

Block 7 - PSV 2

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

Between: AMACON DEVELOPMENT (CITY CENTRE) CORP. (the "Vendor") and

CLAIRE SCHWARZ (the "Purchaser")

Suite 2103 Tower TWO Unit 3 Level 20 (the "Unit")

It is hereby understood and agreed between the Vendor and the Purchaser that the following change(s) shall be made to the above-mentioned Agreement of Purchase and Sale, and except for such change(s) noted below, all other terms and conditions of the Agreement shall remain as stated therein, and time shall continue to be of the essence.

~~DELETE: FROM THE AGREEMENT OF PURCHASE AND SALE~~
N/A

INSERT: TO THE AGREEMENT OF PURCHASE AND SALE

The undersigned, Gary Schwarz (collectively, the "Purchaser")

DATE OF BIRTH: 1944/11/18

PASSPORT No: HD316096

SIN No:

CURRENT ADDRESS: 574 Trinity Church Rd, Hannon R2, ON, L0R 1P0

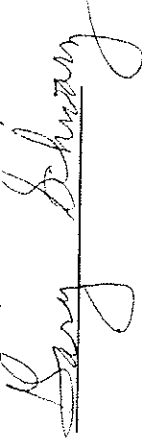
TELEPHONE: 905-308-4940

EMAIL: lepague@sourcecable.net

OCCUPATION: Retired

EMPLOYER: N/A

(Relationship to original purchaser: Father)

Signature: 

The undersigned, Helen M Schwarz (collectively, the "Purchaser")

DATE OF BIRTH: 1946/05/26

DRIVER'S LICENCE: S1570-32264-65526

SIN No:

CURRENT ADDRESS: 574 Trinity Church Rd, Hannon R2, ON, L0R 1P0

TELEPHONE: 289-756-4622

EMAIL: lepague@sourcecable.net

OCCUPATION: Retired

EMPLOYER: N/A

(Relationship to original purchaser: Mother)

Signature: 

Dated at Mississauga, Ontario this 29 day of March 2018.

SIGNED, SEALED AND DELIVERED

In the Presence of:

Witness


Purchaser - CLAIRE SCHWARZ

Accepted at Toronto this 3 day of April 2018.

AMACON DEVELOPMENT (CITY CENTRE) CORP.

Per: 

Authorized Signing Officer

I have the authority to bind the Corporation.

ENDORSEMENTS AND LIMITATIONS

ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

SEE OBSERVATIONS BEGINNING ON PAGE 5 (IF APPLICABLE)

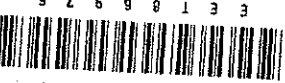
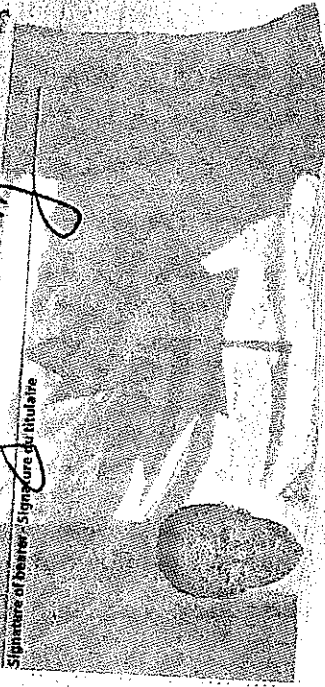
MENTIONS ET RESTRICTIONS

MENTIONS ET RESTRICTIONS
Ce passeport est valable pour tous les pays
sauf indication contraire. Le titulaire doit
se conformer aux formalités relatives aux
visas ou aux autres formalités d'entrée
des pays où il a l'intention de se rendre.

**VOIR LES OBSERVATIONS DE BUTANT A
LA PAGE 5 (LE CAS ÉCHEANT)**

Larry Schwartz
of heart. Signature of Hildegarde

Signature of bearer - Signature du titulaire



FD 316096

PASSEPORT
PASSEPORT

CANADA



Type/Type	Issuing Country/Pays émetteur
P	CAN

P	Summa/Norm	CAN
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
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100	100	100

SCHWARZ
Glynn H. Schwarz

GARY

WILLIAMSON

CANADIAN/CANADIENNE

DATE OF BIRTH DATE OF RESIDENCE
18 NOV / NOV

Sex/Some Place of birth/4

M. HAMILTON CAN

Date of Issue/Date de l'émission

130/130 10

01 OCT 1967

02 1201 1500

GATLINEAU

20

Passport No./N° de passeport
HD316096

9 7 6 9 8 7 6
1 1 4 0

P<CANSCHWARZ<<GARY<<<<<<<<<<<<<<<<<<<<<<<
HD316096<7CAN4411189M2010016<<<<<<<<<<<<<<<00

100



Driver's Licence

Permis de conduire

ON

CANADA



1 NAME/ NOM
SCHWARZ,
HELEN M

2 ADDRESS
574 TRINITY CHURCH RD
HANNON R2, ON, L0R 1P0

3 NUMBER/
NUMERO
S1570 - 32264 - 65526

4A ISS/ DEL
2014/05/16

4B EXP/ EXP
2019/05/26

5 DO/ REF
CX3698841

6 HGT/ HAUT
160 cm

7 SEX/ SEXE
F

8 CLASS/
CATEG
G

9 REST/
COND

10 SIGNATURE
Helen M. Schwarz

11 EXPIRATION
19-05-26

Individual Identification Information Record

NOTE: An Individual Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate. It is recommended that the Individual Identification Information Record be completed

- (i) for a buyer when the offer is submitted and/or a deposit made, and
- (ii) for a seller when the seller accepts the offer

Transaction Property Address: 2403 St. Julien Place, Mississauga, L7B 0K7

Sales Representative/Broker Name: Mattia D'Amico

Date Information Verified/Credit File Consulted: March 29th, 2017

A. Verification of Individual

NOTE: One of Section A.1, A.2, or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller). Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatory to verify the identity of an individual, see procedure described in CREA's materials on REALTOR Link®.

1. Full legal name of individual: Helen M. Schwartz

2. Address: 374 Trinity Church Rd., Newman, R2, ON, L0R 1P0

3. Date of Birth: 10/01/1926

4. Nature of Principal Business or Occupation: Retired

A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual's identity by comparing the individual to their photo ID. The individual must be physically present.

1. Type of Identification Document: Driver's License

2. Document Identifier Number: 3A-10-382267-6-15-86

3. Issuing Jurisdiction: Ontario

4. Document Expiry Date: 2015/05/26

Country: CAN

A.2 Credit File

Ascertain the individual's identity by comparing the individual's name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual's identity. The individual does not need to be physically present.

- 1. Name of Canadian Credit Bureau Holding the Credit File:
- 2. Reference Number of Credit File:

A.3 Dual ID Process Method

- 1. Complete two of the following three checkboxes by ascertaining the individual's identity by referring to information in two independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). Any document must be an original paper or original electronic document (e.g., the individual can email you electronic documents downloaded from a website). Documents cannot be photocopied, faxed or digitally scanned. The individual does not need to be physically present.

- ☐ Verify the individual's name and date of birth by referring to a document or source containing the individual's name and date of birth*
 - ☐ Name of Source:
 - ☐ Account Number**

* Must be valid and not expired. Must be recent (no expiry date)

- ☐ Verify the individual's name and address by referring to a document or source containing the individual's name and address*
 - ☐ Name of Source:
 - ☐ Account Number**

* Must be valid and not expired. Must be recent (no expiry date)

- ☐ Verify the individuals' name and confirm a financial account*
 - ☐ Name of Source:
 - ☐ Financial Account Type:
 - ☐ Account Number**

** See CREA's FINTRAC materials on REALTOR Link® for examples.

** Or reference number if there is no account number.

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WFE 0105/01 April 2011

Individual Identification Information Record

A.4 Unrepresented Individual Reasonable Measures Record (if applicable)

Only complete this section when you are unable to ascertain the identity of an unrepresented individual

- Measures taken to Ascertain Identity (check one)
 - ☐ Asked unrepresented individual for information to ascertain their identity
 - ☐ Other, explain: _____

Date on which above measures taken: _____

2. Reason why measures were taken (check one):

- ☐ Asked unrepresented individual for information to ascertain their identity
- ☐ Other, explain: _____

B. Verification of Third Parties

NOTE: Only complete Section B for your clients. Complete this section of the form to indicate whether a client is acting on behalf of a third party. Either B.1 or B.2 must be completed.

B.1 Third Party Reasonable Measures

Where you cannot determine whether there is a third party, complete this section is the transaction being conducted on behalf of a third party according to the client? (check one)

- ☐ Yes
- ☐ No

Measures taken (check one):

☒ Asked if client was acting on behalf of a third party

☐ Other, explain: _____

Date on which above measures taken: _____

Reason why measures were unsuccessful (check one):

- ☐ Client did not provide information
- ☐ Other, explain: _____

Indicate whether there are any other grounds to suspect a third party (check one):

- ☐ No
- ☐ Yes, explain: _____

B.2 Third Party Record

Where there is a third party, complete this section.

- Name of third party: _____
- Address: _____

3. Date of Birth: _____

4. Nature of Principal Business or Occupation: _____

5. Incorporation number and place of issue (if applicable): _____

6. Relationship between third party and client: _____



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WEB Form 94 April 2017

Individual Identification Information Record

NOTE: Only complete Sections C and D for your clients.

C. Client Risk

(ask your Compliance Officer if this section is applicable)

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below.

Low Risk

- ☒ Canadian Citizen or Resident Physically Present
- ☐ Canadian Citizen or Resident Not Physically Present
- ☐ Canadian Citizen or Resident - High Crime Area - No Other Higher Risk Factors Evident
- ☐ Foreign Citizen or Resident that does not Operate in a High Risk Country (physically present or not)
- ☐ Other, explain:

Medium Risk

- ☐ Explain:

High Risk

- ☐ Foreign Citizen or Resident that operates in a High Risk Country (physically present or not)
- ☐ Other, explain:

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.



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VFR Form 900 April 2017

Individual Identification Information Record

D. Business Relationship

(ask your Compliance Officer when this section is applicable)

D.1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of:

- ☒ Residential property
- ☐ Commercial property
- ☐ Other, please specify: _____
- ☐ Residential property for income purposes
- ☐ Land for Commercial Use

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

D.2.1. Ask the Client if their name, address or principal business or occupation has changed and if it has include the updated information on page one.

D.2.2 Keep all relevant correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - if you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied.

D.3 Suspicious Transactions

Don't forget, if you see something suspicious during the transaction report it to your Compliance Officer. Consult your policies and procedures manual for more information.

to your Compliance Officer. Consult your policies and



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WEB Form 99 April 2017

Individual Identification Information Record

NOTE: An Individual Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate.

- (i) for a buyer when the offer is submitted and/or a deposit made; and
- (ii) for a seller when the seller accepts the offer

Transaction Property Address: 2103-510 Laurier Place #115-1150, 1st fl. W. 1st fl.

Sales Representative/Broker Name: Inception Realty

Date Information Verified/Credit File Consulted: March 24th, 2017

A. Verification of Individual

NOTE: One of Section A.1, A.2, or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller). Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC. If there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity, where you are using an agent or mandatory to verify the identity of an individual, see procedure described in CREA's materials on REALTOR Link®.

1. Full legal name of individual: Gary Schmalz

2. Address: 834 Emily Church Rd., Hamman, B.C. V2S 1P0

3. Date of Birth: 1944-11-11

4. Nature of Principal Business or Occupation: Retired

A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual's identity by comparing the individual to their photo ID. The individual must be physically present.

1. Type of Identification Document: Passport

2. Document Identifier Number: H3371536

3. Issuing Jurisdiction: British Columbia

4. Document Expiry Date: 2020-10-10

A.2 Credit File

Ascertain the individual's identity by comparing the individual's name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual's identity. The individual does not need to be physically present.

- 1. Name of Canadian Credit Bureau Holding the Credit File:
- 2. Reference Number of Credit File:

A.3 Dual ID Process Method

1. Complete two of the following three checkboxes by ascertaining the individual's identity by referring to information in two independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). Any document must be an original paper or original electronic document (e.g., the individual can email you electronic documents downloaded from a website). Documents cannot be photocopied, faxed or digitally scanned. The individual does not need to be physically present.

- ☐ Verify the individual's name and date of birth by referring to a document or source containing the individual's name and date of birth:
 - ☐ Name of Source:
 - ☐ Account Number**
- ☐ Verify the individual's name and address by referring to a document or source containing the individual's name and date of birth:
 - ☐ Name of Source:
 - ☐ Account Number**
- ☐ Verify the individual's name and confirm a financial account:
 - ☐ Name of Source:
 - ☐ Financial Account Type:
 - ☐ Account Number**

** See CREA's FINTRAC materials on REALTOR Link® for examples. ** Or reference number if there is no account number



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Individual Identification Information Record

A.4 Unrepresented Individual Reasonable Measures Record (if applicable)

Only complete this section when you are unable to ascertain the identity of an unrepresented individual.

1. Measures taken to Ascertain Identity (check one):
- ☐ Asked unrepresented individual for information to ascertain their identity
 - ☐ Other, explain: _____

Date on which above measures taken: _____

2. Reason why measures were taken (check one):

- ☐ Asked unrepresented individual for information to ascertain their identity
- ☐ Other, explain: _____

B. Verification of Third Parties

NOTE: Only complete Section B for your clients. Complete this section of the form to indicate whether a client is acting on behalf of a third party. Either B.1 or B.2 must be completed.

B.1 Third Party Reasonable Measures

Where you cannot determine whether there is a third party, complete this section

Is the transaction being conducted on behalf of a third party according to the client? (check one)

- ☐ Yes
- ☒ No

Measures taken (check one):

- ☒ Asked if client was acting on behalf of a third party
- ☐ Other, explain: _____

Date on which above measures taken: _____

Reason why measures were unsuccessful (check one):

- ☐ Client did not provide information
- ☐ Other, explain: _____

Indicate whether there are any other grounds to suspect a third party (check one):

- ☐ No
- ☐ Yes, explain: _____

B.2 Third Party Record

Where there is a third party, complete this section.

1. Name of third party: _____

2. Address: _____

3. Date of Birth: _____

4. Nature of Principal Business or Occupation: _____

5. Incorporation number and place of issue (if applicable): _____

6. Relationship between third party and client: _____



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WEHI turns 50 April 2017

Individual Identification Information Record

NOTE: Only complete Sections C and D for your clients.

C. Client Risk (ask your Compliance Officer if this section is applicable)

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

Low Risk

- ☒ Canadian Citizen or Resident Physically Present
- ☐ Canadian Citizen or Resident Not Physically Present
- ☐ Canadian Citizen or Resident - High Crime Area - No Other Higher Risk Factors Evident
- ☐ Foreign Citizen or Resident that does not Operate in a High Risk Country (physically present or not)
- ☐ Other, explain:

Medium Risk

☐ Explain:

High Risk

- ☐ Foreign Citizen or Resident that operates in a High Risk Country (physically present or not)
- ☐ Other, explain:

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.



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VERIFIED April 2017

Individual Identification Information Record

D. Business Relationship

(ask your Compliance Officer when this section is applicable)

D.1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of:

- ☒ Residential property
- ☐ Commercial property
- ☐ Residential property for income purposes
- ☐ Land for Commercial Use

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

D.2.1. Ask the Client if their name, address or principal business or occupation has changed and if it has include the updated information on page one.

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D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

D.3 Suspicious Transactions

Don't forget, if you see something suspicious during the transaction report it to your Compliance Officer. Consult your policies and procedures manual for more information.



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