

Application for Administration
For use when there is no will

Complete only if you wish to be appointed to administer

Details of the Deceased:

Name: _____

Band: _____ Band No.: _____

Address: _____
 Street/Box City/Town Postal Code

Birth Date: _____ Date of Death: _____

Persons entitled to share on the Intestacy (no will):

Name	Complete Address	Band No.	Age (if under 18)
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Value of Estate: (Ensure this section is completed. We cannot proceed without a total value in the estate. Do not include insurance payable to a beneficiary, or assets held jointly. Value of the estate should be based on : assets less debts.)

Cash (including: bank accounts, savings bonds, GIC'S, ETC.)	\$ _____
Personal Property (including vehicles, household furnishings, jewellery, etc.)	\$ _____
Real Property on reserve (including all permanent structures)	\$ _____
Real Property off reserve	\$ _____
Total Value of Estate	\$ _____

Affidavit of Applicants Details:

I am the applicant and make oath and say:

1. I am an heir to the deceased.
2. I have reached the age of majority.
3. I have made a careful search and inquiry for a will or other testamentary paper and none could be found and I believe that no will or testamentary paper was left by the deceased.
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

Name: _____

Address: _____

Phone: (____) _____

Sworn before me at _____

In the Province of _____

This _____ *day of* _____

Signature of applicant

Commissioner for taking oaths