



### APPLICATION FOR APPROVAL OF WILL

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

**Privacy Act Statement**

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#### 1. DETAILS OF THE DECEASED

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Name: \_\_\_\_\_ Band No.: \_\_\_\_\_

First Nation: \_\_\_\_\_

Ordinarily Resident at: \_\_\_\_\_ Province/Territory: \_\_\_\_\_  
(Town/Reserve)

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Date of Last Will: \_\_\_\_\_  
(YYYYMMDD) (YYYYMMDD) (YYYYMMDD)

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VALUE OF ESTATE (Do not include insurance payable to a named beneficiary or the value of assets held in joint tenancy.)

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Personal Property	\$	_____
Real Property on Reserve	\$	_____
Off-Reserve Real Property	\$	_____
<b>TOTAL VALUE OF ESTATE</b>	\$	_____

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#### BENEFICIARIES NAMED IN THE WILL (Attach a separate page if necessary.)

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Name and Address \_\_\_\_\_

**2. AFFIDAVIT OF EXECUTOR**

I, \_\_\_\_\_, the executor named in the will of \_\_\_\_\_  
(Name of Testator)

this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, make oath or solemn affirmation and say:  
(Day) (Month) (Year)

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 property of the deceased 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 \_\_\_\_\_,  
 in the Province/Territory of \_\_\_\_\_,  
 this \_\_\_\_\_ of \_\_\_\_\_,  
(Day) (Month) (Year)

\_\_\_\_\_  
 A Commissioner for Oaths in and for the  
 Province/Territory: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

Signature

Signature of Executor

Street or Postal Address of Executor	City or Town
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Province/Territory	Postal Code	Telephone Number	Relationship to the Deceased
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**FOR DEPARTMENTAL USE ONLY**

I recommend that the will of \_\_\_\_\_, this \_\_\_\_\_  
(Name of Testator) (Day)  
 of \_\_\_\_\_, \_\_\_\_\_, be approved pursuant to section 45(3) of the *Indian Act*.  
(Month) (Year)

I am not aware of any reasons why \_\_\_\_\_ should not be  
 appointed as the executor of the will. (Name of Executor)

**OR**

I do not recommend that \_\_\_\_\_ be appointed for the following reasons:  
(Name of Executor)

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

Signature of Estates Officer	Date (YYYYMMDD)
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