

# ENDURING POWER OF ATTORNEY

I, \_\_\_\_\_ of the \_\_\_\_\_  
(City, Municipality, Town, District)  
of \_\_\_\_\_, state:

1. I REVOKE all former Enduring Powers of Attorney previously given by me.

2. I APPOINT \_\_\_\_\_ of the \_\_\_\_\_ of  
(City, Municipality, Town, District)  
\_\_\_\_\_ in the Province/Territory of \_\_\_\_\_ to be my attorney.

BUT IF my said attorney should refuse to act, predecease me, or die within a period  
of \_\_\_\_\_ days following my death, THEN I APPOINT \_\_\_\_\_  
of the \_\_\_\_\_ of \_\_\_\_\_ in the  
(City, Municipality, Town, District)  
Province/Territory of \_\_\_\_\_ to be my attorney.

3. This power of attorney will be EFFECTIVE UPON \_\_\_\_\_,  
subject to the written declaration of \_\_\_\_\_.

4. My attorney has the POWER TO carry out the following:

5. My attorney is RESTRICTED FROM the following:

6. My attorney shall RECEIVE PAYMENT on the following terms:

7. IF this Enduring Power of Attorney is the cause of any disagreement, my attorney may:

Dated at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ in 200\_\_\_\_\_

Signed \_\_\_\_\_

Name of Witness (print) \_\_\_\_\_

Signature of Witness \_\_\_\_\_