Date, 2019 File No.: 1\*\*\*\*

Mr.

\*Address\*

\*City\*, \*Province\*

\*\*\* \*\*\*

Dear Mr. Mrs. Ms. \*Last Name\*:

**Re: Administration of the Estate of [deceased name]**

Mr. [Estate Trustee(s)], Trustee of the Estate of [deceased name], would like to proceed to an interim distribution of the Estate’s assets at this time. Please find enclosed the following:

1. \*Interim or Final\* Acknowledgment, Waiver, Release, Discharge and Indemnity to Estate Trustee(s) with Ledger/Proposed Distribution covering the period from \*Date to Date\* attached (\* copies);

2. Waiver Regarding Independent Legal Advice (\* copies); and

3. Certificate of Independent Legal Advice (\* copies).

If the enclosed documents are satisfactory to you, kindly date and sign them in the places highlighted and marked, in either the presence of an adult witness or a solicitor.

INDEPENDENT LEGAL ADVICE:

Should you choose to seek independent legal advice, please arrange an appointment with a solicitor of your choice. Sign and date the documents in the presence of such solicitor. The solicitor must complete the Certificate of Independent Legal Advice.

OR

ADULT WITNESS:

Should you choose to waive independent legal advice, please sign the \*Interim or Final\* Acknowledgment, Waiver, Release, Discharge and Indemnity to Estate Trustee(s) in the presence of an adult witness who is not named in the Will. The Waiver Regarding Independent Legal Advice must also be completed and signed in the presence of the adult witness. The witness must print his/her name, address and telephone number where requested.

YOUR PAYMENT OPTIONS:

If you wish that your cheque be mailed to you by registered mail, please insert your postal address in paragraph 4 a) of the Acknowledgment. Alternatively, if you wish that your cheque be deposited into your bank account, please insert the details of your bank account in paragraph 4 b). Please note that you may only opt for direct deposit, provided the financial institution which you specify has a physical branch location in North Bay, Ontario.

\*Also, please insert your social insurance number in paragraph 4, as this information is requested by Canada Revenue Agency when the Trustee(s) request(s) a Clearance Certificate.\* Keep paragraph only if applicable, SIN only needed if anything other than cash is being gifted to beneficiary\*

DOCUMENTS TO RETURN:

Please return to my attention:

* 1/2/3 copy(ies) of the completed documents; and
* 1 photocopy of your government issued photo identification.

Once I receive such signed documents and identification from each of the beneficiaries, I will proceed to pay the respective amounts owing to each of the beneficiaries as indicated in the Ledger/Proposed Distribution.

Yours very truly,

Enclosures