying for the following in relation to the estate of the deceased described in Part 1 of this application below: *(select one)*

[ ]  Certificate of Appointment of Succeeding Estate Trustee with a Will

[ ]  Certificate of Appointment of Succeeding Estate Trustee with a Will Limited to the Assets Referred to in the Will

[ ]  Certificate of Appointment of Succeeding Estate Trustee without a Will

[ ]  Certificate of Appointment of Foreign Estate Trustee’s Nominee as Estate Trustee without a Will

[ ]  Certificate of Appointment of Estate Trustee During Litigation

[ ]  Confirmation by Resealing of Appointment of Estate Trustee

[ ]  Certificate of Ancillary Appointment of Estate Trustee with a Will

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| PART 1 – INFORMATION ABOUT THE DECEASED |

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Second name | Third name | Surname |
|  |  |  |  |
| Alternate names *(if any are identified in the Will or other document state below the full name(s) used including surname):* |
|  |  |  |  |
|  |  |  |  |
|  |
| **Date of Death** | **Place of death**  | **Deceased resided in Ontario** | **Deceased owned property in Ontario (real estate and/or personal property)** | **Date of Birth** | **Last occupation** |
| [DD/MM/YYYY] |  | [Yes/No] | [Yes/No] | [DD/MM/YYYY] |  |

**Deceased’s Residence at the time of death:**

|  |  |
| --- | --- |
| Street address |  |
| City or town |  |
| County or district |  |
| Province/State |  |
| Postal code/Zip code |  |
| Country |  |

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| PART 2 – APPLICATION FOR A CERTIFICATE OF APPOINTMENT OF SUCCEEDING ESTATE TRUSTEE |

*Only complete Part 2 if applying for a Certificate of Appointment of Succeeding Estate Trustee.*

|  |  |
| --- | --- |
| Name(s) of estate trustee(s) issued the first certificate of appointment of estate trustee | Date the certificate was issued  |
|  | [DD/MM/YYYY] |

The person(s) who are entitled to share in the distribution of the remaining estate are (*list names*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Together with this Application, I am filing:

[ ]  the original certificate of appointment or, if the original certificate has been lost, a copy of it certified by the court that granted the appointment is being filed with this Application

[ ]  *(If applying with a Will)* a renunciation (Form 74G) from every living person who is named in the Will or codicil as an estate trustee and who has not joined in the application and is entitled to do so

[ ]  *(If applying without a Will or with a Will and the applicant is not named as an estate trustee in the Will or codicil)* a consent (Form 74H) to the application by persons who are entitled to share in the distribution of the remaining estate and who together have a majority interest in the value of the assets remaining in the estate at the date of the application

[ ]  *(If applying for a Certificate of Appointment of Succeeding Estate Trustee with a Will limited to the assets referred to in the Will)* a draft order (Form 74I) granting the certificate of appointment

*If completing this section, you must also complete Parts 5, 6 and 7.*

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| PART 3 – APPLICATION FOR A CERTIFICATE OF APPOINTMENT OF FOREIGN ESTATE TRUSTEE’S NOMINEE AS ESTATE TRUSTEE WITHOUT A WILL |

*Only complete Part 3 if applying for a* *Certificate of Appointment of Foreign Estate Trustee’s Nominee as Estate Trustee without a Will.*

|  |  |  |
| --- | --- | --- |
| Country *(and province or state if applicable)* where foreign certificate or primary certificate was issued | Issuing court | Date the certificate was issued  |
|  |  | [DD/MM/YYYY] |

[ ]  A copy of the document appointing the foreign estate trustee, certified under the seal of the court that granted it, is being filed with this Application.

[ ]  A certificate under the seal of the Court that granted the foreign document, issued within six months of this Application, stating that the foreign document remains effective as of the date of the certificate

[ ]  is being filed with this Application.

[ ]  cannot be obtained, for the following reason *(if more space is required, attach schedule)*: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.)*

*If completing this section, you must also complete Parts 5, 6 and 7.*

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| **PART 4 – APPLICATION FOR A CONFIRMATION BY RESEALING OF APPOINTMENT OR A CERTIFICATE OF ANCILLARY APPOINTMENT OF ESTATE TRUSTEE WITH A WILL** |

*Only complete Part 4 if applying for a Confirmation by Resealing of Appointment or a Certificate of Ancillary Appointment of Estate Trustee with a Will.*

|  |  |  |
| --- | --- | --- |
| **Country** *(and province or state if applicable)* **where foreign certificate or primary certificate was issued** | **Issuing court** | **Date the certificate was issued** |
|  |  | [DD/MM/YYYY] |

[ ]  Two court certified copies of the original appointment under the seal of the Court that granted it with the Will attached to it or the original document and one certified copy under the seal of the Court that granted it, dated within six months of the date of this Application, are being filed with this Application*.*

[ ]  The foreign certificate or primary certificate is still effective.

*If completing this section, you must also complete Parts 5, 6 and 7.*

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| PART 5 – VALUE OF ESTATE ASSETS |

*If applying for a Certificate of Appointment of Succeeding Estate Trustee, only list* ***undistributed*** *estate assets.*

*If applying for a Certificate of Appointment of Foreign Estate Trustee’s Nominee as Estate Trustee without a Will, Certificate of Appointment of Estate Trustee During Litigation, Confirmation by Resealing of Appointment or a Certificate of Ancillary Appointment of an Estate Trustee with a Will, only list assets* ***located in Ontario****.*

|  |  |  |
| --- | --- | --- |
| Personal Property | Real estate, net of encumbrances | Total |
| $ | $ | $ |

|  |
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| PART 6 – ENTITLEMENT TO APPLY |

*For multiple applicants, reproduce this section for each applicant and state applicant name(s) before each reproduced section.*

[ ]  I am entitled to apply to the court for the above-mentioned certificate because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  I am entitled to apply pursuant to a court order made by *(insert name of judge)* dated *(insert date.)*

[ ]  *(If applying for a Certificate of Estate Trustee During Litigation)*: A copy of the order appointing the applicant is being filed with this Application.

**PART 7 – ESTATE ADMINISTRATION TAX**

*Only complete Part 7 if applying for a Certificate of Appointment of Foreign Estate Trustee’s Nominee as Estate Trustee without a Will, Confirmation by Resealing of Appointment of Estate Trustee or Certificate of Ancillary Appointment of Estate Trustee with a Will.*

*(Check one of the following boxes)*

[ ]  The value of the estate is $50,000 or less

[ ]  The estate is valued at more than $50,000 and:

[ ]  I will submit a payment of the estate administration tax deposit together with the application that is submitted for filing with the court.

[ ]  I am seeking to pay the estate administration tax deposit based on an estimated value of the estate pursuant to section 4(3) of the *Estate Administration Tax Act, 1998*. Within six months of the date of filing of this application I will file a sworn statement of the actual total value of the estate and pay any additional tax if the actual value is higher than the estimated value.

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| **PART 8 – BOND** |

A bond is required to be addressed because *(check all that apply):*

[ ]  I am seeking a

[ ]  Certificate of Appointment of Foreign Estate Trustee’s Nominee as Estate Trustee without a Will

[ ]  Confirmation by Resealing of Appointment of Estate Trustee without a Will and no certificate of the court that issued the original grant is being filed indicating that sufficient security has been given to cover all of the assets, including those in Ontario

[ ]  Confirmation by Resealing of Appointment of Estate Trustee with a Will and I am not a resident of Canada and/or the Commonwealth

[ ]  Certificate of Ancillary Appointment of Estate Trustee with a Will and I am not a resident of Canada and/or of the Commonwealth

[ ]  Certificate of Appointment of Estate Trustee During Litigation and the bond requirement was not dispensed with by a court order

[ ]  Certificate of Appointment of Succeeding Estate trustee without a Will and the bond requirement was not dispensed with by a court order

[ ]  Certificate of Appointment of Succeeding Estate trustee with a Will, the bond requirement was not dispensed with by a court order and I am not a resident of Canada and/or the Commonwealth

[ ]  the deceased died without a Will or with a Will but did not name me as an estate trustee in the Will

*(If a bond is required to be addressed, check one of the boxes below)*

[ ]  I will include a bond (Form 74L or 74M) as part of the application package that is submitted to the court for filing.

[ ]  None of the estate beneficiaries are minors or mentally incapable adults without a Guardian or Attorney with authority to act in this proceeding. I am seeking an order on consent to:

 [ ]  dispense with the bond requirement

 [ ]  reduce the amount of the bond

and I will file with the court together with the application a draft order (Form 74I) together with a backsheet (Form 4C), an affidavit (Form 4D) and the consents of beneficiaries to the order (Form 74H) in accordance with rule 74.11(6).

[ ]  I am acting on behalf of a trust company or Public Guardian and Trustee and therefore do not need to post a bond.

[ ]  I will file a motion under rule 37 to seek an order to reduce the amount of the bond or to dispense with the bond requirement since the request cannot be made on consent.

*(Reproduce this section for multiple applicants.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name**: | *(First name)* | *(Middle name)* | *(Last name)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| **Relationship to Deceased**: |  |
| **Current Occupation**, if any: |  |
| *(If the Applicant’s name in the Will is different from the name stated above, provide the name in the Will and explain the reason for the difference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).***Contact Information:** |  |

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|

|  |  |
| --- | --- |
| Street address |  |
| City or Town |  |
| County or district |  |
| Province/State |  |
| Postal code/Zip Code |  |
| Country |  |
| E-mail address, if any |  |
| Telephone number |  |
| If corporate applicant, name of trust officer |  |

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*(Complete this section if the filer is not the applicant)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| **Filer Name:** |  |
| **Filer’s Firm Name**, if any: |  |
| **Contact Information:** |  |

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|  |  |
| --- | --- |
| Street address |  |
| City or Town |  |
| Province/State |  |
| Postal code/Zip Code |  |
| Country |  |
| E-mail address |  |
| Telephone number |  |
| Law Society of Ontario number, if any |  |

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*(If there is more than one applicant, attach a separate sheet for additional affidavits.)*

I MAKE OATH AND SAY (or AFFIRM) that the information contained in this application and in any attached schedules is true, to the best of my knowledge and belief.

Sworn or Affirmed before me: [ ]  in person OR [ ]  by video conference

***Complete if affidavit is being sworn or affirmed in person:***

by *(insert name of applicant)* at the *(City, Town, etc.)* of *(insert name of city, town, etc.)* in the *(County, Regional Municipality, etc.)* of *(insert name of County, Regional Municipality, etc.)*, before me on *(insert date)*.

*Use one of the following if affidavit is being sworn or affirmed by video conference:*

***Complete if applicant and commissioner are in same city or town:***

by *(insert name of applicant)* at the *(City, Town, etc.)* of *(insert name of city, town, etc.)* in the *(County, Regional Municipality, etc.)* of *(insert name of County, Regional Municipality, etc.)*, before me on *(insert date)* in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely.

***Complete if applicant and commissioner are not in same city or town:***

by *(insert name of applicant)* at the *(City, Town, etc.)* of *(insert name of city, town, etc.)* in the *(County, Regional Municipality, etc.)* of *(insert name of County, Regional Municipality, etc.)*, before me at the *(City, Town, etc.)* of *(insert name of city, town, etc.)* in the *(County, Regional Municipality, etc.)* of *(insert name of County, Regional Municipality, etc.)*, on *(insert date)* in accordance with [O. Reg. 431/20](https://www.ontario.ca/laws/regulation/r20431), Administering Oath or Declaration Remotely.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Commissioner | Signature of Applicant(or if applicant is a corporation, signature of Trust Officer) |

***Notice to Applicant***: Information provided on this form related to the payment of estate administration tax will be forwarded to the Ministry of Finance pursuant to clause 39(1)(b) and 42(1)(c) of the *Freedom of Information and Protection of Privacy Act.* This includes the name of the deceased, name and address of estate trustee(s), value of the estate and any undertakings and tax payments made or refunded. This information will be used by the Ministry of Finance to determine the value of the estate and the amount of estate administration tax payable. Questions about the collection of this information should be directed to the Senior Manager – Audit, Compliance Branch, 33 King Street West, PO Box 625, Oshawa ON L1H 8H9, 1-866-668-8297.

RCP-E 74J (February 1, 2022)