

Your **Full** Legal Name: \_\_\_\_\_

Your Address / Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's **Full** Legal Name: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Attorney's Address / Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Attorney's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Alternate Attorney's Address/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Will this PoA be used for dealing with Real Estate Property through the Land Titles Office?  Yes  No

Have you signed a Mutual Will, Cohabitation, Marriage or Separation Agreement?  Yes  No

Does your Power of Attorney need to be a "Springing" Power of Attorney? (become activated on the occurrence of an event like the onset of dementia or Alzheimer's?)  Yes  No

Does your PoA need to be become activated on the request of your family Physician?  Yes  No

Have you signed a Mutual Will, Cohabitation, Marriage or Separation Agreement?  Yes  No

I will keep my PoA  at home in a fire proof box; or  in a safety deposit box located at: \_\_\_\_\_

Please discuss:  Wills  Living Wills (withholding life-sustaining efforts)

**Capacity:** Does the client understand:

(a) the property the adult has and its approximate value;  Yes  No

(b) the obligations the adult owes to his or her dependants;  Yes  No

(c) that the adult's attorney will be able to do on the adult's behalf anything in respect of the adult's financial affairs that the adult could do if capable, except make a will, subject to the conditions and restrictions set out in the enduring power of attorney;  Yes  No

(d) unless the attorney manages the adult's assets prudently, their value may decline;  Yes  No

(e) that the attorney might misuse the attorney's authority;  Yes  No

(f) that the adult may, if capable, revoke the enduring power of attorney;  Yes  No

(g) Is judgement influenced by any particular ideas?  Yes  No

(h) Is there undue influence (Presence of an Attorney)?  Yes  No

Information as provided by us is certified to be accurate: **Fee Quoted:** \_\_\_\_\_ **Retainer paid:** \_\_\_\_\_

81 82 83 84 85 86 87 88 99

Donor 1

Donor 2