APPLICATION FOR ADMINISTRATION WITH WILL ANNEXED

(To be used where there is a will but no executor or the named executor is unable or unwilling to act.)

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 appoint an administrator 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* and its *Regulations*. 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 of deceased _____ 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 any jointly held assets if one of the holders is still alive, e.g. joint bank accounts, joint bonds and investments or joint tenancy of 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.) ☐ Attachment

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

Select one of the following two options:

◯ I am applying to administer the estate ◯ I am nominating someone else to administer the estate

If you are applying to administer the estate, complete sections 2 and 5 of this application.

OR

If you are nominating someone else to administer the estate, complete section 3 of this application.

The person you are nominating must then complete sections 4 and 5 of this application.

2. Affidavit of individual applying to administer the estate

I, _____ , in this application for
Name of applicant - proposed administrator

_____
Name of deceased

for appointment as administrator of the estate with will annexed make oath or solemn affirmation and say:

1. I have attained the age of majority.
2. I have identified the attached will (and codicils) and know of no subsequent will or codicil.
3. I will faithfully administer the estate according to law and render a just, full and true account of my administration when lawfully required.
4. The information contained in the Application is true to the best of my knowledge and belief.
5. 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 _____ ,
in the province/territory of _____ ,
this _____ of _____ , _____ ,
Day Month Year

A Commissioner for Oaths in the
province/territory of _____
My commission expires (YYYYMMDD) _____

Signature of individual applying to administer the estate

Signature of Commissioner for Oaths

3. Nomination of administrator by beneficiary

I, _____ , do not wish to apply to administer the estate personally.
Name and relationship to deceased

Instead, I wish to nominate _____ to administer the estate.
Name of nominee

Signature of beneficiary

4. Affidavit of nominee

I, _____ , a nominee of
Name of proposed

_____ in this application for approval of the will of
Name of proposing beneficiary

_____ this _____ of _____ , _____ ,
Name of deceased Day Month Year

and this application for appointment as administrator with will annexed make oath or solemn affirmation and say:

1. I am the nominee of a beneficiary 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 property of the deceased according to law and render a just, full and true account of my administration when lawfully required.

5. 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 _____ ,

in the province/territory of _____ ,

this _____ of _____ , _____ ,
Day Month Year

A Commissioner for Oaths in the

province/territory of _____

My commission expires (YYYYMMDD) _____

Signature of nominee

Signature of Commissioner for Oaths

5. Details of applicant

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

FOR DEPARTMENTAL USE ONLY

I recommend that _____
Name of proposed administrator

be appointed administrator with will annexed to the estate of _____
Name of deceased

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

The beneficiaries of the deceased have been notified of the proposed appointment of

_____ to make written representations on the proposed appointment.
Name of proposed administrator

Check one only

◯ Attached are the objections received ◯ No objections have been received on the proposed appointment.

Signature of estates officer

	Date (YYYYMMDD)