MCGUINTY LAW OFFICES

PLEASE NOTE THAT MCGUINTY LAW OFFICES IS NOT RETAINED MERELY BY VIRTUE OF YOUR COMPLETING AND/OR SUBMITTING THIS QUESTIONNAIRE

Please complete and send via fax: (613) 526-3187 or email: cheryl@mcguintylaw.ca

CLIENT INFORMATION

Purchase:	Sale:Mortgag	ge:			
Closing Date:		First Time Home Buyers: Yes No			
CONTACT 1:					
Full Name:					
(T' - W -)	acti v	(I - N -)			
(First Name) Birth date (dd/mm/yyyy):/_/	(Middle Name) Marital Status	(Last Name)			
Present Address:					
			_		
Telephone #s: (h)	(w)	(c)			
Alternate Tel # on day of closing: Email Address:					
Are you a Canadian citizen or a permanen	t resident of Canada?	Yes No			
Have you been physically present in Cana	da for 183 days out of t	he 12 months before the closing? Yes	No		
CONTACT 2:					
Full Name:					
	(Middle Name)	(Last Name)			
Birth date (dd/mm/yyyy): / /					
Present Address:					
Telephone #s: (h)	(w)	(c)	_		
Alternate Tel # on day of closing: Email Address:					
Are you a Canadian citizen or a permanen					
Have you been physically present in Cana	da for 183 days out of t	he 12 months before the closing? Yes	No		

PROPERTY INFORMATION

Address of Property Purchased/Sold:

1.	If you are purchasing, are you going to live in the property?	Yes	No			
	a. If no, will a family member live in the property?	Yes	No			
2.	If selling, what is your forwarding address?					
3.	Type of Property: Condo Apt: Condo Townhouse:	- Γownhouse:	Double:			
	Single Family Home:					
	a. Mixed use? Yes No					
	b. If yes,% Commercial and% Residential					
4.	Do you own property abutting the property being purchased/sol-	d? Yes	No			
5.	Is there a pool on the property being purchased? Yes	No				
6.	If you are purchasing, are there any expenses shared with the ne	ighbors? Yes	No			
7.	If you are purchasing a condo, do you know where to park?	Yes	No			
8.	Do you share the driveway? Yes No					
9	Are you getting a building inspection? Yes No					
	10. Do you have plans for construction? Deck Pool Addition to main building					
10.		aition to main of	mamg			
	a. If yes, please explain:					
11.	Is the property located near a river/lake: Yes No					
	a. If yes, which river/lake:					
12	12. Is the property occupied by tenants? Yes No					
13	Do you have a copy of the building location survey? Yes	No				
14.	How is the property heated? Natural Gas Hydro	Oil				
15. Source of Water? Municipal Private Well						
16. Sewage System? Municipal Private Septic System						
17. Age of Home being purchased/sold:						
	Condition of Building(s): Excellent Good Poor					
	Is there any rental equipment on the property? Yes	No				
a. If yes, which one(s): Alarm System Furnace Air Conditioner Propane Tanks						
	Hot water Tanks		pane ranks			
20	Are the conditions waived?					
20.	Are the conditions warved?					

Real Estate Agent: Name:		Agency:	
Tel (w):	(c)	(fax)	
Insurance Agent: Name:		Agency:	
Tel (w):	(c)	(fax)	
Mortgage Lender:	Contact:		
Tel (w):	(c)	(fax)	
them):		Lenders require this information when we contact	
		E USE ONLY	
Property to be/is: a. If Income Pro Title (Manner): Joint Tenan	operty, is the property:	Rented Monthly Any Lease N/A	