Client Intake Residential Property Sale



Liu and Wu Law Office 305-1390 Prince of Wales Drive Ottawa, Ontario K2C 3N6 Web: <u>www.lwlawyers.ca</u> Email: info@lwlawyers.ca T: (613) 890-7168; F: (888) 689-6068

Date:

Please complete all questions that apply to you. We expect to receive your completed form at least one week prior to the requisition date in your Agreement of Purchase and Sale.

Returning Client? O Yes O No: How did you hear about us?:

Personal Information

Property Ownership: O Sole Registered Owner

O Joint tenants, total number of owners:

O Tenants in common, total number of owners and ownership percentage

Other, please specify:

Please complete the questions below for each person named on the title to the property. Shortly before the closing date, each of you will be asked to bring <u>TWO</u> unexpired original government issued photo IDs for signing closing documents.

Fist Seller's Full Name:	
(include middle	e names and alternate names, if any)
Date of Birth:	Citizenship:
Photo IDs: Driver's license Passport	Birth certificate Citizenship card PR card
Marital Status: O Single O Married O Se	perated () Divorced () Common law () Widowed
If married, are you married to	the other seller? \bigcirc Yes \bigcirc No
Current Address:	
(street, apt. no.	, city, province, postal code)
Home Phone:	Cell Phone:
Work Phone:	Fax:
Email:	Preferred Method of Contact:
Job Title:	Employer:
Address after Closing:	1 5
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(street, apt. no., city, province, postal code)

Second Seller	's Full Name:				
		(include middl	e names and al	ternate nan	nes, if any)
Date of Birth:		Citizer	nship:		
Photo IDs:	Driver's license] Passport 🔲 Birtl	h certificate	Citizens	hip card 🔲 PR card
Marital Status	: 🔿 Single 🔿 Ma	rried O Seperated	l 🔿 Divorced	O Comm	on law O Widowed
	If married, are yo	ou married to the oth	ner seller?	O Yes	O No
Current Addre	ss:				
Same as fir	st seller (s	treet, apt. no., city, p	rovince, postal	code)	
Home Phone:			Cell Phone:		
Work Phone:			Fax:		
Email:			Preferred Me	thod of Co	ontact:
Job Title:			Employer:		
Address after	Closing:				
Same as fir	st seller (s	treet, apt. no., city, p	rovince, postal	code)	
Agreemen	t of Purchase	e and Sale			
Property Addr	ess:			Sale Pric	ee (\$):
Legal Descript	tion:				
Closing Date:		Requis	sition Date (Tit	tle Search)	:
The Prope	rty				
Property Type	: O Freehold				
	O Freehold hav	ving common eleme	ents with comn	non expens	se (\$):
	O Condo with	monthly condo fees	(\$):		
Condo Manag	ement's Name:				
Address:					
Telephone:		Fax:	Ema	ail:	

You used the property as:	☐ Matrimonial home ☐ Principal residence ☐ Rental property
	Other, please specify:

Real Estate Agent

Full Name:		
Address:		
Telephone:	Fax:	Email:

Buyer's Lawyer

Names of Lawyer and/or Law Firm:	
Address:	
Telephone:	Fax:

Mortgage/Line-of-credit Particulars

How many mortgages and/or line of credits do you have on your property?: Please complete the questions for each mortgage and/or line of credit registered on the property.

First Loan Ref Number:	
Institution's Name:	
Institution's Address:	
Contact Person:	
Telephone:	Fax:
Second Loan Ref Number:	
Institution's Name:	
Institution's Address:	
Contact Person:	
Telephone:	Fax:

Taxes

Please provide us a copy of your last tax bill. If you are on a payment plan, please contact the City to cancel the plan and pay the outstanding balance immediately. If the property tax is not yet available for the current year, please complete the questions for the previous year.

Assessment Roll No.:					
Total Property Tax for year 20	is (\$)			O Interim	🔿 Final
Total Property Tax Paid (\$):]	Next Tax Instal	ment Due]	Date:	
Are taxes paid through mortgag	e institution?	O No	() Yes		
Institution's Name:					
Address:					
Telephone:		Fax:			

Utilities

You shall notify service providers in advance to arrange final meter readings. For water, please contact the City of Ottawa at least 21 days prior to the closing date. For hydro and gas, please visit the websites of Hydro Ottawa and Enbridge to fill out online forms at least 10 business days prior to the closing date. If you have an oil tank, please keep it filled on the closing day.

Heating:	🗌 Gas 🔲 Electric	Oil, the total cost of filling the oil tank is (\$):	
8			
Oil tank c	apacity in litres:	Oil Price per litre (\$):	

Other Interested Parties

1. Have any of you been sued or was there any judgements against you? O No O Yes

Writ or Court File No:

2. Are there any persons and/or creditors other than the mortgagee(s) who may have an interest

on this property?	O No	() Yes		
Creditor's Full Name	:			
Creditor's Address:				
Contact Person:				
Telephone:			Fax:	

3.	Are any of you bankrupted? O No	○ Yes, which of you?:
	Bankruptcy Trustee's Name: O No	⊖ Yes
	Bankruptcy Trustee's Address:	
	Telephone:	Fax:

Documents

In addition to your last property tax bill, please provide the following documents, if available:

Deed/Transfer
Survey
The report and documents from lawyer when you bought the property.

More

If you need more space for any section, please print out below.

Please print and sign your name above.

Date of Signature