

# ANDREA PARLIAMENT LAW



PROFESSIONAL CORPORATION

## Powers of Attorney – Client Instructions

PART A: Names and Contact Information	
Client No. 1 (Primary Contact)	Client No. 2
Full Legal Name:	Full Legal Name:
Maiden Name / Also Known As:	Maiden Name / Also Known As:
Occupation & Employer:	Occupation & Employer:
Date & Place of Birth: _____ _____ [dd/mmm/yyyy]	Date & Place of Birth: _____ _____ [dd/mmm/yyyy]
Home / Cell Phone Number [H]: [C]:	Home / Cell Phone Number [H]: [C]:
Home Address:	
<i>Due to the sensitive nature of the documents and drafts we will be sending you, for confidentiality reasons we ask that you provide us with a personal email address if available instead of a business email address.</i>	
Email Address:	Email Address:
Citizenship	
Canadian Citizen Canadian Resident Other: _____	Canadian Citizen Canadian Resident Other: _____

<b>Marital Status</b>			
Legally Married Common-Law Separated I am not a Spouse (Widowed, Single, Divorced) Single but made in contemplation of a legal marriage Will being made in contemplation of marriage to: _____ On: _____ [dd/mmm/yyyy]	Legally Married Common-Law Separated I am not a Spouse (Widowed, Single, Divorced) Single but made in contemplation of a legal marriage Will being made in contemplation of marriage to: _____ On: _____ [dd/mmm/yyyy]		
<b>Have you been previously married?</b>			
Yes	No	Yes	No
If Yes, please provide your: Previous spouse's Date of Death: _____ [dd/mmm/yyyy] Date of Separation: _____ [dd/mmm/yyyy]	If Yes, please provide your: Previous spouse's Date of Death: _____ [dd/mmm/yyyy] Date of Separation: _____ [dd/mmm/yyyy]		
<b>Domestic Contracts</b>			
Separation Agreement Pre-Nuptial Agreement	Separation Agreement Pre-Nuptial Agreement		

Do you have children from a prior relationship?				
Yes	No	Yes	No	
Do you have any prepaid funeral arrangements?				
Yes	No	Yes	No	
<b>PART B: Please specify which of the following documents you would like prepared.</b>				
<b>1) Power of Attorney for Property</b>	Yes	No	Yes	No
This document grants someone the right to manage your bank accounts and real estate in order to help deal with your financial matters once you have lost either physical or mental capacity. There are laws in place to hold Powers of Attorney accountable for their actions.				
<b>2) Power of Attorney for Personal Care</b>	Yes	No	Yes	No
This document grants someone the right to make decisions regarding your <i>living conditions and medical treatment</i> once you have lost either physical or mental capacity. There is legislation in place to supervise and hold Powers of Attorney accountable for their actions.				
Do you have a prior:				
1) Power of Attorney for Property?	Yes	No	Yes	No
2) Power of Attorney for Personal Care?	Yes	No	Yes	No
If available, please forward copies of your prior documents to our office.				

**PART C: Powers of Attorney for Property and Personal Care**

The following is only required if you have made different choices from the Executors for your Will.

<p>First Choice for your Power of Attorney for Property:</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>
<p>Alternate Choice for your Power of Attorney for Property:</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>
<p>First choice for your Power of Attorney for Personal Care:</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>
<p>Alternate Choice for your Power of Attorney for Personal Care:</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>	<p>Name: Relationship: Resident of Ontario: Yes                  No</p>
<p>Additional Attorney designations or instructions, if any:</p>		

**PART D: Administrative Details**

1) Do you want us to keep your originally executed Powers of Attorney in our office vault for safekeeping?

Yes

No

2) How many copies do you want?

*Two sets of copies of all documents are included in the original fee for our services. An additional fee of \$20 will be required for each additional set of copies.*

3) How did you hear about us?

4) Any suggestions for how we can improve our services?

**Next Steps:**

Once we have completed your draft documents we will send them to you for your review by email and arrange for a signing meeting. At this same meeting, we will also review these documents with you prior to your signing them and discuss any and all concerns you may have. If necessary, we will make last minute changes to your drafts before signing them.

As we need to arrange for the attendance of two independent witnesses for your signing meeting please ensure that you can attend this meeting.

Thank you for trusting us with these important and confidential matters.