

**Form 16-36**  
(Subrule 16-36(2))

COURT FILE NUMBER \_\_\_\_\_

COURT OF QUEEN'S BENCH FOR SASKATCHEWAN

JUDICIAL CENTRE \_\_\_\_\_

IN THE ESTATE OF \_\_\_\_\_ DECEASED

**APPLICATION IN SMALL ESTATES  
MEMORANDUM TO THE JUDGE**

This is an application without notice pursuant to section 9 of *The Administration of Estates Act*, for an order that the personal property of \_\_\_\_\_ ,  
(name of deceased)

late of \_\_\_\_\_ ,  
(residence at time of death)

in Saskatchewan, be paid or delivered to \_\_\_\_\_ , of \_\_\_\_\_ ,  
in Saskatchewan, to be disposed of as follows:

(a) \_\_\_\_\_ to \_\_\_\_\_  
(state amount) (state recipient)

as payment of reasonable funeral expenses.

(b) \_\_\_\_\_ to \_\_\_\_\_  
(state amount) (state name of creditor)

as payment of the debts of the deceased.

(c) the balance of \_\_\_\_\_ to \_\_\_\_\_  
(state amount) (state names of beneficiaries or next-of-kin)

All of which is respectfully submitted.

DATED at \_\_\_\_\_, Saskatchewan, this \_\_\_\_\_ day  
of \_\_\_\_\_, 2 \_\_\_\_\_.

\_\_\_\_\_  
(signature of applicant)

**AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_,  
*(name and residence)*

make oath and say/affirm that:

**1** \_\_\_\_\_, late of \_\_\_\_\_,  
*(name of deceased) (residence at time of death)*

in Saskatchewan, died at \_\_\_\_\_, in Saskatchewan,  
*(place of death)*

on or about the \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_.

**2** \_\_\_\_\_ was \_\_\_\_\_,  
*(name of deceased) (state marital status)*

and the following persons may be entitled to share in the estate: *(names, ages and addresses of all those persons)*

NAME	AGES	ADDRESS

**3** The estate of the deceased consists of the following: *(set out full particulars of all the property of the deceased showing the names and addresses of the persons in whose possession the property may be and including the value of all the property)*

PROPERTY	NAME AND ADDRESS OF PERSON WHO POSSESSES PROPERTY	VALUE

4 Funeral expenses in the amount of \$ \_\_\_\_\_ have been paid by \_\_\_\_\_  
(or have not been paid and are owing to \_\_\_\_\_).

5 As far as I have been able to ascertain, the debts of the deceased are as follows: (state the names, addresses and amount of claims of the creditors of the deceased).

NAME AND ADDRESS OF CREDITORS	AMOUNT CLAIMED

6 The applicant(s) is (are) of the full age of 18 years and is (are) (state the character in which the applicant claims, e.g. Official Administrator, Public Guardian and Trustee, or next of kin with a beneficial interest, and state the names and addresses of all other next of kin, with their relationship, who may have prior or equal rights to the applicant and whether any or all such persons have renounced their rights. If they have renounced, attach Form 16-26. If the applicant is a trust company, so state and indicate that the company is licensed under The Trust and Loan Corporations Act, 1997).

7 I will well and truly administer the property of the deceased by paying the funeral expenses and debts of the deceased, and by distributing or paying the residue of the property to the persons entitled to share in the estate or to the Minister of Finance, as the Court may order.

8 I will file with the local registrar of the judicial centre of \_\_\_\_\_ at which this order is made, all receipts of payment or other disposition of the property of the deceased made by me.

9 I make this affidavit for the purpose of obtaining an order of this Honourable Court pursuant to section 9 of *The Administration of Estates Act*.

SWORN (OR AFFIRMED) BEFORE ME

at \_\_\_\_\_, Saskatchewan,  
this \_\_\_\_\_ day of \_\_\_\_\_,  
2 \_\_\_\_\_.

\_\_\_\_\_  
Commissioner for Oaths for Saskatchewan



\_\_\_\_\_

(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 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)*: \_\_\_\_\_