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POWER OF ATTORNEY PLANNER & QUESTIONNAIRE

To keep the process of creating a power of attorney simple, the following planner and questionnaire will provide us with information that we will use to draft the power of attorney. This planner and questionnaire assumes that only British Columbia law applies to you.

Please note that your Attorney must be of legal age (19 years old) and is required to sign the document to accept the position as your Attorney, in the presence of a lawyer/notary. Please ensure that for your scheduled appointment, your appointed Attorney is present also.

Please return the planner and questionnaire via email, fax or drop of the planner to our office. One of our staff members will contact you within one business day to book an appointment. If we do not respond to you within one business day, you may wish to contact us directly by phone or email. Should you have any questions, please call us at 604-689-3667. Our door is always open and we look forward to assisting you.

Engaging Open Door Law Corporation

Please note that the provision of information to our office does not mean that you are represented. While we are glad to be able to assist you with your matter, our engagement will only begin once we have confirmed that we are acting for your or if there is contact to work on the file. If you have any questions about the foregoing, please do not hesitate to let us know.

PART 1 - PERSONAL INFORMATION OF THE DONOR

Your Full Legal Name: Mr. () Mrs. () Ms. () Dr. () _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Primary): _____ (Secondary): _____

Email: _____ Occupation: _____

PART 2 - PRIMARY PERSON YOU ARE APPOINTING AS YOUR POWER OF ATTORNEY

Attorney's Full Legal Name: Mr. () Mrs. () Ms. () Dr. () _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to you: _____

PART 3 - ALTERNATE PERSON YOU ARE APPOINTING AS YOUR POWER OF ATTORNEY, IF APPLICABLE

Attorney's Full Legal Name: Mr. () Mrs. () Ms. () Dr. () _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to you: _____

PART 4 - ADDITIONAL INFORMATION

Do you have an existing power of attorney? Yes () No ()

If yes, are we revoking the existing power of attorney? Yes () No ()

What type of Power of Attorney do you need? (Please choose one of the following):

General Power of Attorney

Enduring Power of Attorney (is valid even in the event of mental incapacity)

Special Power of Attorney (Please describe condition in which the power of attorney may be used.)

If special power of attorney is to be used for real property (real estate), then please provide the PID number, the legal description, the civic address of the property, and specify if purchase, sale or refinance transaction.
