

IN ADDITION TO A POWER OF ATTORNEY FORM, THIS
FAX FORM IS TO BE USED BY AN OWNER (OR BY A BUYER) when
using a Power of Attorney to sell, mortgage, (or buy) Ontario real estate

If you intend to use the legal services of SHUB LAW OFFICES (where a power of attorney, will be used), fax this completed form direct to 416-222-4277 to SHUB LAW OFFICES at 9555 Yonge Street, #306, Richmond Hill, Ontario, L4C 9M5. This separate form must be completed by each person giving a power of attorney in the transaction.

Number of Pages Sent: _____ (including both a copy of power of attorney and a readable copy of current valid photo identification such as a passport or driver's licence. Note: Two different identifications are needed for a new mortgage on a purchase or for a mortgage refinancing transaction). ALSO NOTE that one of two witnesses must be a lawyer, an attorney, a notary public or a government official using an official stamp or seal being used beside the witness signature.

The power of attorney in this matter is being used for:

- () a purchase (and any mortgage lender has already approved in writing the use of a power of attorney)
() a sale
() a mortgage refinance (and any lender has already approved in writing the use of a power of attorney)

Property Address:

Name of Realtor/Mortgage Broker:

Telephone: _____

Closing Date (if known): _____ 20_____

The person signing below has attached a copy of the original signed power of attorney. Such original power of attorney was dated on _____ 20_____ providing a power of attorney to: _____
(insert date on power of attorney document)

(name of person given power of attorney)

(date of birth of person given power of attorney)

for the purpose of _____
(insert purpose of power of attorney)

and such original power of attorney document is still valid and has not been cancelled. The person who has been given the power of attorney is:

() my relative, being _____
(describe relationship)

() my trusted family friend () my real estate agent () my _____
(describe relationship)

The person giving the power of attorney and signing below cannot attend in the Law Offices of S. Shub prior to closing for the following reason:

(state reason why you cannot personally be in Toronto to sign closing documents)

My residence telephone number is _____ and
address is _____
My business telephone number is _____ and
business address is _____
My occupation is _____

The person signing below confirms that:

(a) Marital Status:

- I am not officially married
 I am officially married but the subject property has not or will not be lived in by both myself and my spouse since we live together in another location
 I am officially married and the subject property has or will be lived in by my spouse whose name is _____
(print full name of spouse)

Other: _____

(b) Canadian Residency

- I am still considered to be a Canadian Resident I am not considered to be a Canadian Resident

(c) Original Power of Attorney

- I shall mail/courier the original signed power of attorney to SHUB LAW OFFICES so that you will receive the original prior to the closing date
 The original signed power of attorney was sent to SHUB LAW OFFICES on _____ 20_____ by Mail Courier or is being delivered to your office
(Insert date)
and is in the possession of _____ (name) _____ (telephone)

(d) Telephone Contact

Should Shub Law Offices have any questions and wish to phone me, when it is 12 noon local time in Toronto, the local time where I am located in _____ (country)
will be _____ am /pm and the best time to phone me will be Toronto time _____ am /pm and my telephone number is noted below.

(e) If selling or refinancing, the person signing below understands that any net funds available after closing the transaction must be paid ONLY to the registered owner(s) and that such certified funds are to be forwarded to such owner(s) by pick up of funds or by depositing funds as follows (such funds cannot be paid to the person holding the power of attorney):

(describe how funds are to be transferred to owner)

Dated at _____ this _____ day of _____ 20_____
(City and Country)

(Signature of owner/buyer)

(Print name)

(Best Contact Telephone Number)