

Continuing Power of Attorney for Property

(Made in accordance with the [Substitute Decisions Act, 1992](#))

NOTE: This form must be printed and signed to be valid.

1. I, _____ revoke any previous continuing power of attorney
(Print or type your full name here.)

for property made by me and **APPOINT:**

(Print or type the name of the person or persons you appoint here.)

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words "[jointly and severally](#)" here: (This may be left blank.)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the court, I **SUBSTITUTE** (This may be left blank.)

to act as my attorney for property with the same authority as the person they are replacing.

4. I AUTHORIZE my attorney(s) for property to do on my behalf anything in respect of property that I could do if capable of managing property, except make a Will, subject to the law and to any conditions or restrictions contained in this document. I confirm that he/she may do so even if I am mentally incapable.

5. CONDITIONS AND RESTRICTIONS

Attach, sign, and date additional pages if required. (This part may be left blank.)

6. DATE OF EFFECTIVENESS

Unless otherwise stated in this document, this continuing power of attorney will come into effect on the date it is signed and witnessed.

7. COMPENSATION

Unless otherwise stated in this document, I authorize my attorney(s) to take annual compensation from my property in accordance with the fee scale prescribed by regulation for the compensation of attorneys for property made pursuant to Section 40 of the [Substitute Decisions Act, 1992](#).

8. SIGNATURE:

(Sign your name here, in the presence of two witnesses.)

DATE (YYYY/MM/DD): _____

ADDRESS: _____
(Insert your full current address here.)

9. WITNESS SIGNATURES

Note: The following people cannot be witnesses: the attorney or their spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as their child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.

Witness #1:

Signature: _____

Print Name: _____

Address: _____

Date (yyyy/mm/dd): _____

Witness #2:

Signature: _____

Print Name: _____

Address: _____

Date (yyyy/mm/dd): _____

Power of Attorney for Personal Care

(Made in accordance with the [Substitute Decisions Act, 1992](#))

NOTE: This form must be printed and signed to be valid.

1. I, _____ revoke any
(Print or type your full name here)
previous power of attorney for personal care made by me and

APPOINT: _____

(Print or type the name of the person or persons you appoint here)

to be my attorney(s) for personal care in accordance with the [Substitute Decisions Act, 1992](#).

[Note: A person who provides health care, residential, social, training, or support services to the person giving this power of attorney for compensation may not act as their attorney unless that person is also their spouse, partner, or relative.]

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words "[jointly and severally](#)" here:

(This may be left blank.)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the Court, I [SUBSTITUTE](#):

(This may be left blank.)

to act as my attorney for personal care in the same manner and subject to the same authority as the person they are replacing.

4. I give my attorney(s) the AUTHORITY to make any personal care decision for me that I am mentally [incapable](#) of making for myself, including the giving or refusing of consent to any matter to which the *Health Care Consent Act, 1996*, applies, subject to the [Substitute Decisions Act, 1992](#), and any instructions, conditions or restrictions contained in this form.

5. INSTRUCTIONS, CONDITIONS AND RESTRICTIONS

Attach, sign, and date additional pages if required. (This part may be left blank.)

6. YOUR SIGNATURE

SIGNATURE: _____
(Sign your name here, in the presence of two witnesses.)

DATE (YYYY/MM/DD) : _____

ADDRESS: _____
(Insert your full current address here.)

7. WITNESS SIGNATURES

Note: The following people cannot be witnesses: the attorney or their spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as their child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.]

Witness #1: Signature: _____

Print Name: _____

Address: _____

Date (yyyy/mm/dd): _____

Witness #2: Signature: _____

Print Name: _____

Address: _____

Date (yyyy/mm/dd): _____