

Request for a Search of Mandate for public

Register of Protection Mandates

Information concerning the mandator (Write in block letters)

Fields marked with an asterisk (*) are required			
1 – Surname (Last Name) at birth*	2 - Given name (first name used) *	Sex*	
		☐ Male ☐ Female	
3 - Social insurance number (SIN)*	4 - Date of birth* 5 - Occu	upation before retirement (Do not write "retired») *	
No SIN	Day Month Year	,	
. , ,	s (one choice only)		
Day Month Year	□ □ Diversed /Sc	· · □ ···· · □ Single	
Married	☐ Common law spouse ☐ Divorced /Se		
8 - Surname and given name at birth of spouse of the mandator (View instructions on back) Union date Day Month Year			
9 - Surname and given name at birth of previous spouse		Union date	
o Carrianto ana given namo acemano aprovidas operado		Day Month Year	
10 - Last residing address* of the mandator (View instructions on back)			
11 - Previous addresses since 1989, indicate the years (use	a separate sheet if necessary) or only from the last k	known notarial mandate	
Last known notarial mandate			
12 - Last known mandate Name and first name of notary (who signed the deed)			
Day Month Year	Hallo of Hotal y (mile o.g. 102 2.12 2.12)		
13 - Additional information, if necessary			
Type of service requested* (view details on back)			
☐ Regular – \$ 23 taxes included per search certificate			
Additional copy – \$ 23 taxes included per extra search certificate x			
Information concerning the applicant (Write in block letters)			
Surname and given name*	Given name*		
		· · · · · · · · · · · · · · · · · · ·	
Street number and name*		Telephone number*	
Apt.#*			
City*	Province* Postal Code*	Country*	
		,	
Pay with your credit card by indicating your credit car	d number its expire data and a security code or s		
	d number, its expiry date and a security code or e re des notaires du Québec. Personal checks and e		
Payment*		Security code	
☐ Credit card	Credit card number $\hfill \Box$ Visa $\hfill \Box$	MasterCard Expiry date (Figures on the back of the card)	
Money order payable to Chambre des		buok of the sala,	
notaires du Québec		I I I	
Applicant's signature		Date	
A Prince of States		54.0	
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Instructions

In order for us to process your request, please read and follow the instructions below. If any of the mandatory information is missing, we will not be able to complete the search and therefore we will have to send back your request. The Register of Mandates contain more than 3.4 million deeds, we must therefore obtain complete and precise information to identify, if applicable, the last mandate of the concerned person. We thank you in advance for your cooperation.

- 1 Surname (Last Name) at birth: Indicate the family name at birth. Don't enter the spouse's name.
- 2 Given name (first name used): Enter the person's first name; any other first names on the birth certificate are not necessary.
- 3 Social insurance number (SIN): If the incapable person has one, you must enter it. If the person had no SIN, you must specify all occupations in box 5 and all addresses since 1989 in box 11. In some cases, we will not be able to emit a search certificate. We will then contact the applicant.
- **4 Date of birth:** If date is unknown indicate the year.
- **5 Occupation**: Enter the occupation before retirement. Please be as specific as possible. Ex.: construction day labourer, bookkeeper, accounting clerk. If the person has never worked, indicate *none*.
- 6 Presumed date of incapacity: Indicate when the person has become incapacitated. This date has no legal value but is necessary for the completion of the search.
- 7 Marital status: Check the box corresponding to the marital status of the mandator; check only one box.
- 8 Surname and given name of spouse: Indicate the name and first name of spouse if the mandator was, at the time of his incapacity, married, or in a common-law or civil union, or of whom he was divorced or widowed, even for several years, and without having had any other spouse(s).
- 9 Surname and given name of previous spouse: Indicate, if applicable, the surname and given name of all previous spouses.
- 10 Last residing address: Enter the street name number and city. If the incapable person is hospitalized, enter that person's address prior to hospitalisation.
- 11 Previous addresses since 1989: If there is no known mandate, indicate all addresses since 1989, with dates. Ex.: Trois-Rivières from 1998-2000. If there is a last known mandate indicate all addresses since the mandate until the date of incapacity. It can also be just a street or city name if you do not have all details.
- 12- Last known mandate: indicate the name of the notary and the date of the last mandate. If you do not have the exact date, indicate the year. For more than one contract please use the additional information space. Please note that the Register of Protection Mandates of the Chambre des notaires du Québec was established on August 29th, 1991 but holds mandates dating back to 1989. Therefore, it is impossible to trace any acts made prior to these dates.

Type of service requested and Processing times

- Regular \$ 23 taxes included: Processing times are 20 to 25 business days on receipt of the request. These processing times depend on the complexity of the search. The official search certificate will be mailed to you.
- Additional copy: \$ 23 taxes included fee is added for any request of an additional certificate.

Important:

- La Chambre des notaires cannot be responsible for errors on a will search certificate when this is due to erroneous or missing information given on the request form. Please make sure that all the information indicated on the form is accurate.
- In order to keep this process confidential, we will give information only to the applicant of the search.
- A search certificate from the Chambre des notaires will be issued to you indicating, if applicable, the last registered will with the contact information of the notary who received the act. Afterwards, you will have to go directly to the notary, where appropriate, to obtain a copy of the will.
- > Please note that you must make two search requests: one to the Chambre des notaires du Québec and the other to the Barreau du Québec
- Any original document sent to the Chamber will be returned to you.

Requirements Checklist

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Include the originals of a recent medical and psychosocial assessment certifying the incapacity of the mandator or a recent report from the General Director of a health or social services facility.		
An affidavit establishing your interest for the mandator.		
<u>By mail</u> : Indicate your credit card number, its expiration date and the security code which figures at the back of the card <u>or</u> enclose a postal money order or bank money order payable to the Chambre des notaires du Québec. Personal checks and cash are not accepted.		
In person: Payment can be made by credit card, money order, debit. Personal checks and cash are not accepted.		
Address your search request and accompanying documents to: Chambre des notaires du Québec Registers of Testamentary Dispositions and Mandates 2045, Stanley Street, Suite 101 Montreal QC H3A 2V4		

For more information:

Telephone: 514-879-1793 or 1-800-263-1793