**SALE OF HOUSE**

**INSTRUCTION**

TO: JAY CHAUHAN

Barrister and Solicitor

330 Highway 7 East, Suite 309

Richmond Hill, Ontario

L4B 3P8

Telephone: (905) 771-1235

Facsimile: (905) 771-1237

Email: jay@jaychauhan.com

Please complete the following information for the sale of your property and return it to us as soon as possible so that statement of adjustments can be prepared.

CLIENT'S NAME:

Your name and address where we can reach you:

Your present Address :

Off. Tel. No.:  
Home Tel. No.:  
Fax No.:   
Cell No.:   
Email:

Your address after closing:

FIRST MORTGAGE PARTICULARS:

Name of Institution:  
Address:

Mortgage Number:  
Tel. No.:  
Fax No.:

SECOND MORTGAGE PARTICULARS : (IF ANY)

Name of Institution:  
Address:

Mortgage Number:  
Tel. No.:  
Fax No.:

HEATING

a. What type of heating do you have?  
Oil[ ]            Gas[ ]                       Electric [ ]

b. If you have oil heating, what is :   
Oil tank capacity in litres \_\_\_\_\_\_\_\_\_  price per litre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Total cost of filling the oil tank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: in case of oil tank, please keep it filled on the day of closing)

TAXES:

What is your total tax assessment for the current year? If not available, last years?  
CAD$.

How much have you totally paid for current year?

Date next tax instalment due?

Are taxes paid through mortgage institution?   
Yes [ ]                 No  [ ]

If so, which institution?  
Address of institution:

Tel. no. of institution:

INSURANCE:

We advise you to cancel your insurance from the date of closing and obtain refund from the insurance agent for the unexpired term of the policy. If you are transferring insurance please let us have the following information.

a. Is your insurance transferable?  
Yes  [ ]                       No  [ ]

If yes, send copy. If no, please let us know the agent's name.

b. Name of agent:  
Address of Agent:

Tel. no. of Agent:  
Fax. no of Agent:

MARITAL STATUS:

Are you married [ ] separated [ ] divorced [ ]

Was this your matrimonial home ?  
Yes  [ ] No [ ]

DEED / TRANSFER:

Attached are:   
a. Deed/Transfer  
b. Last tax bill  
c. Survey  
d. The report and documents from lawyer when you bought the property

AGENT:

Name of Real Estate Agent:  
Tel. no. of Agent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Client's Signature

I understand that this document has been developed for the purpose of organizing the information necessary for my matter. I understand that by filling out this form I have not retained your services. Until I have signed a Retainer Agreement pursuant to the above matter, the Law Office of Jay Chauhan is not obliged to advise or act on my matter. I understand that I can send this document by fax, email or other means but **only** if instructed to do so by your office. I understand that some of the information contained may be confidential, and should I send this to your office without instruction to do so, I cannot hold you liable by any means.