FORM 5

IN THE NUNAVUT COURT OF JUSTICE

IN THE ESTATE OF _____

___, deceased.

(If the deceased was known under different names, state the names of the deceased in the following order: 1) name of deceased on his/her will, 2) name of the deceased on his/her death certificate, and 3) any other names of the deceased)

SCHEDULE B - SCHEDULE OF BENEFICIARIES

EXHIBIT "B" TO THE AFFIDAVIT OF

Instructions:

- 1. Provide details about the beneficiaries.
- 2. If the beneficiary is the next of kin of a predeceasing beneficiary, provide details including the name and date of death of the predeceasing beneficiary, and the relationship between the beneficiary and the predeceasing beneficiary.

Name of Beneficiary	Age, if under 19	Relationship to Deceased	Mailing Address	Portion of Estate to be Received	Deceased? (indicate yes or no)

This is Exhibit "B" (or "C") to the Affidavit of _____

SWORN BEFORE ME at

____, in Nunavut, (community) _____, 20___. on (month, day)

A Commissioner for Oaths in and for Nunavut* My commission expires: ____ Print name:

Signature of person swearing affidavit

*If this document is sworn outside Nunavut, it must be sworn by a Notary Public.