# Certificate of Minister/Supervisor

Certificate where the existing trustees are not the

trustees in whose names the title to the property stands in

Information Services Corporation, Saskatchewan

## Appendix B-1 for Sale of Property, Purchase of Property or Obtaining a Mortgage

***(Witnessed by a person who is not a lawyer or***

***commissioner for oaths)***

In the matter of a sale, purchase or mortgage by the trustees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ community of faith (pastoral charge/congregation) of The United Church of Canada at \_\_\_\_\_\_\_\_\_\_\_\_\_, Saskatchewan; of a certain congregational property:

*[legal description of property]* Block # \_\_\_\_\_\_\_ Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with a municipal address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_, Saskatchewan

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Saskatchewan, a minister within The United Church of Canada, do hereby certify, pursuant to section 20(2) of The United Church Amendment Act 2021 Saskatchewan, as follows:

* That I am the minister of religion responsible for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pastoral charge/congregation of The United Church of Canada at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Saskatchewan.
* That the following is a complete list of the trustees of ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ congregation of The United Church of Canada at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Saskatchewan: *[add additional lines as needed]*

|  |  |  |
| --- | --- | --- |
| Full Name | Completed Address | Province, Postal Code |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* That the said trustees are the parties named in the transfer herein and did execute same.
* That the said trustees were/are trustees of the said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ community of faith (congregation or pastoral charge) and there were no other trustees of the said congregation on the date of the transfer authorization

Signed in the presence of Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (Affidavit attached) Minister or Supervisor of Pastoral Charge

**Affidavit of Execution**

**(If Witness is not a Lawyer)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **MAKE OATH AND SAY THAT:**

1. I personally know \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(signator)* who is the person named in this document and whose name is subscribed to it, and I was personally present when it was signed.

OR

I have satisfied myself that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(signatory)* is the person named in this document and whose name is subscribed to it, and I was personally present when it was signed.

1. The said \_\_\_\_\_\_\_\_\_\_\_\_\_ is in my belief the full age of eighteen years.

|  |  |
| --- | --- |
| Sworn before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  in the Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Date (day, month, year)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Commissioner/Notary/Other) | )  )  )  ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  )  (Signature of Affiant)  ) |

I am a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(signing capacity) (Province)

**Note**: You must indicate you are a “Commissioner for Oaths for Saskatchewan” OR a “Notary Public” OR other person authorized to administer oaths, e.g. “solicitor”)

My commission/appointment expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (day, month, year)