5397 EGLINTON AVENUE WEST, SUITE 101, ETOBICOKE, ON M9C 5K6 | (416) 675-5511 | 1 (855) 364-7252 | www.ckc.ca

## 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																													
Last Name																First N	Name	;									-		
Com	plete N	Mailin	g Add	ress																									
City																				Provi	nce o	r State	е						
											-				_						D	ate of	Deat	h: [	DAY		MTH	$\mathbb{L}$	YR
Post	al/Zip	Code	Э					Telephone																					
Sec	tion	II –	EXE	CUT	OR	OR A	DMI	INIS	TRA	TOR																			
* CI	heck	the	арр	ropr	iate	box a	and	prov	ide t	he r	eque	este	d info	orma	ation	).													
_	An E																or	Adm	inistra	ator	has	not	beer	app	oointe	ed s	see S	ectio	on III
Last Name of Executor/Adminstrator								l				l			J	First N	Name	<u>                                     </u>			l								-
Com	plete N	Mailin	g Add	ress			-			-																			
City																				Provi	nce o	r State	Э						
											_				_														
Postal/Zip Code									hone																				
E-ma	ail Add	dress																											
																												L	
Relat	ionshi	p to [	)ecea	sed											Coun	try													
Soc	ation	111	Dio	4 IVI	TEST	· A T E	· /wii	hou	t a V	/ill o	r lov	n/or	to b	andl	o the	e est	ato)												
Pie	ase s	subn	nit a	sign	ea i	etter	от е	хріа	natio	on a	ong	witi	ı tne	aea	itn c	ertifi	cate	э.											
Sec	ction	IV																											
			the i	nfor	mati	on c	onta	ined	in t	his fo	orm	and	in ar	ny at	tach	ed d	ocu	men	t(s) i	s tru	e to	the	bes	t of ı	ny k	nov	vledo	e.	
		•					_							•					. ,						•		- 0		
		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.