

*Copies sent to Atlee Dept
9 P.T. June 9/55
Greiner's*



ONTARIO

DEPARTMENT OF HEALTH

- (1) This form to be completed by a responsible relative or friend.
- (2) Under the Mental Hospitals Act, the Public Trustee is committee of the estates of all patients confined in Ontario Hospitals and as such has full power to manage the estate of the patient to the same extent as the patient could, if of sound mind. No person other than the Public Trustee can deal with the patient's estate except a committee appointed under The Incompetency Act. The Public Trustee endeavors to protect the interests of the patient to the fullest extent and in the most economic manner and the expense of giving security and legal costs on application to the Court are avoided.
- (3) When the patient is discharged from hospital, the balance of the estate will be returned to him (or her).
- (4) Regulation 13 of The Mental Hospitals Act states that "the minimum rate for which a patient, or his estate, or the person liable for his maintenance, shall be liable in the general wards of any institution, except the Ontario Hospital, Whitby, and the Ontario Hospital, Woodstock, shall be \$7.00 per week, and for the Ontario Hospital, Whitby, and the Ontario Hospital, Woodstock, shall be \$10.50 per week, and in cases where the patient's condition requires special care and treatment such further charges may be made as the superintendent may determine. Such rate shall not include clothing and the cost of clothing shall be an additional charge upon the patient, or his estate, or the person liable for maintenance."

1. Name of patient in full: [Redacted]

2. Residence: [Redacted]

(Street and number or lot and concession)

(Municipality)

(County or District)

Toronto Ont

3. Length of residence in this municipality: *Life*

4. Age of Patient: *Nov. 17/55*

5. If married, give the name and address of husband or wife: [Redacted]

6. If single, give the name and address of parent or responsible relative: [Redacted]

7. Give the names and ages of any dependents whom the patient has to support: *Toronto, Ont*

8. If the patient be single, state,

(a) Probable net income of parent or guardian: *\$3,000⁰⁰ per year*

(b) Number of his (or her) dependents: *wife +*

9. If the patient be a married woman, state,

(a) Income of her husband:

(b) Occupation of her husband:

(c) Husband's place of employment: [Redacted]

*5 (patient OH)
4 1/2
2 (patient)*

13.

PERSONAL ESTATE
CASH ON HAND AND IN BANK

Faint handwritten signature

- (a) Give name and address of person who is in possession of the cash:
- (b) What is the amount?
- (c) If deposited in a bank, give the name of the bank:
- (d) Where is bank located?
- (e) In whose possession is the bank book?
- (f) State the amount of the bank account:

howe

14.

STOCKS, BONDS, AND SIMILAR INVESTMENTS

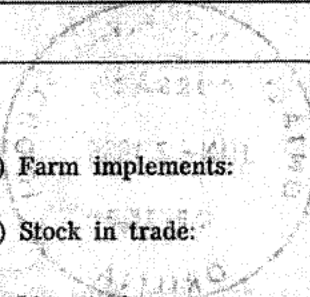
Faint handwritten signature

Name of Security	Par Value	In Whose Possession

PERSONAL PROPERTY
(Give Approximate Values)

Faint handwritten signature

- 15. (a) Farm implements:
- (b) Stock in trade:
- (c) Live stock:
- (d) Farm produce:
- (e) Other property (if any):



howe

16.

MONEYS SECURED BY MORTGAGE

Faint handwritten signature

- (a) Give the names and addresses of mortgagors who have borrowed money from the patient, setting out in detail separately each mortgage:
- (b) State in whose possession the mortgages are, and the address of such person:

17.

BOOK DEBTS AND PROMISSORY NOTES OWING TO PATIENT

Faint handwritten signature

- (a) Give the name and addresses of debtors:
- (b) State in whose possession the notes are, and the address of such person:



10.

REAL ESTATE

Patient

Give (1) the number of the lot, concession, township, and county, (2) the number of acres, (3) whether leased or freehold, (4) the name and address of mortgagee, if any, and (5) the market value of the property.

(a) Property of patient:

Mortgages or charges on same, if any:

(b) If patient be a married woman, state also property of husband:

Mortgages or charges on same, if any:

(c) Property of Parents:

nothing to report

Mortgages or charges on same, if any:

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

(a) Name of tenant:

(b) Particulars of tenancy, such as length and terms of lease:

(c) Is the lease in writing?

(d) If so, in whose possession is the document?

(e) Give the address of such person:

(f) To whom has the rent been paid?

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

12.

LIFE INSURANCE

Patient

Name of the Company or Society	Number of Policy	Amount of Insurance	In whose possession is the policy?	Who is named in the Policy as Beneficiary?
		<i>none</i>		

18.

LIABILITIES, IF ANY, OTHER THAN MORTGAGE DEBTS

Community Finance 113.⁰⁰ Personal Loans 1375.⁰⁰
 Household 240.⁰⁰
 Stos. for both Children 288.⁰⁰
 Albion Finance 188.⁵⁰
 Doctor Bills 125.⁰⁰

19.

MANAGEMENT OF THE PATIENT'S ESTATE

What suggestion do the relatives or friends make for the guidance of the Public Trustee?

20.

PAYMENT OF MAINTENANCE

(a) Name of person who will pay the maintenance charges: [REDACTED]

(b) Address: [REDACTED]

(c) Relationship to patient: FATHER.

(d) Rate of maintenance: \$3.50 per wk RD

clothing supplied.

This rate is set without prejudice to the right of the hospital to collect at any future time all arrears of maintenance from the date of admission at the rate authorized by the Regulations under The Mental Hospitals Act.



Bonds to come

[REDACTED]

Date

June 6 19 54

Father
(Relationship to patient)

The Bursar of the Hospital shall send one copy of this form to the Deputy Minister and one copy to the Public Trustee as soon as the patient is admitted, whether or not the patient has any estate.

[REDACTED]