

**Form P21 (Rule 25-6 (2))**

**SUBMISSION FOR RESEALING**

*[Rule 22-3 of the Supreme Court Civil Rules applies to all forms.]*

**No.** V-12345

Vancouver Registry

*In the Supreme Court of British Columbia*

In the Matter of the Estate of JOHN ROBERT SMITH, deceased

**This submission for resealing is submitted by/on behalf of:** Mary Jane Smith

I am/We are applying for the resealing of a foreign grant in relation to the estate of the deceased described in Part 1 of this submission for resealing (the "deceased").

*[Check whichever one of the immediately following 2 boxes is correct and complete any required information.]*

☐ This submission is for the resealing of a grant of probate or grant of administration with will annexed issued by the \_\_\_\_\_ of \_\_\_\_\_ on \_\_\_\_\_ (the "foreign grant"), which grant was issued in relation to the will of the deceased dated 10/MAR/2019.

☒ This submission is for the resealing of a grant of administration without will annexed issued by the \_\_\_\_\_ of \_\_\_\_\_ on \_\_\_\_\_ (the "foreign grant").

**CERTIFIED COPIES REQUESTED**

*[Indicate how many court certified copies of each document you require.]*

I/We request \_\_\_\_\_ certified copy(ies) of the resealed grant.

I/We request \_\_\_\_\_ certified copy(ies) of the authorization to obtain resealing information.

I/We request \_\_\_\_\_ certified copy(ies) of the affidavit of assets and liabilities for resealing.

**PART 1 — INFORMATION ABOUT THE DECEASED**

**Full legal name of deceased:** JOHN ROBERT SMITH

*[first name] [middle name(s)] [last name/family name]*

**Other names in which the deceased held or may have held an interest in property:**

1. Johnny Smith
- 2.
3. etc.

**Last residential address of the deceased:** 1234 Main Street, Vancouver, British Columbia, Canada, V6A 1A1

**Deceased's date of death:** 15/JAN/2024

**PART 2 — CONTACT INFORMATION FOR THE APPLICANT(S)**

*[You must set out the street address of the address for service. This may be your lawyer's office if you are represented by a lawyer. One or both of a fax number and an e-mail address may be given as additional addresses for service. If there is more than one applicant, all applicants must share the same address(es) for service.]*

**Street address for service:** 567 Broadway, Vancouver, BC V5N 1B1

**Fax number address for service (if any):** \_\_\_\_\_

**E-mail address for service (if any):** mary.smith@email.com

**Telephone number:** 604-555-1234

**PART 3 — DOCUMENTS FILED WITH THIS SUBMISSION FOR RESEALING**

1 [Check whichever one of the immediately following 3 boxes is correct and file the specified affidavit(s).]

- ☒ [X] There is one applicant to this submission for resealing and a P22 or P23 affidavit is filed with this submission for resealing.
- ☐ [ ] There are 2 or more applicants to this submission for resealing and a joint P22 or P23 affidavit on behalf of all applicants is filed with this submission for resealing.
- ☐ [ ] There are 2 or more applicants to this submission for resealing and a P22 or P23 affidavit is filed with this submission for resealing and \_\_\_\_\_ affidavit(s) in Form P24 is/are filed with this submission for resealing.

2 Filed with this submission for resealing is/are the following Affidavit(s) of Delivery in Form P9 that confirms/collectively confirm that the documents referred to in Rule 25-2 were delivered to all of the persons to whom, under that rule, the documents were required to be delivered.

3 Filed with this submission for resealing is a copy of the foreign grant certified by the court out of which the grant was issued.

4 [Check whichever one of the immediately following 2 boxes is correct.]

- ☐ [ ] I am/We are submitting with this submission for resealing an affidavit of assets and liabilities in Form P25 and therefore do not require an authorization to obtain resealing information.
- ☒ [X] I am/We are seeking an authorization to obtain resealing information so that I/we can secure the information necessary to prepare and submit an affidavit of assets and liabilities for resealing.

Date: 01/FEB/2024

\_\_\_\_\_  
Signature of ☐ [ ] applicant ☐ [ ] lawyer for applicant(s)

\_\_\_\_\_  
[type or print name]