

NOTICE TO CREDITORS AND OTHERS

You are requested to use this standard form of Notice to Creditors and Others. Deviations from this format will only be published if specific instructions are provided to, and confirmed by, the Queen's Printer prior to publication and additional fees may apply. The Queen's Printer reserves the right to make editorial changes to any Notice as it deems appropriate.

Please ensure that all notices and signatures are legible. It is the responsibility of the customer to verify the accuracy of their submission. ALL FIELDS MUST BE FILLED BEFORE SUBMITTING.

Notice is Hereby Given that Creditors and others, having claims against the Estate of the Deceased

_____, formerly of
(Name)

_____,
(Address)

are hereby required to send the particulars thereof to the undersigned Executor,

c/o _____,
(Your Name)

_____,
(Your Mailing Address)

on or before _____, after which date the estate's assets will be distributed,
(Date – must be a minimum of 30 days from date of publications of the Gazette, which is printed every Thursday)

having regard only to the claims that have been received.

_____, Executor.
(Your Name)

Payment for this ad is \$63.83 (includes applicable taxes). Company Cheques or Money Orders should be made out to the "Minister of Finance" and mailed to the address following. Note that we do not accept Personal Cheques.

To submit this form please email to QPGazette@gov.bc.ca, fax to 250 387-1120 or mail to:

BC Gazette
PO Box 9452 Stn Prov Govt
Victoria BC V8W 9V7
3rd Floor, 563 Superior St (for Courier)

If you have any questions, please do not hesitate to call the BC Gazette @ 1 800 663-6105.

Your Name _____

Company (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number(s) _____

Cardholder's Name _____

Please note: If submitting by EMAIL – Do not include your credit card information. Once the form has been submitted, call us with your credit card. If submitting by FAX – Upon completion of the request, all credit card information will be destroyed.

Visa, AMEX or MasterCard # _____ Expiry _____ / _____