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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):* | | | | | | | |
|  | |  |  | | |  | |
|  | |  |  | | |  | |
|  | | | | | | | |
| **Date of Death** | **Place of death** | | | **Deceased resided in Ontario** | **Deceased owned property in Ontario** | | **Date of Birth** |
| [DD/MM/YY] |  | | | [Yes/No] | [Yes/No] | | [DD/MM/YY] |

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| PART 2 – PARTICULARS OF FIRST CERTIFICATE |

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

|  |  |
| --- | --- |
| Name(s) of estate trustee(s) | Date issued |
|  | [DD/MM/YY] |

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| PART 3 – PARTICULARS OF FOREIGN CERTICATE OR PRIMARY CERTIFICATE OR GRANT |

*Only complete Part 3 if applying for a Certificate of Appointment of Foreign Estate Trustee’s Nominee as Estate Trustee without a Will, 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 issued | Issuing court | Date issued |
|  |  | [DD/MM/YY] |

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| PART 4 – 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 |
| $ | $ | $ |

|  |
| --- |
| PART 5 – ENTITLEMENT TO APPLY |

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.)*

*(Reproduce this section for multiple applicants.)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Applicant Name**: |  | | **Current Occupation**, if any: |  | | **Contact Information:** | | |  | |
| |  |  | | --- | --- | | 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: |  | |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Filer Name:** |  | | **Filer’s Firm Name**, if any: |  | | **Contact Information:** | | |  | |
| |  |  | | --- | --- | | Street address |  | | City or Town |  | | Province/State |  | | Postal code/Zip Code |  | | Country |  | | E-mail address |  | | Telephone number |  | | Law Society Number, if any: |  | |

*(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.)*, 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.

This *(insert date)* day of *(insert month)*, *(insert year)*.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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 (September 1, 2021)