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)

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 _____ _____
Signature of applicant

In the Province of _____

This _____***day of*** _____ _____
Commissioner for taking oaths