

Form 16-12
(Subrule 16-12(2))

COURT FILE NUMBER _____

COURT OF QUEEN'S BENCH FOR SASKATCHEWAN

JUDICIAL CENTRE _____

IN THE ESTATE OF _____ DECEASED

NOTICE
TO: PUBLIC GUARDIAN AND TRUSTEE OR PROPERTY GUARDIAN
(as the case may be)

Take notice that _____

of _____
(mailing address)

_____ *(telephone)*

_____ *(fax)*

_____ *(e-mail address)*

is making application to the court for grant of letters _____ in the estate of the deceased,

who died at _____
(place of death)

on the _____ day of _____, _____.

And further take notice that the deceased died (in)testate, survived by:

the following competent adults entitled to share in the estate:

Name	Address	Relationship to deceased

the following persons under the age of 18 years entitled to share in the estate:

Name	Name and Address of Guardian	Relationship to deceased	Date of Birth

the following persons under the age of 18 years who may have a claim against the estate pursuant to *The Dependants' Relief Act, 1996*:

Name	Name and Address of Guardian	Relationship to deceased	Date of Birth

the following persons who are dependent adults as defined in *The Public Guardian and Trustee Act* and who are entitled to share in the estate:

Name	Name and Address of Guardian	Relationship to deceased	Date of Birth

the following persons who are dependent adults as defined in *The Public Guardian and Trustee Act* and who may have a claim against the estate pursuant to *The Dependants' Relief Act, 1996* or *The Family Property Act*:

Name	Name and Address of Guardian	Relationship to deceased	Date of Birth

And further take notice that the following are attached to this notice:

- (a) a statement of the assets of the deceased as shown on the application;
- (b) a statement of the debts of the estate; and
- (c) a copy of the Last Will and Testament of the deceased, if applicable.

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

(signature)

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 firm: _____
(set out the street address)

Telephone number: _____

Fax number *(if any)*: _____

E-mail address *(if any)*: _____

or

If the party is self-represented:

Name of party: _____

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

Telephone number: _____

Fax number *(if any)*: _____

E-mail address *(if any)*: _____