

LEGACY PROGRAM - LETTER OF DIRECTION

With respect to the dental practice _____, and associated property of the practice (if owned by the practice owner), of Dr. _____:

May this document serve as good and sufficient notice to my family, power of attorney, executors, and lawyer that, in the event my death, disability, or critical illness which renders me unable to operate my dental practice, I hereby instruct Dr. Sean Robertson and The Dental Broker Team to arrange for the immediate appraisal and sale of my dental practice and associated property (if owned by the practice owner) located at _____.

The appraisal, sale, and operations of my dental practice and business property (if owned by the practice owner) will be performed by Dr. Sean Robertson of The Dental Broker Team, Dental Practice Appraisal Firm and affiliated Coldwell Banker Burnhill Realty Brokerage, located at 514 Guelph Line, Burlington, ON, L7R 3M4, 905-639-3363 and will be done so at their usual fees and in their customary manner.

This Agreement supersedes all prior or contemporaneous negotiations, commitments, agreements (written or oral) and writings between Dr. _____ and Consultants with respect to the subject matter hereof. All such other negotiations, commitments, agreements and writings will have no further force or effect, and the parties to any such other negotiation; commitment, agreement or writing will have no further rights or obligations there under.

The Dental Broker Team will make their best efforts to arrange for a suitable Locum or Associate to provide clinical care in my dental practice from the time of my incapacitation until the closing of practice sale. It is intended that the Locum or Associate will be contracted by means of a contractual agreement, which is to include a provision for non-competition and non-solicitation for the protection of my practice goodwill.

I hereby instruct The Dental Broker Team and Coldwell Banker Burnhill Realty Ltd. to proceed with a practice valuation in the most efficient manner possible should I become incapacitated and request that my family, Executors, Powers of Attorney, Accountant, Bookkeeper, Lawyer, and Bank provide all relevant information as requested by Dr. Sean Robertson and The Dental Broker Team upon request.

I, Dr. _____, agree to provide a copy of this agreement to be kept with my will and another copy to be sent to my lawyer. I have been advised to discard prior written agreements and indicate to the parties involved of my intentions indicated herein.

Signed this _____ day of _____ (month), _____ (year).

Full Legal Name: _____

Corporation(s): _____

Signature: _____

Witness Name: _____

Witness Signature: _____

On Behalf of The Dental Broker Team and Coldwell Banker Burnhill Realty, Ltd.,

Dr. Sean Robertson BHSc, DDS
Partner, The Dental Broker Team

Mr. Michael Griffith MBA, Hons.B.Comm
Partner, The Dental Broker Team
Broker of Record