APPLICATION FOR APPROVAL OF WILL

(To be used where there is a will naming an executor)

Privacy statement
The collection, use and disclosure of personal information by the Indigenous Services Canada/Crown-Indigenous Relations and Northern Affairs Canada Estates program is authorized under the *Indian Act* (http://laws-lois.justice.gc.ca/eng/acts/I-5/FullText.html), and is in accordance with the requirements of the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). Information collected will be used exclusively to approve a will pursuant to section 43 of the *Indian Act*. Your application cannot be considered without your personal information. Personal information will be retained pursuant to the *Privacy Act* and its *Regulations*. The collection of information is described in the Personal Information Bank PPU 105 located in the departmental Info Source publication online at https://www.sac-isc.gc.ca/eng/1353081939455 or https://www.rcaanc-cirnac.gc.ca/eng/1353081939455. Individuals have the right to the protection of, access to and request the correction of their personal information under the *Privacy Act*. If you require clarification concerning the Privacy Notice Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

1. Details of the deceased

Name _____ Registration number (10 digits) _____

First Nation / Band name _____

Ordinarily resident at _____ Province/Territory _____
Town/Reserve

Date of birth (YYYYMMDD) _____ Date of death (YYYYMMDD) _____ Date of last will (YYYYMMDD) _____

VALUE OF ESTATE (Do not include insurance payable to a named beneficiary or the **value** of assets held in joint tenancy while one of the owners is still alive, e.g., joint bank accounts, joint bonds and investments or joint tenancy property.)

Personal property, e.g. vehicles and bank accounts _____

On-reserve real property, i.e. land and buildings _____

Off-reserve real property, i.e. land and buildings _____

TOTAL VALUE OF ESTATE _____

BENEFICIARIES NAMED IN THE WILL (Attach a separate page if necessary) ☐ Page attached

	Name	Address (number / street / apartment / P.O. box, city or town, province/territory, postal code)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

2. Affidavit of executor

I, _____ (Name), the executor named in the will of _____ (Name of testator)

this _____ (Day) of _____ (Month), _____ (Year)

, make oath or solemn affirmation and say:

1. I am the executor named in the will.
2. I have attained the age of majority.
3. I have identified the attached will (and codicils) and know of no subsequent will or codicil.
4. I will faithfully administer the estate according to law and render a just, full and true account of my administration when lawfully required.
5. The information contained in the application is true to the best of my knowledge and belief.
6. I undertake to make all reasonable efforts to locate the heirs at law (those who would inherit if the deceased did not have a will) and to provide them with a copy of the will.

SWORN/AFFIRMED BEFORE me

at _____ ,	A Commissioner for Oaths in the
in the province/territory of _____ ,	province/territory of _____
this _____ (Day) of _____ (Month), _____ (Year).	My commission expires (YYYYMMDD) _____
Signature of executor	Signature of Commissioner for Oaths

Address of executor (number / street / apartment / P.O. box, city or town, province/territory, postal code)	Telephone number

Relationship to the deceased

FOR DEPARTMENTAL USE ONLY

I, recommend that the will of _____ (Name of testator), this _____ (Day) of _____ (Month), _____ (Year),

be approved pursuant to section 45(3) of the *Indian Act.*

☐ I am not aware of any reasons why _____ (Name of executor) should not be appointed as the executor of the will.

OR

☐ I do not recommend that _____ (Name of executor) be appointed for the following reasons:

(Provide reasons why the executor is not competent to administer the estate.)

Signature	Date (YYYYMMDD)