LAND TITLE ACT FORM 17



Province of British Columbia

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1.	1. APPLICATION: (Name, address, phone number and signature of applicant, applicant's solicitor or agent)			
	JOHN JAMES SMITH 1234 PINE STREET PO BOX 567 KAMLOOPS, BC V2V 2V2			
	250-555-5555	I I SMITH		
		Sı	GNATURE	
2.	(a) PARCEL IDENTIFIER(S) AND LEGAL DESCRIPTION(S) OF (PID) (LEGAL DESCRIPTION)	LAND: *		
	000-000-000	LOT 1 DISTRICT LOT 12 SECTION 123 KAMLOOPS DIVISION YALE DISTRICT PLAN KAP123456		
	(B) Market Value: \$ n/a (IF FEE SIMPLE)			
3.	NATURE OF INTEREST:			
Transmission to Executor/Administrator				
4.	FULL NAME, ADDRESS AND OCCUPATION OF PERSO	ON(S) ENTITLED TO BE REGISTERED:*		
	JOHN JAMES SMITH 1234 PINE STREET PO BOX 567 KAMLOOPS, BC V2V 2V2	EXECUTOR OF THE ESTATE OF, DECEASED		

*NOTE: Before submitting this application for registration applicants should check and satisfy themselves as to the tax position, including taxes of the crown provincial, a municipality and improvement, water and irrigation districts.