Office of the Public Guardian and Trustee

Helpful Hints in

Completing Your

Application to

Replace the Public

Guardian and

Trustee as Statutory

Guardian



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Introduction

The enclosed Application (Form 1) and Management Plan (Form 2) are important legal documents.

When properly completed they should clearly explain how you plan to manage the financial affairs of your incapable relative.

These forms should be completed carefully, legibly and with as much detail as possible.

The following is a list of useful tips, which can help avoid delays in processing the application.

General Hints

- ☑ Type or clearly print on both forms.
- Forms submitted in pencil, pencil crayon or copies cannot be processed and will be returned to you.
- Both forms must be signed and dated. If you are applying with another family member, they must also sign the Application Form and Management Plan.
- Where any particular section is too small to include necessary information, please add additional pages as part of your application.
- ☑ Complete all sections of both forms in full. If a section does not apply, you should put "none" or "not applicable." Do not simply draw a line through a non-applicable section.

Form 1 - Application Form

Page 1: Name, address and telephone of incapable person

- ☐ The name of the incapable person should be set out here exactly as in section (A) of the Form 2-Management Plan.
- The address should be the current address of the incapable person, even if this is a hospital or other temporary residence. If the incapable person does not have a telephone, the telephone number of the institution is acceptable (where applicable).

Relationship to incapable person

- If you are married to the incapable person, please mark box 1 "spouse". However, the application will not be refused if you mark box 3 "relative" and write in, "spouse," "wife," or "husband."
- In item 3 ("relative"), state what your relationship to the incapable person is, not their relationship to you. For example, if the incapable person is your mother, you should put "son" or "daughter", not "mother."
- ☐ If you are applying jointly with another relative, this must be clearly marked.

Note: If the relationship was originally created by marriage, termination of the marriage by death, divorce or annulment terminates the legal relationship. This affects eligibility to apply to replace the Office of the Public Guardian and Trustee. For example, if your father is deceased and your stepmother is incapable, you are not eligible to apply to replace the Public Guardian and Trustee as your stepmother's statutory guardian of property as you are no longer legally related by marriage. You may still seek a Court Order appointing you as her guardian.

Page 2: Other persons entitled to apply

As a general rule, relatives over the age of 18 who are directly related to the incapable person must be included, e.g. spouse, brother, sister, children and parents.

- If a closely related relative does not have contact with the incapable person, $\overline{\mathbf{Q}}$ that should be clearly stated in the application.
- More remote relatives (e.g. aunt, uncle, nephew, niece, in-laws) should be \mathbf{V} included if the incapable person does not have any more directly related relatives or if that person is in close contact with the incapable person.
- $\overline{\mathbf{V}}$ The relatives of the incapable person who are at least 18 years of age are also entitled to apply for quardianship, and have a right to be informed of your application.
- \checkmark Each column must be completed in full.
- $\overline{\mathbf{Q}}$ Please attach further pages only if space isn't sufficient.
- $\overline{\mathbf{V}}$ If a relative has not been informed, please provide a reasonable explanation why not.
- $\overline{\mathbf{Q}}$ Where relatives are stated as opposing the application, please indicate why. The Public Guardian and Trustee may contact these individuals to ask why they oppose your application.
- If a relative is also incapable, this information should be set out under the column "Support or Oppose Application" by stating, "person is incapable."
- Don't put "yes" or "no" in the column "Support or Oppose Application." Put \square either "support" or "oppose."

Page 3: Applicant's Statement

Applicant Statement #1

The Public Guardian and Trustee may ask you to provide specific details to verify your contact with the incapable person, and may confirm this information independently.

Applicant Statement #3

 $\overline{\mathbf{A}}$ The value should equal the total value of assets in sections (B) through (I) in your Management Plan (Form 2) minus liabilities in section (J).

Applicant Statement #6

Not all persons who have declared bankruptcy are undischarged bankrupts. If you are unsure of your status, please check with your trustee in bankruptcy or legal advisor on whether your bankruptcy remains "undischarged."

Applicant Statement #8

This is an important and often misunderstood statement.

- ☑ The Public Guardian and Trustee will likely refuse your application if your response is "no." Security in the form of a surety bond is often required. This is similar to insurance and offers protection to the incapable person's property. The premiums are paid from the incapable person's funds. Please note that obtaining a surety bond is not the same thing as "being bonded."
- You will be notified at the time we advise you if your Management Plan is appropriate whether you will need to post a surety bond. It may depend on the value of the assets. We will also send you a list of surety providers. These are private insurance companies, not government agencies. You need to be aware that approval for a bond is not a certainty. For example, bond providers frequently require an applicant to have a net worth similar in value to that of the incapable person. If you are thinking of applying to replace the Public Guardian and Trustee you may wish to contact one or more of these providers to ask about the typical criteria that they apply when processing bond applications.
- Where the applicant is the incapable person's spouse, the Public Guardian and Trustee generally¹ does not require a bond if the applicant provides a sworn affidavit regarding potential family law claims. The incapable person's children may be asked to consent to this arrangement.
- Except in exceptional circumstances, applicants (even spouses) who reside outside Ontario, will be required to post a surety bond regardless of the value of the incapable person's assets.

¹ An exception is where the spouse's assets exceed \$250,000, or \$500,000 including real estate.

Page 3: Second address section

- This section should only be completed in applications for joint guardianship and used to indicate the main contact.
- $\overline{\mathbf{V}}$ If you are applying to be the sole guardian, it is best to state the section is "not applicable."

Page 4: Notice of Fee

You may ask the Public Guardian and Trustee to waive the fee. To do this, \mathbf{V} write your request clearly somewhere on this page and provide reasons why the fee should be waived

(e.g. assets and income too meagre; the \$382 cost would cause the incapable person undue hardship.)

 \square Don't pay the fee in advance. The Public Guardian and Trustee only asks for the fee when an application is approved.

Form 2 - Management Plan

General

- A plan is required for all assets of the incapable person. If more than one asset is set out in a given section, your plan should address what you would do to manage each asset.
- $\overline{\mathbf{A}}$ Sections that do not apply should be clearly marked as "none" or "not applicable."
- \square Where the plan is to sell an asset, the Management Plan must outline how proceeds from the sale will be used.
- If the specific details of the incapable person's finances are unknown, please contact the incapable person's representative at the Public Guardian and Trustee. If the Public Guardian and Trustee does not yet have the information, the representative should be able to obtain it.

Section A

 \square All names used in this section must exactly match the name on the Form 1.

Section B - Land

- Use this section to disclose all real estate owned or partially owned by the incapable person, regardless of who resides there.
- In describing the land, you may use the mailing address. The only exception is when the mailing address is a "rural route," "general delivery" or a postal box. In these cases, the Public Guardian and Trustee require a legal description. The Public Guardian and Trustee representative may assist in determining the legal description.
- ☑ The incapable person may *co-own* the property with someone either as a joint tenant or a tenant-in-common. This information should be set out clearly in the form. Only the incapable person's share of the "estimated market value" should be included. For example: **B. LAND**:

| Type and address of property or properties | Estimated market value |
|---|--|
| House at 3131 1st Lane, Anytown, Ont., NOT ON3, held as a joint tenant with spouse. | Total value: \$200,000, \$100,000.00 incapable person has a 50% interest |
| | TOTAL: \$100,000.00 |

When the plan is to sell the house, an amended management plan is usually required after the sale to remove the asset, update the financial information and show how the proceeds from the sale will be managed.

Section C - General Household Items and Vehicles

If the incapable person has neither "general household items" nor "vehicles," you must clearly indicate that "none" applies in both cases. For example:

C. GENERAL HOUSEHOLD ITEMS AND VEHICLES: (Give general description for vehicles, list year, model, make.)

| Item | Particulars | Estimated curi market value | rent |
|------------------------------------|--|--------------------------------|--------|
| General household: Vehicles: | There are no general household items and no vehicles | | \$0.00 |
| V OT HOLOG. | VOTILOCOS | TOTAL: | \$0.00 |

- ☑ Full particulars of vehicles are required, including: make, model, year, and general condition. For example, "1977 Olds Cutlass 4-door sedan in excellent working condition."
- ✓ Information about insurance coverage on the vehicle is required.
- \square If general household items are to be stored, full details re storage must be provided. If there are costs associated with storage, these should be set out in section L-expenses.
- \square General household items in this section are often confused with "Valuables" in section D. Only list the assets once.
- ☑ General household items typically include: furniture, knick-knacks, wall hangings, costume jewellery, clothing, linen, appliances, TVs, stereos, radios, DVDs, electronics, toys, computers, games, tools, shelving, books, cutlery, and sporting equipment.

Section D - Valuables

- You may be required to provide an appraisal and information about insurance coverage where the incapable person owns valuable items, but check first with the representative of this office. An appraisal of valuables may have been done already.
- ☑ Valuables typically include: antiques (e.g., Ming vase, Georgian furniture, 18th c. brass work etc.), art, jewellery, collectables, gemstones, precious metals, coin or stamp collections, musical instruments.

Section E - Savings and Savings Plans

extstyle ext

- ☑ List the account number, current balance, and the name and address of the financial institution. If the Public Guardian and Trustee holds monies of the incapable person, the amount should be listed with an explanatory statement, e.g. "Funds held by the PGT."
- List the type of account and who has access to it (e.g. chequing account owned jointly between the incapable person and her spouse).
- If the incapable person's bank account balance exceeds the amount covered by federal insurance, the plan should state that the excess funds will be withdrawn and deposited/invested in an insured product. For information on what is covered under CDIC, please visit www.CDIC.ca
- ☐ Generally, guardians should hold the incapable person's savings accounts and other investments "in trust" on behalf of the incapable person. As such, the Public Guardian and Trustee usually requires that the accounts be converted to trust accounts.
- Any joint accounts will generally be required to be closed, with the exception of accounts held between spouses where the spouse is the applicant. A history of the account may need to be obtained to confirm ownership of the funds.
- ☐ Only the incapable person's share of the account should be set out as its "Current amount or value."
- \square This section is sometimes confused with section F-securities and investments, especially regarding RRSPs or GICs. However, it is acceptable as long as the assets are properly disclosed, are only listed once and an appropriate management plan is provided.

Section F - Securities and Investments

- Full particulars of securities need to be included, such as type of security, account number, terms, name of financial institution, investment house or brokerage firm, and type of account investing (e.g. RRSP, RDSP, TFSA, etc.)
- Securities and investments should also be held in trust for the incapable person when it is practical to do so.

Section G - Accounts Receivable

Accounts receivables are monies **owed to** the incapable person. This is often confused with liabilities (or "debts"). *Section J-Liabilities* should be used to disclose debts and mortgages **owed by** the incapable person.

This section is also sometimes confused with *section M-legal proceedings* in situations where litigation is still proceeding and damages to be paid to the incapable person remain undetermined. It is best to use *section M-legal proceedings* to list such matters. Unless damages are awarded that have not yet been received, they should not be considered accounts receivable.

Section H - Business Interests

- Typically this section is used to indicate a private enterprise. This section is sometimes confused with Section B-land where the incapable person owns rental real estate. Using either section is acceptable as long as the asset is fully disclosed, only listed once, and an appropriate plan is provided for its management. The same is true with respect to Section F-securities and investments where the incapable person is the holder of stocks in a corporation.
- ☐ The full legal name of the business(es) should be set out and the incapable person's interest identified.
- ☑ The incapable person's role (e.g. limited partner, general partner, sole proprietor, etc.) should also be noted. The corporate documents may be required for review.
- Only the incapable person's share of the business should be included under "Estimated Current Value." In some cases, it may be very difficult to arrive at a reasonable estimate. You may need to consult with the Public Guardian and Trustee representative or obtain independent financial advice to determine the value of their interest.

Section I – Other Property

☑ Generally, "other property" includes any assets that do not fit into the specified categories. Some examples include: cash surrender value of a life

insurance policy, pre-paid funeral plan, inheritance, entitlement under a division of property order (e.g., divorce or separation agreement), and contents of a safety deposit box if not listed elsewhere in the management plan already.

☑ This section is sometimes confused with section M-legal proceedings where litigation is in progress and the amount of damages to be paid to the incapable person remains unknown. Section M-legal proceedings should be used in that instance.

Section J - Liabilities

- It is important to include the following information about a mortgage: name of financial institution or other lender, outstanding balance, and whether the mortgage is jointly held.
- ☑ Liabilities often include outstanding credit card or line of credit charges. A plan will be needed to pay off these debts. The Public Guardian and Trustee will generally require that you agree to cancel all credit cards and lines of credit of the incapable person.
- oxdot Only the incapable person's share of any debts or mortgages should be included.

Section K - Income

- List all of the incapable person's income sources, with annual total amounts for *each* source. Pensions include: ODSP, GIS, OAS, CPP (disability, survivor, and retirement), and private pensions (disability or retirement).
- Income sources that are often overlooked, but must be included, are: GST refunds, Trillium payments, interest on an investment portfolio, payments from annuities, support payments, and rental income.
- \square If income is higher than expenses in *section L*, the plan should set out how the surplus income will be invested or managed.

Section L - Expenses

Unlike the balance of the sections in the Management Plan, the plan portion of this section is broken down into six specific sections lettered (a) through (f).

- $\overline{\mathbf{Q}}$ Each of the subsections (a) through (f) must be completed in full even if the response is "not applicable" in each case.
- $\overline{\mathbf{V}}$ Where expenses are subsidized (e.g. benefits plan pays for some or all of the nursing home costs), this should be clearly indicated under "particulars."
- If the incapable person lives in a facility (e.g. group home, nursing home, etc.) any expense not covered under within the monthly fee should be set out as additional expenses. Examples include dental care, personal spending money, entertainment, clothing, medical services and medicine, and recreation etc.
- $\overline{\mathbf{Q}}$ If the plan is to sell the incapable person's house, all costs associated with the house that are to be paid by the incapable person should be included. These expenses can be removed on the amended management plan filed after the sale of the house.
- $\overline{\mathbf{V}}$ Section 37 of the Substitute Decisions Act, 1992 sets out how gifts, loans and charitable donations can be made. Generally, they are only allowed if the incapable person can afford them and if it was known that the incapable person typically made such gifts, loans and charitable donations while they were capable. You may need to consult a lawyer about the legal ramifications of section 37 of the Substitute Decisions Act. 1992.
- $\mathbf{\Lambda}$ In all cases where expenses exceed income, you must provide a plan on how the deficit will be covered (e.g. from capital of incapable person's estate, paid for by supportive family members etc.)

Section M - Legal Proceedings

- $\overline{\mathbf{V}}$ Before completing this section, it would be prudent to check with the incapable person's Public Guardian and Trustee representative for any information on possible lawsuits or legal claims. It may also be necessary to consult with the incapable person's lawyer if they have one.
- \checkmark Some of the proceedings that the Public Guardian and Trustee most commonly encounters include: divorce, personal injury claims, estate administration, claims to recover misappropriated funds, and breach-of-contract claims.

- $oxed{\boxtimes}$ All four subsections must be completed, even if the response is "not applicable" in each case.
- If a Judgment has been issued awarding the incapable person damages, and the damages haven't yet been collected, a plan for the recovery of funds should be set out.
- Where legal proceedings exist or are anticipated, a plan is needed for contingent liabilities and legal expenses associated with the lawsuit.
- If the incapable person's spouse or supporting relative has died recently, that should be referenced, along with a plan to protect the incapable person's interest in the estate. The plan should state whether independent legal advice will be sought.
- If the incapable person was injured because of an accident, they may be entitled to insurance proceeds or damages. The plan needs to state how the incapable person's potential claim for compensation/damages will be protected, and should at a minimum indicate that legal advice will be obtained.

Section N - Additional Information

- ☑ Re subsections (a) and (b): Supportive family members and caregivers of the incapable person should be consulted. If not, an explanation is required.
- Re subsection (c): The views of the incapable person should be sought. It is important to note that the Public Guardian and Trustee may refuse your application if the incapable person objects. If there are reasons why you have not consulted the incapable person, set them out in detail.
- Re subsection (d): Supportive family members and caregivers of the incapable person should be consulted on a regular basis after your appointment. If that is not the plan, an explanation is required.
- Re subsection (e) re Will: If no Will exists, it is acceptable to say that. A person who has a financial guardian may have the legal capacity to make a Will. Given the capacity issue, it is recommended that if the incapable person wants to make a will, an independent lawyer should be retained.

Conclusion

Below is a list of links to other resources related to guardianship:

- 1. <u>www.ontario.ca/laws</u> This website contains all of the laws of Ontario, including the *Substitute Decisions Act, 1992* the primary statute in Ontario that governs quardianship.
- 2. <u>www.attorneygeneral.jus.gov.on.ca</u>. This is the website for the Ministry of the Attorney General. It includes bulletins and background about powers of attorney, quardianship, the Public Guardian and Trustee and related matters.
- 3. <u>www.forms.ssb.gov.on.ca</u> This website contains copies of the forms needed to apply to replace the Public Guardian as statutory guardian of property.

For further clarification, please consult OPGT staff or your lawyer.



Ministry of the Attorney General

Office of the Public Guardian and Trustee

Form 1 - Application to Replace the Public Guardian and Trustee as Statutory Guardian of Property by a Person Authorized to Apply under Subsection 17(1)1, 2, 3, 4

Substitute Decisions Act, 1992

Notice to the Applicants:

1. The personal information contained in your application is collected under the authority of section 17 of the *Substitute Decisions Act, 1992*, and will be used to process your application to replace the Public Guardian and Trustee as statutory guardian of property in accordance with the law and policies of the Office of the Public Guardian and Trustee. Questions about this collection of information should be directed to:

Office of the Public Guardian and Trustee 595 Bay Street, Suite 800 Toronto, ON M5G 2M6 Tel: 416-314-2800

Attention: Screening Unit

Notice of Fee

The Public Guardian and Trustee charges a fee of \$382.00 plus HST of \$49.66 for processing an application for statutory guardianship, under the authority of s.8 of the <u>Public Guardian and Trustee Act</u>. This fee will be collected from the incapable person's property at the time the application process is completed or, if insufficient funds are held by the Public Guardian and Trustee, will be payable by the applicant prior to issuance of the certificate of statutory guardianship. In cases where payment of the fee will cause undue financial hardship to the incapable person, it is possible to obtain a waiver of the fee.



Form 1 - Application to Replace the Public Guardian and Trustee as Statutory Guardian of Property by a Person Authorized to Apply under Subsection 17(1)1, 2, 3, 4

Substitute Decisions Act, 1992

| (Please note: attach additional pages if more space is needed) | |
|--|-----------|
| Name of Incapable Person (in full): | |
| (Surname, first and initials) Address: | |
| Telephone: Residence Date of Birth: | |
| Your relationship to the incapable person is: (Day, Month, Year) | |
| 1. □ spouse * 2. □ partner ** 3. □ relative(describe relation) | |
| Or, you are a: | |
| 4. \square trust corporation | |
| 5. attorney under a continuing power of attorney made prior to the date the Certificate of Incapacitive was issued and which does not give the attorney authority over all of the incapable person's property. | • |
| Attachment(s) required: | |
| \Box if box 4 above is completed, copy of the consent of the incapable person's spouse or partner | |
| if box 5 above is completed, copy of continuing power of attorney | |
| *'Spouse' means a person, (a) to whom the person is married, or (b) with whom a person is living in a conjugal relationship outside marriage, if the two persons: | |
| (i) have cohabited for at least one year, (ii) are together the parents of a child, or (iii) have together entered into a cohabitation agreement under Section 53 of the Family Law Act. | |
| ** Two persons are 'partners' if they have lived together for at least one year and have a close personal relationship t primary importance in both persons' lives. | hat is of |

Please list any other person who is entitled to apply under subsection 17(1) *** who is known to you. Please state whether you have informed each person listed on your application for statutory guardianship and indicate if they have informed you of whether they support or oppose your appointment.

- *** Any of the following persons may apply to the Public Guardian and Trustee to replace the Public Guardian and Trustee as an incapable person's statutory guardian of property:
 - (i) the incapable person's spouse or partner,
 - (ii) a relative of the incapable person,
 - the incapable person's attorney under a continuing power of attorney, if the power of attorney was made before the Certificate of Incapacity was issued and does not give the attorney authority over all of the incapable person's property, or
 - (iv) a trust corporation within the meaning of the *Loan and Trust Corporations Act*, if the incapable person's spouse or partner consents in writing to the application.

| Name | Person(s) Informed Yes/No | Relationship to Incapable Person | Address and Telephone Number | Support or Oppose Application |
|------|---------------------------------|---|---------------------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |

Applicant's Statement:

| Αþ | plicant's Statement: |
|----|--|
| 1. | Have you been in personal contact with the incapable person during the preceding 12-month period? |
| | Or, if you are a trust corporation, has the incapable person's spouse or partner been in personal contact with the incapable person during the preceding 12-month period? |
| | □ Yes □ No |
| 2. | Are you willing to perform all duties required of a guardian in respect of the incapable person's property and do you agree to act in accordance with the Management Plan? |
| | ☐ Yes ☐ No |
| 3. | To the best of my knowledge and belief, the total approximate value of the property of the incapable person is \$ Particulars of the assets and their respective approximate value are listed on the attached Management Plan, forming part of this application. (If you are a trust corporation, please skip questions 4-8) |
| 4. | Is your relationship with the incapable person a friendly one? |
| | ☐ Yes ☐ No |
| 5. | Have you been found guilty of any offence relating to financial mismanagement under the <i>Criminal Code</i> ? |
| | ☐ Yes ☐ No |

| 6. | Are you a | n undischarged bankrupt? |
|-----|----------------|---|
| | ☐ Yes | □ No |
| 7. | • | been held liable in a civil proceeding relating to fraud, breach of trust or any other type of mismanagement? |
| | ☐ Yes | □ No |
| 8. | securing t | and that the Public Guardian and Trustee may refuse my application unless I provide a bond the value of the incapable person's property in a form and amount agreeable to the Public and Trustee of Ontario. |
| | ☐ Yes | □ No |
| NC | OTE: Attac | ch Management Plan |
| SL | JBSECTIO | ONS 89(5) and (6) OF THE SUBSTITUTE DECISIONS ACT, 1992 PROVIDE: |
| SS | . 89 (5): | NO PERSON SHALL, IN A STATEMENT MADE IN A PRESCRIBED FORM, ASSERT SOMETHING THAT HE OR SHE KNOWS TO BE UNTRUE OR PROFESS AN OPINION THAT HE OR SHE DOES NOT HOLD. |
| SS | . 89 (6): | A PERSON WHO CONTRAVENES SUBSECTION (5) IS GUILTY OF AN OFFENCE AND IS LIABLE, ON CONVICTION, TO A FINE NOT EXCEEDING \$10,000.00 |
| Dat | e | Signature of proposed Statutory Guardian(s) of Property or, if a trust corporation an authorized signing officer |
| Na | ıme(s): | (Please Print) |
| Ad | ldress(es): | |
| Te | lephone n | umber(s): |
| NC | plea | u are proposing the appointment of two or more persons as joint statutory guardians, se indicate to which applicant the property and accounts, if applicable, and the Certificate of utory Guardianship should be delivered if the appointment is made: |
| Na | ime of prop | posed statutory guardian of property: |
| Ad | _ ldress: _ | |
| | _ | |
| Те | lephone: _ | |



Form 1 - SAMPLE

Application to Replace the Public Guardian and Trustee as Statutory Guardian of Property by a Person Authorized to Apply under Subsection 17(1)1, 2, 3, 4

Notice to the Applicants:

1. The personal information contained in your application is collected under the authority of section 17 of the *Substitute Decisions Act*, 1992, and will be used to process your application to replace the Public Guardian and Trustee as statutory guardian of property in accordance with the law and policies of the Office of the Public Guardian and Trustee. Questions about this collection of information should be directed to:

Office of the Public Guardian and Trustee 595 Bay Street, Suite 800 Toronto, ON M5G 2M6 Tel: 416-314-2800

Attention: Screening Unit

Notice of Fee

The Public Guardian and Trustee charges a fee of \$382.00 plus HST of \$49.66 for processing an application for statutory guardianship, under the authority of s.8 of the <u>Public Guardian and Trustee Act</u>. This fee will be collected from the incapable person's property at the time the application process is completed or, if insufficient funds are held by the Public Guardian and Trustee, will be payable by the applicant prior to issuance of the certificate of statutory guardianship. In cases where payment of the fee will cause undue financial hardship to the incapable person, it is possible to obtain a waiver of the fee.

Form No. 236 - SAMPLE



(i)

(ii)

importance in both persons' lives.

have cohabited for at least one year,

are together the parents of a child, or

Form 1 - SAMPLE

Application to Replace the Public Guardian and Trustee as Statutory Guardian of Property by a Person Authorized to Apply under Subsection 17(1)1, 2, 3, 4

| Name of Incapable Person (in full): Smith, Ma | ary | | | |
|--|--------------------------|-----------------|-----------------|-------|
| <u>- </u> | (Surname, | first and initi | als) | |
| Address: Anytown Long Term Care Facility | | | | |
| 171 West Any Street, Anytown, Or | nt., NOT ON3 | | | |
| Геlephone: Residence (519) 865-1873 | Date of Birth: | 14 | April | 1923 |
| Telephone. Residence (319) 303-1073 | Date of Birtii. | (Day | Month | Year) |
| Your relationship to the incapable person is: | | | | |
| 1. ☐ spouse * 2. ☐ partner ** | 3. X relative | Daughter | and son | |
| | _ | (describ | e relation) | |
| Or, you are a: | | | | |
| 4. Trust corporation | | | | |
| 5. attorney under a continuing power of attorney a issued and which does not give the attorney a | - | | - | • |
| Attachment(s) required: | | | | |
| if have A abayca is commissed common of the co | nsent of the incapable p | person's sp | ouse or partner | |
| if box 4 above is completed, copy of the co | | | | |

(iii) have together entered into a cohabitation agreement under Section 53 of the *Family Law Act*.

Two persons are 'partners' if they have lived together for at least one year and have a close personal relationship that is of primary

Please list any other person who is entitled to apply under subsection 17(1) *** who is known to you. Please state whether you have informed each person listed on your application for statutory guardianship and indicate if they have informed you of whether they support or oppose your appointment.

- *** Any of the following persons may apply to the Public Guardian and Trustee to replace the Public Guardian and Trustee as an incapable person's statutory guardian of property:
 - (i) the incapable person's spouse or partner,
 - (ii) a relative of the incapable person,
 - the incapable person's attorney under a continuing power of attorney, if the power of attorney was made before the Certificate of Incapacity was issued and does not give the attorney authority over all of the incapable person's property, or
 - (iv) a trust corporation within the meaning of the *Loan and Trust Corporations Act*, if the incapable person's spouse or partner consents in writing to the application.

| Name | Person(s) | Relationship | Address and | Support or Oppose |
|--------------|-----------|------------------|---|-------------------|
| | Informed | to | Telephone Number | Application |
| | Yes/No | Incapable Person | | |
| Joseph Smith | Yes | Son | 125 4/5 th Street, NYC (202) 546-9485 | Support |
| Aimee Doe | Yes | Granddaughter | RR 2, Anytown, Ont., N0T 0N3 (519) 865-0982 | Support |
| George Smith | Yes | Brother | 11 Burrell Ave., Toronto M4X 2R5 (647) 221-7942 | Oppose |

Applicant's Statement:

| 1. | . Have you been in personal contact with the incapable person during the preceding 12-month period? | | | | | | | |
|---|---|---|--|----|--|--|--|--|
| | Or, if you are a trust corporation, has the incapable person's spouse or partner been in personal contact with the incapable person during the preceding 12-month period? | | | | | | | |
| | X | Yes | | No | | | | |
| 2. | 2. Are you willing to perform all duties required of a guardian in respect of the incapable person's property and do you agree to act in accordance with the Management Plan? | | | | | | | |
| | X | Yes | | No | | | | |
| 3. To the best of my knowledge and belief, the total approximate value of the property of the incapable person is \$ 166,102.00. Particulars of the assets and their respective approximate value are listed on the attached Management Plan, forming part of this application. | | | | | | | | |
| | (If you d | are a trust corporation, please skip questions 4-8) | | | | | | |

Form No. 236 - SAMPLE

| 4. | Is you | r rela | tionship w | ith the incap | oable person a frien | dly one? | | | | |
|----|--------------------|--------|---------------------|----------------|---|-------------|---|-------------------|-----------------|-----------|
| | X | Yes | | | | | No | | | |
| 5. | Have : | you b | een found | guilty of an | y offence relating t | o financial | l mismanage | ement under | the Criminal | Code? |
| | | Yes | | | | \boxtimes | No | | | |
| 6. | Are yo | ou an | undischar | ged bankrup | t? | | | | | |
| | | Yes | | | | X | No | | | |
| 7. | | - | een held l ment? | iable in a civ | vil proceeding relati | ing to frau | d, breach of | trust or any | other type of t | financial |
| | | Yes | | | | \boxtimes | No | | | |
| 8. | the va | lue o | | | lian and Trustee mass property in a form | | | | | |
| | X | Yes | | | | | No | | | |
| NO | OTE: A | Attach | Managen | nent Plan | | | | | | |
| SU | IBSEC ⁻ | TION | S 89(5) ar | nd (6) OF TH | IE SUBSTITUTE L | DECISION | IS ACT, 199 | 2 PROVIDE | i: | |
| SS | . 89 (5) | | SOMETHI | | IN A STATEMEN IE OR SHE KNOW OT HOLD. | | | | | N THAT |
| SS | . 89 (6) | | | | NTRAVENES SUE TION, TO A FINE | | | | OFFENCE AN | ND IS |
| 1 | I1 Apri | I 201 | 6 | | "Britne | у Дое" I " | Jake Smith | 5 23 | | |
| | Date | | | | | | proposed Statuto if a trust corporat signing office | tion an authorize | | |
| ١ | Name (s | s): | 1. Britr | ney Doe | (Dlas | a a Duinat | | | | |
| | | | 2. Jake | Smith | (Plea | se Print) | | | | |
| , | Addres | ses): | | | treet, Someplace | | | | | |
| | | | 2. 251 | 1 Oakmoun | t Crescent, Anyto | wn, Ont., | NOT 0N3 | | | |
| 7 | Γelenho | ne n | umber(s) | 1. (705) | 856-1238 2. <i>(</i> 519 | 9) 865-435 | 52 | | | |

NOTE: If you are proposing the appointment of two or more persons as joint statutory guardians, please indicate to which applicant the property and accounts, if applicable, and the Certificate of Statutory Guardianship should be delivered if the appointment is made:

| Name of propo | osed statutory guardian of property: Britney Doe | _ |
|---------------|--|---|
| Address: | 1474 St. Paul Street, Someplace, Ont., N0W 0N3 | |
| Telephone: | (705) 856-1238 | |



Form No. 237

Form 2 – Management Plan

Substitute Decisions Act, 1992

Note: Where the document is completed as part of an application for court appointed guardianship of property, please insert general heading and court file number.

This Management Plan is provided as part of the application made by:

| (Full name(s) of ap | pplicant(s)) |
|---|--|
| to be appointed as guardian of the property of | |
| (Full name of person for whom gu | ardianship is sought) |
| To the best of my knowledge and belief, the assets | , liabilities, income and expenditures of |
| (Name of person for whom guardians) | nip is sought) |
| at this date are stated below. My plans for managin | ng them and the reasons for these plans are |
| follows: | |
| Complete the parts below that apply to the finance | s of the person for whom guardianship is sou |
| Attach additional pages if the space below is insuff | icient. Where a part does not apply, write 'N |
| 'Not Applicable' in the space provided. | |
| LAND: | |
| Type and address of property or properties | Estimated market value |
| | |
| | |
| | |
| DI ANI | TOTAL: |
| PLAN: | |
| For each of the above noted properties indicate you value other) the anticipated time frame for compl | ur plans (e.g., sell at market value, lease at meting the transactions, if applicable, and you |
| reasons for these plans: | |

24

| ltem | | | Particulars | | Estimated Current Market |
|--|----------------------------------|---|--|--|-------------------------------|
| General Household: | | | | | |
| Vehicles: | | | | | |
| | | | | | TOTAL: |
| PLAN: | | | | | |
| | | | | = | hom guardianship is sought, s |
| market value, place i | in storage, g | gift, other) a | ınd your reasor | is for these | plans: |
| | | | | | |
| | | | | | |
| VALUABLES (incl | uding antic | | | | |
| Item | | Particul | ars | Estima | ted Current Market Value |
| | | | | | |
| | | | | <u> </u> | |
| | | | | TOTAL: | |
| PLAN: | | | | | |
| Explain your plans | | items (e.g., | sell at marke | | ace in storage, other) and y |
| | | items (e.g., | sell at marke | | |
| Explain your plans | | items (e.g., | sell at marke | | |
| Explain your plans reasons for these p | olans: | | | t value, pl | ace in storage, other) and y |
| Explain your plans reasons for these p | olans: | L ANS (incl | lude cash, as | t value, pla | ace in storage, other) and y |
| Explain your plans reasons for these p | AVINGS PI | L ANS (incl | lude cash, as | t value, pla sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these particles and SAVINGS AND SA retirement or other | AVINGS PI | L ANS (incl | lude cash, as sit receipts, pe | t value, pla sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these particles and SAVINGS AND SA retirement or other | AVINGS PI | L ANS (incl | lude cash, as sit receipts, pe | t value, pla sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these particles and SAVINGS AND SA retirement or other | AVINGS PI | L ANS (incl | lude cash, as sit receipts, pe | t value, pla sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these particles and SAVINGS AND SA retirement or other | AVINGS PI | L ANS (incl | lude cash, as sit receipts, pe | t value, pla sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these particles and SAVINGS AND SAR retirement or other Category | AVINGS PI | L ANS (incl | lude cash, as sit receipts, pe | t value, pla sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these passed on these passed on the second or other category PLAN: | AVINGS PI savings pi | L ANS (incl lans, depos tution | lude cash, as sit receipts, pe Account N | sets in fina ension pla | ace in storage, other) and y |
| Explain your plans reasons for these present of these present or other and the Category PLAN: Explain your plans | AVINGS PI savings pi Insti | LANS (inclians, depositution | lude cash, assit receipts, pe Account N | sets in fina ension plan Number | ace in storage, other) and y |

| Category | Number | Description | Estimated Current N Value |
|--|--|---|---|
| | | | |
| D. A.1. | | | TOTAL: |
| PLAN: | | | |
| | • | | s and investments (e.g., mad d your reasons for these pl |
| | | debts owing to persor | for whom guardianship is s |
| Parti | culars | | Amount |
| | | | |
| | | | |
| | | TOTAL: | |
| | arding collection of | | s and your reasons for these |
| | arding collection of | | s and your reasons for these |
| Explain your plans rega | TS : (Show any in orated business. A | the above-noted debt | e person for whom guardiar |
| BUSINESS INTERES sought in an unincorpo here or under Securitie Name of Firm or | TS : (Show any in orated business. A | the above-noted debt | person for whom guardiar |
| Explain your plans regarded in plans regarded in an unincorposter or under Securities | TS : (Show any in orated business. A | the above-noted debi | person for whom guardiar porated business may be s |
| Explain your plans regarded. BUSINESS INTERES: sought in an unincorporate or under Securities. Name of Firm or | TS : (Show any in orated business. A | the above-noted debt terests owned by the an interest in an incor | e person for whom guardiar porated business may be s Estimated Current Value |
| BUSINESS INTERES sought in an unincorpo here or under Securitie Name of Firm or Company | TS : (Show any in orated business. A | the above-noted debi | e person for whom guardiar porated business may be s Estimated Current Value |
| BUSINESS INTERES Sought in an unincorpo here or under Securitie Name of Firm or Company | TS: (Show any in orated business. A es.) | the above-noted debi | e person for whom guardiar rporated business may be s Estimated Current Value |
| BUSINESS INTERES sought in an unincorpo here or under Securitie Name of Firm or Company PLAN: Explain your plans reg | TS: (Show any in orated business. A es.) Integrating the above- | the above-noted debi | e person for whom guardiar porated business may be s Estimated Current Value |
| BUSINESS INTERES sought in an unincorpo here or under Securitie Name of Firm or Company | TS: (Show any in orated business. A es.) Integrating the above- | the above-noted debi | e person for whom guardian rporated business may be s Estimated Current Value |

| Category | Particulars | Estimated Current Market V |
|--|---|--|
| | | |
| | | |
| | | TOTAL: |
| PLAN: Explain your plans for the pr | onerty described above | and the reasons for these plans: |
| Explain your plane for the pr | | |
| | | |
| LIARU ITIES: (Show the del | ate awad by the parean | for whom guardianship is sought in |
| personal loans, credit card b | | · , · · · · |
| Description of Debt | Particulars | Amount of Debt |
| | | |
| | | |
| | | TOTAL: |
| PLAN: | | |
| Explain your plans with resp | | to reaccine for alloce plane. |
| | | |
| | | |
| NCOME: (Show net income | e from all sources on an | annual basis.) |
| Type of Income | e from all sources on an Particulars | <u> </u> |
| | | <u> </u> |
| Type of Income Pension | | <u> </u> |
| Type of Income | | · · · · · · · · · · · · · · · · · · · |
| Type of Income Pension Employment | | <u> </u> |
| Type of Income Pension | | <u> </u> |
| Type of Income Pension Employment | | <u> </u> |
| Type of Income Pension Employment Interest | | |
| Type of Income Pension Employment Interest | | annual basis.) Approximate Annual Amou |
| Type of Income Pension Employment Interest Rental | | <u> </u> |
| Pension Employment Interest Rental Business | | |
| Type of Income Pension Employment Interest Rental | | |

| | tion, appear and anote | ation of the income described above: |
|--|------------------------|---|
| | | |
| EXPENSES: (Describe the exp will be required to be made on b | | n annual basis, which you anticipate whom guardianship is sought.) |
| Expense | Particulars | Approximate Annual Amount |
| Residential | | |
| Utilities | | |
| Recreational/Entertainment | | |
| Travel | | |
| Personal Care | | |
| Support for Dependents | | |
| Property Maintenance | | |
| Gifts | | |
| Loans | | |
| Charitable Donations | | |
| Other | | |
| | | TOTAL: |
| | or to whom you are rea | e of direct or indirect financial benefit t lated. If so, please explain why these |
| , , | | the above expenditures are es are likely. If so, please explain: |

L.

| (e) | If payments to dependents, or for their be the nature of these payments and the rea | enefit, are required please provide details al asons for them: |
|------------|---|---|
| (f) | Are there any expenditures which others h to make? If so, please explain: | ave recommended which you are <u>not</u> plann |
| _ | | |
| | e client is a party including any civil or crimin Nature of Legal Proceedings | |
| | client is a party including any civil or crimin | nal proceedings.) |
| the | client is a party including any civil or crimin | Status of Proceedings |
| PL. | Nature of Legal Proceedings AN: Please explain your plans in respect of the | Status of Proceedings Description: |
| PL. (a) Do | Nature of Legal Proceedings AN: Please explain your plans in respect of the | Status of Proceedings Dese proceedings: need to be commenced or defended on the |

| _ | | | |
|-----|---|--|--|
| ΑI | DDITION | AL INFORM | IATION: |
| (a) | l have (checl | | rith the person for whom guardianship is sought in making this plar |
| | Yes | □ No | If no, please provide reasons: |
| (b) | I have | consulted w | rith the following other people in preparing this plan: |
| (c) | | • | knowledge, the person for whom guardianship is sought would not ect of this management plan: (check one) |
| ſ | _ | | |
| | ☐ Yes, w | ould object | |
| | Yes, w If yes, ple I am a guardi | ould object ease explain ware of my of | ☐ No, would not object |

(f) I am aware that I am <u>not</u> to dispose of property that I know is subject to a specific testamentary gift in the will of the person for whom guardianship is sought unless the specific testamentary gift is of money or if the disposition of that property is necessary to comply with my duties as guardian of property or to make a gift of the property to the person who would be entitled to it under the will, if the gift is authorized by section 37 of the *Substitute Decisions Act. 1992*.

SUBSECTIONS 32(10) and 32(11) OF THE SUBSTITUTE DECISIONS ACT, 1992, PROVIDE: A GUARDIAN SHALL ACT IN ACCORDANCE WITH THE MANAGEMENT PLAN. ss.32(10): IF THERE IS A MANAGEMENT PLAN, IT MAY BE AMENDED FROM TIME TO TIME ss.32(11): WITH THE PUBLIC GUARDIAN AND TRUSTEE'S APPROVAL. SUBSECTIONS 89(5) AND 89(6) of the SUBSTITUTE DECISIONS ACT, 1992, PROVIDE: ss.89(5): NO PERSON SHALL, IN A STATEMENT MADE IN A PRESCRIBED FORM, ASSERT SOMETHING THAT HE OR SHE KNOWS TO BE UNTRUE OR PROFESS AN OPINION THAT HE OR SHE DOES NOT HOLD. A PERSON WHO CONTRAVENES SUBSECTION (5) IS GUILTY OF AN OFFENCE ss.89(6): AND IS LIABLE, ON CONVICTION, TO A FINE NOT EXCEEDING \$10,000.00. Date Signature of proposed Guardian(s) of property Name(s) (please print): Address(es):

Telephone number(s):



Form 2 – Management Plan SAMPLE

Substitute Decisions Act. 1992

FORM 2 - MANAGEMENT PLAN SAMPLE

Note: Where the document is completed as part of an application for court appointed guardianship of property, please insert general heading and court file number.

A. This Management Plan is provided as part of the application made by:

Britney Doe and Jake Smith

(Full names[s] of applicant[s])

to be appointed as guardian of the property of

Mary Smith

(Full name of person for whom guardianship is sought)

To the best of my knowledge and belief, the assets, liabilities, income and expenditures of **Mary Smith**

(Name of person for whom guardianship is sought)

at this date are stated below. My plans for managing them and the reasons for these plans are as follows:

Complete the parts below that apply to the finances of the person for whom guardianship is sought.

Attach additional pages if the space below is insufficient. Where a part does not apply, write "None" or "Not Applicable" in the space provided.

B. **LAND**:

| Type and address of property or properties | Estimated market value |
|--|---|
| Single-family dwelling (vacant) located at 3131 Jay Lane, Anytown, Ont., N0T 0N3, held in joint tenancy with spouse (he died last year). | (Mary Smith has a 100% interest in property) \$ 100,000.00 |
| | TOTAL: \$100,000.00 |

PLAN:

For each of the above noted properties indicate your plans (e.g., sell at market value, lease at market value, other), the anticipated time frame for completing the transactions, if applicable, and your reasons for these plans:

Obtain temporary vacancy permit and insurance. Register a Survivorship Application on title to terminate the joint tenancy since husband died. Obtain two independent appraisals of property. Sell at fair market value. On receiving professional financial advice apply proceeds for the benefit of Mary Smith. Property is to be sold because Mary is in a Long Term Care setting and needs liquid assets to meet her ongoing needs and expenses.

C. **GENERAL HOUSEHOLD ITEMS AND VEHICLES:** (Give general description for vehicles, list year, model, make.)

| Item | Particulars | Estimated Current Market Value |
|--------------------|---|--------------------------------|
| General household: | Chattels in house: old furniture | \$100.00 |
| Vehicles: | 1977 Olds Cutlass – needs tune up, bodywork and other repairs | \$500.00 |
| | | TOTAL: \$600.00 |

PLAN:

Explain your plans for these items (e.g., retain for use of person for whom guardianship is sought, sell at market value, place in storage, gift, other) and your reasons for these plans:

Furniture to be sold at fair market value or disposed of as scrap. Car is presently insured in name of Mary Smith and will be sold at fair market value. All proceeds from the sale of the car and household items to be applied to meet Mary's ongoing needs and expenses.

D. **VALUABLES** (including antiques, art, collectibles, jewellery):

| Item | Particulars | Estimated Current Market Value | |
|-----------------------|--------------|--------------------------------|----------|
| 18K ring with diamond | Wedding ring | | \$500.00 |
| | | TOTAL: | \$500.00 |

PLAN:

Explain your plans for these items (e.g., sell at market value, place in storage, other) and your reasons for these plans:

Retain for Mary Smith to continue to wear. The ring has great sentimental value to her.

E. **SAVINGS AND SAVINGS PLANS** (include cash, assets in financial institutions, registered retirement or other savings plans, deposit receipts, pension plans etc.):

| Category | Institution | Account | Current Amount or | Value |
|--|----------------------------|--------------|---|---------------|
| | | Number | | |
| Chequing account (held jointly with late spouse) | CIBC, Anytown, Ontario | 17328-023912 | (Mary Smith has a 100% these savings) | 6 interest in |
| | | | | \$14,000.00 |
| Savings account (held jointly with Jake Smith, guardianship applicant) | TD-CT, Anytown, Ontario | 395-661-588 | Full value: \$2000 (Mary has one-half interest) | \$1,000.00 |
| | | | TOTAL: | \$15,000.00 |

PLAN:

Explain your plans for the savings described above (e.g., close current accounts and consolidate in a trust account, deposit cash, maintain savings plans, collapse plans as required to meet ongoing expenditures, etc.) and your reasons for these plans:

Split the funds in the TD-CT account and close it. Close current accounts and consolidate into a trust account. Redirect income from all sources to be deposited into this account. Use funds from account to meet Mary's ongoing expenses and apply excess funds, on receipt of professional financial advice, toward a conservative investment portfolio, held in trust. We would be prepared to file an accounting re TD-CT account showing Mary's half interest, if requested by the Public Guardian and Trustee

F. **SECURITIES AND INVESTMENTS** (include bonds, shares, warrants, options, debentures, notes and any other securities):

| Category | Number | Description | Estimated Current Market Value |
|------------------------|----------|---|--------------------------------|
| Canada Savings Bond | A9493291 | Series 6, 6% return semi- annual, renewable June 1, 2006 | \$30,000.00 |
| | _ | | TOTAL: \$30,000.00 |

PLAN:

Explain your plans with respect to the above-noted securities and investments (e.g., maintain in current form, renew as required, convert, redeem, etc.) and your reasons for these plans:

Redeem bond when it matures. Seek professional financial advice about investment of the proceeds in further conservative investments and securities to be held in trust for the benefit of Mary Smith.

G. **ACCOUNTS RECEIVABLE** (include all debts owing to person for whom guardianship is sought):

| Particulars | Amount | |
|---|--------|---------|
| Interest in Estate of spouse, Jim Smith, an intestacy | | \$ 1.00 |
| | TOTAL: | \$1.00 |

PLAN:

Explain your plans regarding collection of the above-noted debts and your reasons for these plans:

Value of Mary's interest unknown, but estate's value known to be small. Nominal value assigned to estate for now. On Mary Smith receiving her full entitlement to this estate, proceeds would be invested in trust in a conservative investment portfolio. The Public Guardian and Trustee will be notified once her interest in the Estate is fully known. Jake Smith, joint applicant for guardianship has applied to administer estate.

H. **BUSINESS INTERESTS:** (Show any interests owned by the person for whom guardianship is sought in an unincorporated business. An interest in an incorporated business may be shown here or under securities.)

| Name of Firm or Company | Interest | Estimated Current Value | |
|-------------------------|----------|-------------------------|--------|
| None | N/A | | \$0.00 |
| | | TOTAL: | \$0.00 |

PLAN:

Explain your plans regarding the above-noted business interests (e.g., maintain, dissolve, sell, etc.) and your reasons for these plans:

Not applicable

I. **OTHER PROPERTY:** (Show any other property owned by the person for whom guardianship is sought and which is not shown above.)

| Category | Particulars | Estimated Current Market Value |
|--------------------------|--------------------------------|--------------------------------|
| 1. Pre-paid funeral plan | Anytown Funerals Inc. | \$5,000.00 |
| 2. Safety Deposit box | Located at CIBC, Anytown | \$1.00 |
| 3. Life Insurance | Geneva-Swiss, equity on policy | \$3,000.00 |
| | | TOTAL: \$8,001.00 |

PLAN:

Explain your plans for the property described above and the reasons for these plans:

1. Plan is paid in full. Maintain plan and use as required. 2. Contents unknown. Nominal value assigned.

Plan to open box and determine existence of assets. Report of assets to be provided to Public Guardian and Trustee. If any assets in box, professional financial advice to be sought on how to best apply proceeds for our mother's benefit. 3. Maintain equity on policy, beneficiaries: Mary's grandchildren.

J. **LIABILITIES:** (Show the debts owed by the person for whom guardianship is sought including personal loans, credit card balances, outstanding bills, income tax owing, etc.)

| Description of Debt | Particulars | Amount of Debt |
|---------------------|-----------------------------------|--------------------|
| 1. Credit card | CIBC Visa 1929 9993 3222 | \$3,000.00 |
| 2. Mortgage | CT-TD Mortgage instrument | \$15,000.00 |
| | AK843923 registered in Algoma LRO | |
| | | TOTAL: \$18,000.00 |

PLAN:

Explain your plans with respect to these debts and the reasons for these plans:

- 1. Cancel credit card; make monthly payments toward reducing debt. 2. Make payments as required under mortgage. On sale of the house pay off outstanding balance on credit cards and mortgage.
- K. **INCOME:** (Show net income from all sources on an annual basis.)

| Type of Income | Particulars | Approximate Ar | nnual Amount |
|----------------|-------------------|----------------|--------------|
| Pension | OAS | | \$8,172.00 |
| | GIS | | \$4,566.00 |
| | Private: ABC Inc. | | \$12,256.00 |
| Employment | n/a | | \$0.00 |
| Interest | From Canada Bond | | \$500.00 |
| Rental | n/a | | \$0.00 |
| Business | n/a | | \$0.00 |
| Other | GST refund | | \$304.00 |
| | | TOTAL: | \$25,798.00 |

PLAN:

Explain your plans for the collection, deposit and allocation of the income described above:

Deposit into newly proposed trust account referenced in section (E). Income in excess of expenses to be applied pursuant to the plan set out in section L (c) of this Management Plan.

L. **EXPENSES:** (Describe the expenses, calculated on an annual basis, which you anticipate will be re-quired to be made on behalf of the person for whom guardianship is sought.)

| Expense | Particulars | Approximate Annual Amount |
|----------------------------|--|--|
| Residential | LTC facility + Mortgage payments | \$15,000.00 + \$3,600.00 = \$18,600.00 |
| Utilities | Hydro, gas | \$300.00 |
| Recreational/Entertainment | Included in LTC facility, Anytown | \$0.00 |
| Travel | Not applicable | \$0.00 |
| Personal Care | For meds, clothes, hair | \$1,500.00 |
| Support for Dependants | Not applicable | \$0.00 |
| Property Maintenance | Taxes on home | \$500.00 |
| Gifts | Xmas/birthdays gifts to grandchildren | \$500.00 |
| Loans | None | \$0.00 |
| Charitable Donations | Tithes to church: \$5 per week | \$260.00 |
| Other | Insurance premium + credit card payments | \$240.00 + \$1800.00= \$2040.00 |
| | | TOTAL: \$23,700.00 |

| (a) Whether any of the payments described above are of direct or indirect financial benefit to you a person you live with or to whom you are related. If so, please explain why these payments are necessary and appropriate: No. (b) Whether any significant increases or decreases in the above expenditures are anticipated, or whether any additional expenditures are likely. If so, please explain: Costs at LTC facility, Anytown, likely to increase. However, our mother's income is still higher than expenses. Her medical costs will also likely rise as she ages. (c) Whether the expenditures listed above will adequately meet the personal needs and maximize the enjoyment of life of the person for whom guardianship is sought: Yes. In addition, we intend to seek professional financial advice to decide whether excess income so be applied toward Mary Smith's investment portfolio, toward improved care facilities or toward a combination thereof. (d) If you are planning to make gifts, loans or charitable donations, please explain the reasons why you believe these expenditures are appropriate: Our mother was very fond of her grandchildren and always was generous with gifts. Our mother regattended church and was known to historically tithe about \$5 per week. (e) If payments to dependents, or for their benefit, are required please provide details about the nature of these payments and the reasons for them: Our mother has no dependents. Our mother has no dependents. (f) Are there any expenditures which others have recommended which you are not planning to make? If so, please explain: No | (a) | |
|---|---------|--|
| (b) Whether any significant increases or decreases in the above expenditures are anticipated, or whether any additional expenditures are likely. If so, please explain: Costs at LTC facility, Anytown, likely to increase. However, our mother's income is still higher than expenses. Her medical costs will also likely rise as she ages. (c) Whether the expenditures listed above will adequately meet the personal needs and maximize the enjoyment of life of the person for whom guardianship is sought: Yes. In addition, we intend to seek professional financial advice to decide whether excess income so be applied toward Mary Smith's investment portfolio, toward improved care facilities or toward a combination thereof. (d) If you are planning to make gifts, loans or charitable donations, please explain the reasons why you believe these expenditures are appropriate: Our mother was very fond of her grandchildren and always was generous with gifts. Our mother regattended church and was known to historically tithe about \$5 per week. (e) If payments to dependents, or for their benefit, are required please provide details about the nature of these payments and the reasons for them: Our mother has no dependents. (f) Are there any expenditures which others have recommended which you are not planning to make? If so, please explain: | | |
| whether any additional expenditures are likely. If so, please explain: Costs at LTC facility, Anytown, likely to increase. However, our mother's income is still higher than lexpenses. Her medical costs will also likely rise as she ages. (c) Whether the expenditures listed above will adequately meet the personal needs and maximize the enjoyment of life of the person for whom guardianship is sought: Yes. In addition, we intend to seek professional financial advice to decide whether excess income see applied toward Mary Smith's investment portfolio, toward improved care facilities or toward a combination thereof. (d) If you are planning to make gifts, loans or charitable donations, please explain the reasons why you believe these expenditures are appropriate: Our mother was very fond of her grandchildren and always was generous with gifts. Our mother regattended church and was known to historically tithe about \$5 per week. (e) If payments to dependents, or for their benefit, are required please provide details about the nature of these payments and the reasons for them: Our mother has no dependents. | No. | |
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Form No. 237

PLAN:

M. **LEGAL PROCEEDINGS:** (Identify any current legal proceedings relating to property to which the client is a party including any civil or criminal proceedings.)

| Nature of Legal Proceedings | Status of Proceedings |
|--|---|
| Settlement and administration of estate of late spouse, Jim Smith. | Applicant for joint guardianship has applied to the Ontario Superior Court for a Certificate of Appointment of Estate Trustee without a Will. |

| <i>(a)</i> | Please explain your plans in respect of these proceedings: |
|--------------|--|
| On be | eing appointed as administrator of the estate, proceed to distribute in accordance with the law. |
| (b) | Do you anticipate that legal proceedings may need to be commenced or defended on the person's behalf in respect of his or her property? If so, please explain: |
| No, tl | ne proceedings are likely to proceed on a non-contentious basis. |
| (c) prope | What arrangements for legal representation for the person have been made or do you ose? |
| None | , legal proceedings only indirectly relate to the incapable person. |
| | |
| (d) | Are you aware of any existing court orders or judgements which are relevant to the management of the person's property? If yes, describe or attach copies. |
| | · · · · · · · · · · · · · · · · · · · |
| Not a | management of the person's property? If yes, describe or attach copies. Yes No If yes, describe: |
| Not a | management of the person's property? If yes, describe or attach copies. ☐ Yes ☒ No If yes, describe: pplicable |
| Not a | management of the person's property? If yes, describe or attach copies. ☐ Yes ☒ No If yes, describe: pplicable ADDITIONAL INFORMATION: have consulted with the person for whom guardianship is sought in making this plan: (check ☒ Yes ☐ No If no, please provide reasons: |
| Not a | management of the person's property? If yes, describe or attach copies. Yes No If yes, describe: pplicable ADDITIONAL INFORMATION: have consulted with the person for whom guardianship is sought in making this plan: (check |
| Not a | management of the person's property? If yes, describe or attach copies. ☐ Yes ☒ No If yes, describe: pplicable ADDITIONAL INFORMATION: have consulted with the person for whom guardianship is sought in making this plan: (check ☒ Yes ☐ No If no, please provide reasons: |

| Yes, would object | (c) | To the best of my knowledge, the person for whom guardianship is sought would not object to any aspect of this management plan: (check one) | | |
|---|-------------|--|--|--|
| (d) I am aware of my duty to encourage the participation of the person for whom guardianship is sought in decisions I may make and to consult with supportive family and friends and caregivers. My plans to do so are as follows: (briefly describe) Supportive family and caregivers to be consulted about all important decisions to be made on behalf of Mary Smith. (e) I am aware that I would, as guardian of property, be required to make reasonable efforts to determine whether the person for whom guardianship is sought has a will and, if so, what the provisions of the will are and I am entitled to obtain the incapable person's will. My plans to do so are as follows: Mary Smith does not have a will. Legal advice will be retained to determine whether Mary Smith | | ☐ Yes, would object ☐ No, would not object | | |
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| · · · · · · · · · · · · · · · · · · · | | y Smith. | | |
| can make a will. The joint applicants are aware that they themselves cannot make a will for Mary Smith. | Mary | I am aware that I would, as guardian of property, be required to make reasonable efforts to determine whether the person for whom guardianship is sought has a will and, if so, what the provisions of the will are and I am entitled to obtain the incapable person's will. My plans to do | | |
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(f) I am aware that I am <u>not</u> to dispose of property that I know is subject to a specific testamentary gift in the will of the person for whom guardianship is sought unless the specific testamentary gift is of money or if the disposition of that property is necessary to comply with my duties as guardian of property or to make a gift of the property to the person who would be entitled to it under the will, if the gift is authorized by section 37 of the Substitute Decisions Act, 1992.

| SUBSECTI | ONS 32(10) and 32(11) OF TH | E SUBSTITUTE DECISIONS ACT, 1992, PROVIDE: | |
|---------------|---|--|--|
| ss.32(10): | A GUARDIAN SHALL ACT | T IN ACCORDANCE WITH THE MANAGEMENT PLAN. | |
| ss.32(11): | | MENT PLAN, IT MAY BE AMENDED FROM TIME TO GUARDIAN AND TRUSTEE'S APPROVAL. | |
| SUBSECTI | ONS 89(5) AND 89(6) of the <i>SU</i> | UBSTITUTE DECISIONS ACT, 1992, PROVIDE: | |
| ss.89(5): | NO PERSON SHALL, IN A STATEMENT MADE IN A PRESCRIBED FORM, ASSERT SOMETHING THAT HE OR SHE KNOWS TO BE UNTRUE OR PROFESS AN OPINION THAT HE OR SHE DOES NOT HOLD. | | |
| ss.89(6): | A PERSON WHO CONTRAVENES SUBSECTION (5) IS GUILTY OF AN OFFENCE AND IS LIABLE, ON CONVICTION, TO A FINE NOT EXCEEDING \$10,000.00. | | |
| April 11 Date | 1, 2016 | | |
| | | "Britney Doe" "Jake Smith" | |
| | Name (s) (please print) : 1. Britney Doe | Signature of proposed guardian (s) of property | |
| | 2. Jake Smith | | |
| Addr | ress (es) : 1. 1474 St. Paul Street, Somep | | |
| | 2. 2511 Oakmount Cr., Anytow | vn, Ont., Nu i un3 | |

Telephone number (s): 1. (705) 856-1238 2. (519) 865-4352

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