FORM 35

FINANCIAL STATEMENT
(General Regulation - Mental Health Act, s.25)

This form is to be completed by a person having knowledge of the assets of a patient and forwarded by the administrator of the psychiatric facility to which the patient is admitted to the Administrator of Estates.

Under the provisions of the Mental Health Act, where the Administrator of Estates has become the committee of the estate of a patient, the Administrator is the only person having the legal authority to deal with the patient's estate. Upon the Administrator of Estates ceasing to be the committee, the patient's assets will be returned to the patient.

PERSONAL INFORMATION

(Name of patient in full) (Sex)

(Psychiatric facility) (Full Address)

(Length of residence in the Province) (Date of birth)

(Place of birth) (Citizenship)

(Occupation)

(Marital status) - (If married, give name and address of spouse)

(If single, give name and address of nearest relative)

(Give names and ages of any dependents whom the patient has to support)

(Give patient's Social Insurance No., Old Age Security No.)

REAL ESTATE

Property of patient and mortgages or charges on same, if any:

(Location)

(Description)

Leasehold or freehold) (Name and address of morgagees, if any)

(Market value of property)

If property of the patient has been rented, give the following information:

(Name of tenant) (Particulars of tenancy, such as length and terms of lease)

(Is the lease in writing? If so, in whose possession is the document?)

(Give address of such person)

(To whom has the rent been paid?) (To what date has rent been paid?)

LIFE, ACCIDENT, DISABILITY AND INCOME PROTECTION INSURANCE

Name of the Company	Number of Insurance Policy or Certificate	Amount of Insurance	In whose Possession is the Policy?	Is this Group Insurance? (State yes or no)

PENSION OR SUPERANNUATION

If patient receives pension or superannuation, etc., give particulars:

_____

_____

PERSONAL ESTATE

Cash on hand, in bank accounts and safety deposits:

_____

(Give name and address of person who is in possession of cash)

_____

(What is the amount? If deposited in a bank, give name and address of branch)

_____

(In whose possession is the bank book? State amount in bank account)

_____

(If joint account, give name and address of joint owner)

_____

(If patient has a safety deposit box, give location and name and address of person in possession of keys)

STOCKS, BONDS AND SIMILAR INVESTMENTS

Name of Security	Par Value	In whose possession?

PERSONAL PROPER

(Give approximate values)

_____

(Farm implements)

_____

(Stock in trade)

_____

(Livestock) (Farm produce)

_____

(Motor vehicles)

_____

(Other property or income, if any)

MONEY SECURED BY MORTGAGE

_____

(Give name and address of mortgagors who have borrowed money from the patient, setting out in detail each mortgage)

_____

_____

_____

(State in whose possession the mortgages are and address of such person)

BOOK DEBTS AND PROMISSORY NOTES OWING TO PATIENT

(Give names and addresses of debtors)

(State in whose possession the notes are and address of such person)

LIABILITIES, IF ANY, OTHER THAN MORTGAGE DEBTS

OTHER

Does the patient have a will? [ ] Yes [ ] No

(If yes, state in whose possession it is and address of such person)

Dated this _____ day of _____, 20_____.

Signature of Person Completing Form

Relationship to Patient

Name of Person Completing Form (printed)

Address of Person Completing Form (printed)

The administrator of the psychiatric facility shall retain a copy of this form and forward one copy to the Administrator of Estates, whether or not the patient has any estate.