

FORM P3 (RULE 25-3 (2))

AFFIDAVIT OF APPLICANT FOR GRANT OF PROBATE OR GRANT OF ADMINISTRATION WITH WILL ANNEXED (SHORT FORM)

**To complete the form electronically -**

Step 1: FILL in the blanks below ensuring that you answer each of the items.

Step 2 : PREVIEW - If you want to preview the form prior to printing click on the Preview and Sign button at the bottom of the page.

Step 3: PRINTING – to print the form click on the Print Form button at the bottom of the page or the print icon on the Adobe toolbar.

NOTE: All mandatory paragraphs will populate when form is previewed

To complete the form manually -

Click on the Preview Blank Copy button and then click either the Click here to PRINT form button or the print icon on the Adobe toolbar.

1.) Affidavit Information

| | | |
|-----------------------------------|----------------------|---|
| Number | <input type="text"/> | (eg. 1st / 2nd / 3rd / etc) |
| Name of person swearing affidavit | <input type="text"/> | |
| Date | <input type="text"/> | (Date affidavit will be sworn) leave blank if unknown |
| Location | <input type="text"/> | |

2.) File Information

| | |
|---------------|---|
| Registry name | <input type="text"/> |
| File number | <input type="text"/> (File number is not required if initiating the file) |

3.) Information about the Applicant

| | | |
|-------------------|---|----------------------|
| Name | <input type="text"/> | |
| Address | <input type="text"/> | |
| Occupation | <input type="text"/> | |
| I am | <input type="text"/> the applicant | <input type="text"/> |
| I am applying for | <input type="text"/> a grant of probate | |

4.) Information about the Executor *[name as it appears in the will]*

- ☐ I am named as an executor or alternate executor in the will and my appointment has not been revoked under section 56 (2) of the *Wills, Estates and Succession Act* or by a codicil to the will.

Executor name

- ☐ *[Name of organization]* is named as an executor or alternate executor as *[name as it appears in the will]*
in the will and the appointment of *[Name of organization]* has not been revoked under section 56 (2) of the *Wills, Estates and Succession Act* or by a codicil to the will. I am the *[Organizational Title]*

of _____ and I am authorized by _____ to swear
[Name of organization] [Name of organization]
this affidavit on _____'s behalf as applicant.
[Name of organization]

[If you checked the immediately preceding boxes, check whichever one of the immediately following 3 boxes is correct and complete any required information.]

- ☐ No other persons are named in the will as executor.
- ☐ No other persons are named in the will as executor who are not parties to this application.
- ☐ Other persons are named in the will as executor and, of those, the following person(s) is/are not named as an applicant on the submission for estate grant for the reason shown after that/those person('s/s') name(s): *[Complete the following for each named person.]*

Name Delete

is not named as an applicant on the submission for estate because that person

☐ has renounced executorship ☐ is deceased ☐ other:

Add

- ☐ I am not named as an executor or alternate executor in the will, and am a person referred to in paragraph of section 131 of the *Wills, Estates and Succession Act*.

- ☐ is not named as an executor or alternate executor in the will, and
[Name of organization]
_____ is a beneficiary or nominee referred to in paragraph
[Name of organization]
of section 131 of the *Wills, Estates and Succession Act*. I am the of
[Organizational Title]
_____ and I am authorized by the applicant to swear this affidavit on the
[Name of organization]
behalf as applicant.

- ☐ My relationship to the deceased is _____.
[state your relationship]
- ☐ 's relationship to the deceased is .
[Name of organization] [state your relationship]
- I am the of _____ and I am authorized by
[Organizational Title] [Name of organization]
the applicant to swear this affidavit on the behalf as applicant.

5.) Information about the Deceased *[Enter the legal name of the deceased]*

| | |
|--------------|----------------------|
| First name | <input type="text"/> |
| Middle names | <input type="text"/> |
| Last name | <input type="text"/> |

6.) Delivery

- ☐ I am not obliged under Rule 25-3 (11) to deliver a filed copy of this submission for estate grant to the Public Guardian and Trustee
- ☐ I am obliged under Rule 25-3 (11) to deliver a filed copy of this submission for estate grant to the Public Guardian and Trustee.

7.) Additional information *[if required, insert additional information in paragraph format below]*

Add