

SUPREME COURT OF YUKON

ESTATE OF _____, Deceased

AFFIDAVIT OF EXECUTOR

I, [*name and address of applicant*] _____ of _____
 _____ MAKE OATH (OR SOLEMNLY
 AFFIRM) AND SAY THAT:

1. _____, late of [*street address and community*] _____
 _____ in Yukon, died on the _____ day of
 _____, 20____, at _____ in _____. Attached
 as Exhibit ____ is a copy of the Certificate of Death.
2. The deceased's original last will dated the _____ day of _____, _____
 is attached as Exhibit ____ [*include codicils as separate exhibits if necessary*].
3. I am the executor named in the will and my relationship to the deceased is
 _____. [*If any executors named in the will are not applying,
 explain why.*]
4. To the best of my knowledge the deceased did/did not marry or remarry after
 the date of the will.
5. To the best of my knowledge the will is/is not witnessed by a person or their
 then spouse to whom a beneficial devise, bequest or other disposition or
 appointment is given or made.
6. I have made a diligent search and inquiry to ascertain the assets and liabilities
 of the deceased.
7. The Statement of Assets, Liabilities and Distribution attached as Exhibit ____
 discloses the assets and liabilities of the deceased, irrespective of their nature,
 location or value, which pass to the deceased's personal representative, together
 with the names of the beneficiaries, their relationship to the deceased and the
 property passing to them.
8. I will promptly disclose to the court the existence of any asset or liability which
 has not been disclosed in Exhibit ____ when I learn of it.

9. I will administer according to law all of the estate which by law devolves to and vests in me, the personal representative of the deceased, and I will provide a true and perfect inventory of the estate and render a just and true account thereof whenever required by law to do so.

10. The deceased is:

- A citizen of a self-governing First Nation that has passed laws with respect to the administration of estates.
- An Indian subject to the administration of the *Indian Act*.
- Neither of the above.

SWORN (OR AFFIRMED) before
me at _____, in
_____ on this
___ day of _____, 20 ___

A Notary Public in and for the
Yukon

Applicant

Name _____

Title _____

Expiry date of commission:
