

Consent to Administer

Date

To: THE PUBLIC TRUSTEE FOR THE NWT
P.O. BOX 1320
YELLOWKNIFE, NT X1A 2L9

RE: ESTATE OF _____

The undersigned consent(s) to the appointment of the Public trustee as administrator of the above-noted estate, and authorize(s) the Public Trustee to take all steps necessary to complete administration of the estate.

Signature

Name: _____

Relationship: _____

Signature

Name: _____

Relationship: _____

Signature

Name: _____

Relationship: _____

Signature

Name: _____

Relationship: _____

NOTE: Please have as many family members as possible sign this form. Please print the name below each signature and print relationship to the deceased i.e. wife, son, daughter, niece, brother, etc. If it is not convenient to have all close family members sign, then forward the form with those whose signatures are obtained. Do not delay the sending of the form.