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

AFFIDAVIT REGARDING A HOLOGRAPH WILL OR CODICIL

I, *(insert name),* of *(insert city or town and county, district, or regional municipality of residence),* make oath and say/affirm:

1. I am the *(insert relationship to the deceased or employment role/position)*.
2. I have seen or am familiar with the signature and handwriting of *(insert name of deceased)* *(or insert role/expertise in authenticating signature and the handwriting of the deceased)*.
3. I have carefully examined the document dated (*insert date),* attached and marked as Exhibit “A” to this affidavit and believe the whole of the document text, including the signature, is entirely written in the handwriting of *(insert name of deceased),* deceased.
4. *(Check all that apply. Do not delete the statements that do not apply.)*

1. I am 18 years of age or older.
2. I am not applying to act as an estate trustee of the estate of *(insert name of deceased).*
3. I am not married to, related to, or have a personal relationship with *(insert applicant/s name/s),* the applicant*(s)* who *(is/are)* seeking to be appointed as estate trustee*(s)* of the estate.
4. I am not named as a beneficiary of the estate in the document attached and marked as *Exhibit “A”*.
5. I do not have a spouse who is named as a beneficiary of the estate in the document attached and marked as *Exhibit “A”*.
6. I do not have a claim to an interest in the estate pursuant to the document attached and marked as *Exhibit “A”* or under an intestacy.
7. *(For any of the boxes in paragraph 5 that you did not check, explain here why you have not checked the box. For example, if you are an estate beneficiary explain the efforts you made to find someone else who had knowledge of the signature and handwriting of the deceased and could give evidence. Insert more lines or more paragraphs if needed.)*
8. *(Provide any other relevant information. For example, explain any circumstances that you are aware of regarding the creation or execution of the document attached and marked as Exhibit A. Or, if you compared the handwriting in the document to another document signed by the deceased, explain and attach the document as an Exhibit. Insert more lines or more paragraphs if needed.)*

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 deponent)* 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 deponent and commissioner are in same city or town:***

by *(insert name of deponent)* 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 deponent and commissioner are not in same city or town:***

by *(insert name of deponent)* 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 Deponent |

RCP-E 74F (November 1, 2023)