



POWER OF ATTORNEY FOR A DECEASED PERSON

Please complete this form if you are the executor/trix of the estate of a deceased person.

Requirements to accompany form:

- A clear and legible copy of the death certificate.
- A clear and legible copy of a portion of the Will stating the name of the executor/trix of the estate.

Section I – INFORMATION ABOUT THE DECEASED PERSON

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Last Name

First Name

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Complete Mailing Address

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City

Province or State

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Date of Death:

DAY	MTH	YR

Postal/Zip Code

Telephone

Section II – EXECUTOR OR ADMINISTRATOR

* Check the appropriate box and provide the requested information.

An Executor or Administrator has been appointed

An Executor or Administrator has not been appointed **see Section III**

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Last Name of Executor/Administrator

First Name

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Complete Mailing Address

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City

Province or State

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Postal/Zip Code

Telephone

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E-mail Address

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Relationship to Deceased

Country

Section III – Died INTESTATE (without a Will or lawyer to handle the estate)

Please submit a signed letter of explanation along with the death certificate.

Section IV

I/we certify the information contained in this form and in any attached document(s) is true to the best of my knowledge.

Signature of Executor, Administrator, or Person Authorized to sign for the decedent

Date (dd/mm/yy)

Note: The EXECUTOR(S)-ADMINISTRATOR(S) who have completed this form must sign all CKC applications that are submitted to the CKC on behalf of the Deceased Person.