



APPLICATION FOR ADMINISTRATION

(to be used where there is no will)

PRIVACY ACT STATEMENT

"This statement explains the purposes and use of your personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information is in accordance with the Privacy Act. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the Privacy Act. The collection and use of your personal information for this Estates Program is authorized by the Indian Act, sections 42-51, <http://laws-lois.justice.gc.ca/eng/acts/l-5/FullText.html> and is required for your participation. We will use your personal information for: consideration of your application to administer an estate pursuant to section 43 of the Indian Act. The information collected is described in Personal Information Bank AANDC PPU105 detailed at <http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>, will be retained for 30 years after the last administrative action and then records are transferred to Library and Archives Canada (LAC) to be stored as archival records. As stated in the Privacy Act, you have the right to access your personal information and request changes to incorrect information. Contact our office at 819-997-8277 to notify us about incorrect information. For more information on privacy issues and the Privacy Act in general, you can consult the Privacy Commissioners at 1 (800) 282-1376."

A. DETAILS OF THE DECEASED

Name _____, No. _____, of the _____ Band

ordinarily resident at _____ in the province of Alberta.
town / reserve

Date of Birth _____ Date of Death _____

The following persons are entitled to share on an intestacy:

Name	Relationship	Band No.	Date of Birth						Address
			Y	Y	M	M	D	D	

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

Personal Property \$ _____

Real Property on reserve \$ _____

Off-Reserve Real Property \$ _____

TOTAL VALUE OF ESTATE \$ _____

IF YOU ARE APPLYING TO ADMINISTER PERSONALLY (I.E. YOU ARE NOT PROPOSING A NOMINEE TO ADMINISTER THE ESTATE), COMPLETE PARTS B AND E OF THIS APPLICATION.

- OR -

IF YOU ARE PROPOSING A NOMINEE TO ADMINISTER THE ESTATE, COMPLETE PART C AND HAVE YOUR NOMINEE COMPLETE PARTS D AND E OF THIS APPLICATION.



B. AFFIDAVIT OF APPLICANT WHO IS APPLYING TO ADMINISTER PERSONALLY

I, _____, in this application for appointment as administrator
name of proposed administrator

in the estate of _____ make oath and say:
name of deceased

1. I am an heir to the deceased.
2. I have attained 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.

Sworn before me at _____, in the Province of _____

this _____ day of _____, 20____.

Commissioner for the taking of oaths	Proposed administrator signature
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C. NOMINATION OF ADMINISTRATOR BY HEIR

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

Heir signature	Date
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D. AFFIDAVIT OF NOMINEE

I, _____, a nominee of _____ in this application
name of nominee name of proposing heir

for appointment of administrator of the estate of _____ make oath and say :
name of deceased

1. I am the nominee of an heir to the estate.
2. I have attained 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.

Sworn before me at _____, in the Province of _____

this _____ day of _____, 20____.

Commissioner for the taking of oaths	Nominee signature
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E. DETAILS OF APPLICANT

Occupation	Email address	Telephone No. (Office) ()
Address	Telephone No. (Home) ()	
FOR DEPARTMENTAL USE ONLY		
I recommend that _____ be appointed administrator of the estate of _____ pursuant to section 43 of the <i>Indian Act</i> .		
The heirs of the deceased have been notified of the proposed appointment of _____ <small>name of proposed administrator</small> as the administrator of the estate of _____ and have been given an opportunity to make written representations on the proposed appointment.		
Check one only <input type="checkbox"/> Attached are the objections received. <input type="checkbox"/> No objections have been received on the proposed appointment.		
Estate Officer signature	Date	