



Preliminary Power of Attorney Questionnaire

Date of Appointment: _____ **Client's Telephone No.:** _____

Name of Donor: _____

Date of Birth: _____

Address: _____

Does the donor have any physical or mental disability? Yes No

If yes, provide details of the disability:

Are there any concerns about the donor NOT comprehending the nature of the document being signed? Yes No

If yes, provide further details:

If the donor is not fluent in the English language, what is the donor's mother tongue?

Name of Donee: _____

Date of Birth: _____

Donee's Address: _____

What is the donee's relationship to the donor, if any?

Purpose of the Power of Attorney:

Will the Power of Attorney be subject to any conditions or limitations?

Yes No

If yes, state proposed limitations:

If the Power of Attorney is to be used in connection with real property, provide property details:

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