

ENDURING POWER OF ATTORNEY

Pursuant to Part 2 of the *Power of Attorney Act*

1. This Enduring Power of Attorney is given by:

_____ *Full Legal Name of Adult*

of _____ *Address of Adult*

2. Revocation of Previous Enduring Powers of Attorney.

I revoke all previous Enduring Powers of Attorney made by me.

[Note: *Revocation is only effective upon written notice being given to all Attorneys named in the enduring power of Attorney that is to be revoked, or on a later date stated in the notice.*]

3. Appointment of Attorney(s)

(Choose one)

I name the following person to be my Attorney in accordance with Part 2 of the *Power of Attorney Act*:

_____ *Full Legal Name of Attorney*

of _____ *Address of Attorney*

OR

I name the following persons to be my Attorneys in accordance with Part 2 of the *Power of Attorney Act*:

_____ *Full Legal Name of Attorney*

of _____ *Address of Attorney*

AND

_____ *Full Legal Name of Attorney*

of _____ *Address of Attorney*

[You may appoint two or more persons.]

4. [Complete the following if you have named two or more Attorneys.]

(Choose one)

My Attorneys must act:

Unanimously *[Attorneys must act together]*

Severally *[Attorneys can act separately]*

DRAFT

(Optional)

5. Alternate Attorney

If my Attorney [, or any one of them,] [include if more than one Attorney is named] is unwilling to act, dies or is for any other reason unable to act, then I appoint:

_____ *Full Legal Name of Alternate*

of _____ *Address of Alternate*

to be my Alternate Attorney and if so acting has all the authority granted to my Attorney in this Enduring Power of Attorney.

6. Authority

I authorize my Attorney to do anything on my behalf that I may lawfully do by an agent in relation to my financial affairs.

7. Continued Authority

My Attorney may exercise authority while I am capable of making decisions about my financial affairs and this authority continues despite my incapability to make decisions about my financial affairs.

(Optional)

8. Conditions and Restrictions

The authority given to my Attorney is subject to the following conditions or restrictions:

(Optional)

9. Directions to Attorney

The following directions are given to my Attorney:

10. Compensation

My Attorney is not to be compensated for acting as my Attorney.

11. This Enduring Power of Attorney is effective on the date by which it has been signed both by me (the Adult) and by the Attorney.

12. Signatures of Adults and Witnesses

Adult's Signature *Date*

The following persons may not be a witness:

- A person named as an attorney;
- A spouse, child or parent or a person named as an attorney;
- Except in the case of the Public Guardian and Trustee or a financial institution, an employee or agent, of a person named as an attorney;
- A person who is under 19 years of age; and
- A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.

Note: Only one witness is required if the witness is a lawyer or notary public.

Witness No. 1

(Witness No. 1 must sign in the presence of the Adult and Witness No. 2):

Signature

Name

Address

Date

Witness No. 2

(Witness No. 2 must sign in the presence of the Adult and Witness No.1):

Signature

Name

Address

Date

Attorney No. 1

Attorney's Signature

Date

Witness No. 1

(Witness No. 1 must sign in the presence of the Attorney and Witness No. 2):

Signature

Name

Address

Date

Witness No. 2

(Witness No. 2 must sign in the presence of the Attorney and Witness No. 1):

Signature

Name

Address

Date

CONSULTATION DRAFT

Attorney No. 2

[if more than one attorney is named]

Attorney's Signature

Date

Witness No. 1

(Witness No. 1 must sign in the presence of the Attorney and Witness No. 2):

Signature

Name

Address

Date

Witness No. 2

(Witness No. 2 must sign in the presence of the Attorney and Witness No. 1):

Signature

Name

Address

Date

CONSULTATION DRAFT

Alternate Attorney

Alternate Attorney's Signature

Date

Witness No. 1

(Witness No. 1 must sign in the presence of the Alternate Attorney and Witness No. 2):

Signature

Name

Address

Date

Witness No. 2

(Witness No. 2 must sign in the presence of the Alternate Attorney and Witness No.1):

Signature

Name

Address

Date

Notice to Witnesses

If you have reason to believe that the adult is incapable of making, changing or revoking an Enduring Power of Attorney, or that fraud, undue pressure or some other form of abuse or neglect was used to induce an adult to make the Enduring Power of Attorney, or to change or revoke a previous Enduring Power of Attorney, you should not witness the Enduring Power of Attorney.

Note: In order for this Enduring Power of Attorney to be effective for the purposes of the Land Title Act, it must be executed and witnessed in accordance with the Land Title Act. If the Attorney will be required to deal with an interest in land or other real property, this section must be completed by a lawyer, notary public or other person before whom an affidavit may be sworn under the Evidence Act.

OFFICER SIGNATURE

EXECUTION DATE

DONOR'S SIGNATURE

Y	M	D
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ATTORNEY'S SIGNATURE

ALTERNATE ATTORNEY'S
SIGNATURE

Officer Certification:

Your signature constitutes a representation that you are a solicitor, notary public or other person authorized by the Evidence Act, R.S.B.C., 1996, c. 124, to take affidavits for use in British Columbia and certifies the matters set out in Part 5 of the Land Title Act as they pertain to the execution of this instrument.

CONSULTATION DRAFT