

# POWER OF ATTORNEY

By this agreement I, \_\_\_\_\_

APPOINT \_\_\_\_\_

my true and lawful attorney, for me and in my name and for my sole use and benefit to do on my behalf anything that I can otherwise lawfully do by an attorney, and without limiting the generality of the foregoing:

To purchase, rent, sell, exchange, mortgage, lease, surrender, and in every way deal with real estate, lands, and premises and any interest that I own or acquire after the effective date of this power of attorney, and execute and deliver any documents pertaining to the real estate;

To take possession of, lease, let, manage, and improve any real estate or any interest in real estate which I own or acquire after the effective date of this power of attorney, and from time to time appoint any agent to assist in managing the same, using the same power and discretion as I have if personally present;

To sell or mortgage real estate and land, and any shares, stocks, bonds, mortgages, and other securities for money, either together or in parcels, for a price by public auction, private sale, or contract as my attorney considers to be reasonable and expedient;

To execute, deliver, and acknowledge any documents and generally to deal with goods and other property and to transact all business required as my attorney sees fit, for any of the purposes mentioned here;

To deal with shares, stocks, bonds, debentures, and coupons and to vote those that have voting rights;

To negotiate with, deposit with, or transfer to any bank, any money and other negotiable notes and to endorse them on my behalf; and also to sign or endorse my name on any cheque, draft, or order for the payment of money, or to any bill of exchange or promissory note in which I have an interest; and to transact any business with the banks that may be necessary. Any bank may continue to deal with my attorney under this power until the manager or acting manager of the branch of the bank at which the account is kept receives written notice of revocation of this power of attorney. Until such notice has been given, the acts of the attorney with the bank will be binding on me;

To demand and receive from anyone all debts, in any form, which are or will be due to me;

To execute receipts and discharges of any debts owing to me when the debts have been paid;

If any person does not render a full account of the debt owing, to compel that person to do so, using all proceedings available under the law as my attorney thinks fit;

To examine and settle any account pending between me and any person;

And also for me and in my name, to enter into any agreement with any person to whom I am indebted, satisfying the debt; and generally to act as I myself could do if personally present;

To accept partial payment in satisfaction for the payment of the whole of any debt payable to me or to grant an extension of time for the payment or otherwise to act as my attorney believes most expedient;

If any dispute arises concerning any of the matters in this power of attorney, to take the dispute to arbitration, as my attorney thinks fit, and to sign any documents for this purpose;

And also to invest or deal with any money which may be received as my attorney sees fit and in particular to buy real estate, stocks, and bonds;

And to have access to deposit and remove any documents or articles which may be in any safety deposit box I have, in any institution;

This power of attorney is subject to the following conditions and restrictions:

*[insert conditions and restrictions here]*

## Regarding Incapacity:

### Alberta

In accordance with s.2 of the Powers of Attorney Act of **Alberta**, I declare that the authority of my attorney under the power of attorney —

(a) is to continue notwithstanding any mental incapacity or infirmity on my part that occurs after the execution of the power of attorney.

OR

(b) is to take effect on my mental incapacity or infirmity.

Choose (a)  
or (b) and  
delete the  
other

### British Columbia, Manitoba, Saskatchewan

And, in accordance with s.8 of the Power of Attorney Act of **British Columbia** and s.10 of the Powers of Attorney Act of **Manitoba** and s.3 of the Power of Attorney Act of **Saskatchewan**, I declare that the authority of my attorney under this power of attorney will continue notwithstanding any subsequent mental infirmity on my part.

### New Brunswick

And, in accordance with s.58.2 of the Property Act of **New Brunswick**, I declare that the authority of my attorney under this power of attorney will continue notwithstanding any subsequent mental incompetence on my part

### Nova Scotia, Newfoundland

And, in accordance with s.3 of the Powers of Attorney Act of **Nova Scotia** and s.3 of the Enduring Powers of Attorney Act of **Newfoundland**, I declare that the authority of my attorney under this power of attorney may be exercised notwithstanding any subsequent legal incapacity on my part.

### Ontario

And, in accordance with s.7(1) of the Substitute Decisions Act of **Ontario**, I declare that this power of attorney may be exercised during any subsequent legal incapacity on my part. This indicates my intention that this document will be a continuing power of attorney for property under the Substitute Decisions Act, 1992, and may be used during my incapacity to manage property. I declare that, after due consideration, I am satisfied that the authority conferred on my attorney(s) named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act of Ontario.

### Prince Edward Island

And, in accordance with the Powers of Attorney Act of **Prince Edward Island**, I declare that this power of attorney may be exercised during any subsequent legal incapacity on my part. \*

I revoke any powers of attorney I have previously given.

I grant full power to my attorney to substitute and appoint one or more attorney(s) under him or her with the same or more limited powers, and in his or her discretion to remove this substitute.

I authorize that my attorney is to be completely indemnified against all claims, actions, and costs which may arise in connection with the exercise of this power of attorney and the administration of my estate undertaken by him or her in good faith.



## INSTRUCTIONS FOR THIS POWER OF ATTORNEY FORM

Note: Although, in some cases you may only need one witness and you may not be required to initial each page for the POA to be valid, it is better to fulfill all possible requirements than to have the form rejected for a minor reason. Therefore, it is recommended that you meet the most stringent requirements as a general rule.

Note also that this is a very broad ranging Power of Attorney and covers the need for a Continuing Power of Attorney as well as an Ordinary Power of Attorney.

### Word Format - Editable

1. Open this form in Word
2. If you wish, you can delete any section that does not apply to your situation.
3. Sign as indicated in the presence of two qualified witnesses.
4. Have your signature witnessed by two witnesses.
5. Date and initial each page and have the witnesses initial each page.
6. Have your document notarized if necessary.

### PDF Format - Print Only

1. PDF Documents can be printed and filled out by hand. They are not fillable at this time.
2. After completing, follow numbers 3 to 6 above.

Notwithstanding that every effort has been made to assure the accuracy of this document, the organization presenting this material takes no responsibility for the outcome of any application of the materials or principles supplied.

It is always better to have legal documents prepared by or at least checked by a competent lawyer.