**ACKNOWLEDGMENT, WAIVER, RELEASE, DISCHARGE**

**AND INDEMNITY TO ESTATE TRUSTEE**

TO: [Name of Estate Trustee] (the “Estate Trustee”)

FROM: [Name of beneficiary]

RE: The Estate of [Name of deceased]

THIS INSTRUMENT is effective as of the date signed below.

WHEREAS I, [Name of beneficiary] hereby acknowledge:

1. [Name of deceased] died on or about [Date of death] leaving a Will dated [Date of Will] (the “Will”) [or without leaving a Will].
2. A Certificate of Appointment of Estate Trustee with a Will [or Without a Will] was issued to the Estate Trustee.
3. Pursuant to the provisions of the Will, I am to receive the amount of $[amount] (my “Legacy”) from the Estate.
4. I hereby waive any right that I may have to an audit of the Estate Trustee’s accounts.
5. I hereby further acknowledge that I have been advised to obtain independent legal advice with respect to this Acknowledgment, Waiver, Release, Discharge and Indemnity to Estate Trustee and:

***(Select one of the following)***

( ) I have chosen not to obtain such advice and a Waiver Regarding Independent Legal Advice is attached hereto. ***OR***

( ) I have chosen to obtain such advice and the Certificate of Independent Legal Advice is attached hereto.

1. I understand my rights and obligations and the nature and consequences of this Acknowledgment, Waiver, Release, Discharge and Indemnity to Estate Trustee and I am signing this document voluntarily without undue influence or coercion by any person whomsoever, or by fraud or misrepresentation.

NOW THEREFORE in consideration of the distribution of my Legacy to me, I hereby acknowledge and agree on my own behalf and on behalf of my heirs, executors, administrators and assigns, that:

* 1. I do hereby remise, release and forever discharge the Estate Trustee, in his/her capacity as Estate Trustee of the Estate and in his/her personal capacity, and his/her respective heirs, executors, administrators and assigns, of and from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which against the Estate Trustee I now have, ever had or may have, or which my heirs, executors, administrators and assigns or any of them, hereafter can, shall or may have for or by reason of any cause, matter or thing whatsoever existing up to the present time.
  2. I, on my own behalf and on behalf of my heirs, executors, administrators and assigns, do hereby waive the passing of accounts for the Estate by a Judge in the Ontario Superior Court, or any other judicial body. Furthermore, on my own behalf and on behalf of my heirs, executors, administrators and assigns, I do hereby approve the amounts claimed by the Estate Trustee, if any, for compensation and for out-of-pocket expenses.
  3. I, on my own behalf and on behalf of my heirs, executors, administrators and assigns, do hereby covenant and agree to indemnify, protect and save harmless the Estate Trustee and his/her respective heirs, executors, administrators and assigns, from and against any and all costs, losses, damages, expense, liabilities, claims, actions, proceedings and all legal and other costs of any action whatsoever, up to the total value of my Legacy, which the Estate Trustee, or his/her respective heirs, executors, administrators and assigns, may incur or sustain pursuant to or in connection with the administration of the Estate up to the present time, including by reason of the distribution of the assets of the Estate without first obtaining a Certificate of Clearance pursuant to the provisions of the *Income Tax Act*, R.S.C. 1985, C.1, as amended from time to time.

***(Select and complete one of the following)***

* + - 1. I hereby authorize and direct the Estate Trustee to forward my Legacy of the Estate by registered mail to the following address, which shall be my sole and sufficient direction for so doing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Insert address above)***

***Or in the alternative***

***(If you have a financial institution having a physical branch location in North Bay, Ontario)***

* + - 1. I hereby authorize and direct the Estate Trustee todeposit my Legacy of the Estate in the following account, which shall be my sole and sufficient direction for so doing:

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_­­\_\_\_\_\_\_

Transit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Insert particulars above)***

* 1. I further covenant and agree that the provisions of this Instrument shall be binding on my heirs, executors, administrators and assigns.
  2. This Instrument, to the extent signed and delivered by means of electronic transmission (including without limitation, facsimile and internet transmissions), shall be treated in all manner and respects as an original and should be considered to have the same binding legal effect as it if were the original signed version thereof delivered in person.

IN WITNESS WHEREOF I, have hereunto set my hand and seal in the presence of the witness

below, this day of , 2021.

Witness Signature [Name of beneficiary]

Print Witness Name:

Print Witness Address:

Print Witness Telephone No.:

**WAIVER REGARDING INDEPENDENT LEGAL ADVICE**

I, [Name of beneficiary], DECLARE AS FOLLOWS:

1. I have been advised by [Name of Lawyer], Barrister and Solicitor, who is acting on behalf of [Name of Estate Trustee], Estate Trustee of the Estate of [Name of Deceased], that I should obtain independent legal advice in connection with the execution of an Acknowledgment, Waiver, Release, Discharge and Indemnity to Estate Trustee (the “Release”) with respect to my Legacy.
2. I understand that [Name of Lawyer] cannot represent and advise me on my rights pursuant to the Release, since it would place her in a position of conflict of interest.
3. I am satisfied that I do not require independent legal advice.
4. I acknowledge that:
   1. I have been advised to obtain independent legal advice with respect to the execution of the Release and I have declined to do so.
   2. I understand my rights and obligations and the nature and consequences of the Release.
   3. I am signing the Release voluntarily without undue influence or coercion by any person whomsoever, including the Estate Trustee, or by fraud or misrepresentation; and
   4. I have read the Release in its entirety and with full knowledge of the contents sign the document voluntarily.
5. I affirm my belief that the provisions of the Release are adequate and will not result in circumstances which are unconscionable or which are unfair to me.

DATED the day of , 2021.

SIGNED, SEALED AND DELIVERED )

In the presence of )

) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) [Name of beneficiary]

Witness Signature

Print Witness Name:

**CERTIFICATE OF INDEPENDENT LEGAL ADVICE**

**IN THE MATTER OF THE ESTATE OF [Name of deceased]**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Barrister and Solicitor, certify that I was consulted by [Name of beneficiary], a beneficiary under the Estate of [Name of deceased], in respect of the attached Acknowledgment, Waiver, Release, Discharge and Indemnity to Estate Trustee (the “Release”) in regard to his\her entitlement and obligations under the Release.

I acted only for [Name of beneficiary] and fully explained to him\her the nature and effect of the Release. The said beneficiary acknowledged that he\she completely understood the nature and effect of the Release. The said beneficiary executed the Release in front of me and confirmed that he\she was executing the Release of his\her own volition without any fear, threats, compulsion or influence by [Name of Estate Trustee], the Estate Trustee of the Estate of [Name of deceased] as appointed under a Certificate of Appointment of Estate Trustee with a Will / without a Will or any other person.

Dated at , this day of , 2021.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Solicitor:

Address:

*Affix Seal*