



# Statutory Declaration – Proof of Death form

## Transfer of Disposition to Name(s) of Surviving Joint Tenant(s)

In the matter of the Disposition referred to as \_\_\_\_\_ (the “Disposition”) at \_\_\_\_\_, in the Province of Alberta.

I, \_\_\_\_\_, of \_\_\_\_\_ in the Province of Alberta, do solemnly declare that:

- 1. \_\_\_\_\_ (the “Deceased”), now deceased, is a registered holder of the Disposition as a joint tenant.
- 2. I am \_\_\_\_\_

As the personal representative(s) I attach the Grant of Probate indicating my authority to act on behalf of the estate of the Deceased. (if applicable)

- 3. The surviving disposition holder(s) is/are \_\_\_\_\_
- 4. Attached to this declaration is an official record, to be retained by the Government of Alberta, of the death of the Deceased, who died at \_\_\_\_\_ in the Province of Alberta on \_\_\_\_\_, and who was the same person as the joint tenant named above.
- 5. I have attached \_\_\_\_\_.
- 6. I request that the Disposition be amended to delete the name of the deceased joint tenant.

I solemnly declare that all information and statements in this form are true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath or affirmation.

Declared before me at \_\_\_\_\_ in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)



A commissioner for Oaths/Notary Public in and for Alberta  
Print or Stamp name here \_\_\_\_\_  
My appointment expires \_\_\_\_\_

The personal information collected through the Proof of Death form is for the purpose of monitoring public land utilization in accordance with the *Public Lands Act*. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of personal information, contact Public Lands Disposition Management, 5<sup>th</sup> Floor, 9915-108 Street NW, Edmonton, Alberta, T5G 2G8, or 310-LANDS.