

Form 16-11A
(Rule 16-11)

COURT FILE NUMBER _____

COURT OF QUEEN'S BENCH FOR SASKATCHEWAN

JUDICIAL CENTRE _____

IN THE ESTATE OF _____ DECEASED



APPLICATION FOR GRANT OF PROBATE

The application of _____ states that:
(name and residence)

1 _____, late of _____, deceased,
(name of deceased) *(place of residence)*

died at _____
(place of death)

on or about the _____ day of _____, **2** _____, and at the time of death resided in Saskatchewan (or resided out of Saskatchewan but had at the time property in Saskatchewan).

2 The deceased made a Last Will and Testament dated the _____ day of _____, _____, (and codicil or codicils dated the _____ day of _____, _____), and was at the time of making the will (and codicil, if any) of the full age of _____ years.

(If otherwise, see clause 16-18(1)(a) of *The Queen's Bench Rules* and *The Wills Act, 1996*, sections 5 and 6 and set out the applicable exception. For the applicable age see the provisions of *The Age of Majority Act*.)

3 The following beneficiary(ies), and no other person(s), is(are) entitled to share in the estate of the deceased: *(show here the name and address of each beneficiary and the relationship to the deceased)*.

NAME AND ADDRESS	RELATIONSHIP

(If applicable, add:)

3(a) The deceased died intestate as to a portion of his _____ estate leaving surviving the following persons, and no others, who are entitled by law to share in the estate:

(show here the name and address of each beneficiary and the relationship to the deceased).

NAME AND ADDRESS	RELATIONSHIP

4 Every person named as a beneficiary survived the deceased. (If otherwise, state whether he or she was a brother, sister, child or other issue of the deceased, and if so, if he or she is survived by a child now under the age of 18 years. See section 22 of The Wills Act, 1996. If so, file Form 16-12.)

5 No beneficiary is now under the age of 18 years, and no child under the age of 18 years survived the deceased, and no posthumous child has been or will be born to the deceased. (If otherwise so state and file Form 16-12.)

6 The deceased was not survived by any dependent adult who is a beneficiary of the estate or may have a claim against it under *The Dependants' Relief Act, 1996* or *The Family Property Act*. (If otherwise so state and file Form 16-12.)

7 The deceased was _____ years of age at death.

8 The deceased was _____ at death.
(set out marital status)

9 The deceased did not, after execution of the will, marry or cohabit in a spousal relationship continuously for two years. (If otherwise, set out the applicable exception: see clause 16-18(1)(b) of *The Queen's Bench Rules*.)

10 After making the will and before his or her death, the marriage of the testator was not terminated by a decree absolute or final judgment of divorce nor was it found to be void or declared a nullity by a court in a proceeding to which the testator was a party nor did the testator and his or her spouse, who were not legally married, cease to cohabit in a spousal relationship for at least 24 months. (If otherwise, comply with subrule 16-18(2).)

11 The applicant(s) is (are) the executor(s) named in the will and (each) is of the full age of 18 years (or a trust company).

12 Neither witness to the will is a beneficiary or the spouse of a beneficiary named in the will. (If otherwise, set out the applicable exception: see clause 16-18(1)(c) of the rules.)

13 The value of the estate for the purpose of local registrar's fees is \$ _____.

14 No other application for grant has been made to this Honourable Court to prove the will or for Letters of Administration with Will Annexed, to the best of the applicants' information and belief. Therefore the applicant(s) request(s) that probate of the will of the deceased may be granted by this Honourable Court.

DATED at _____, Saskatchewan, this _____ day
of _____, 2 _____,

(signature of applicant)

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If prepared by a lawyer for the party:

Name of firm: _____

Name of lawyer in charge of file: _____

Address of legal firms: _____
(set out the street address)

Telephone number: _____

Fax number (if any): _____

E-mail address (if any): _____

or

Address for service and contact information of party filing this document:

Name of party: _____

Address for service: _____
(set out the street address)

Telephone number: _____

Fax number (if any): _____

E-mail address (if any): _____