

Continuing Power of Attorney for PROPERTY QUESTIONNAIRE

Please Read this Section Carefully

To make a valid power of attorney, you must be 18 years of age or more and “mentally capable” of giving a continuing power of attorney for property. You should:

- ✓ know what property you have and its approximate value
- ✓ be aware of your obligations to those people who depend on you financially
- ✓ know what your attorney has the authority to do
- ✓ know that your attorney must account for all the decisions he or she makes about your property
- ✓ know that, if you are capable, you may cancel your power of attorney
- ✓ understand that unless your attorney manages the property prudently, its value may decline
- ✓ understand that there is always the possibility that your attorney could misuse the authority.

Your Full Name: _____

Address: _____

Date of Birth: Day _____ Month _____ Year _____

Telephone: Home: _____ Work: _____

The person you appoint could have significant power over your finances. When deciding who to appoint, consider whether the person is someone you know well, is someone you trust completely, is concerned only with your best interests, and has good judgement and financial management skills. Your attorney must be 18 years of age or more.

Power of Attorney to be granted to (Please print):

Name: _____ Age _____

Address: _____

2nd Attorney (OPTIONAL): _____ Age _____

Address: _____

If you appoint more than one attorney, *your attorneys will be required to make every decision together all the time*, unless you instruct that they may act “jointly and severally”. In other words, they may act together and separately, so if one attorney is unavailable, the other would be able to act.

IMPORTANT: If you have named more than one attorney, do you want them to have the authority to make decisions together AND separately from one another, i.e. jointly and severally? Yes No

Your appointed attorney may not be willing or able to act on your behalf because of refusal, resignation, death, mental incapacity or removal by the court. Your substitute attorney will have the same authority and powers as the attorney he or she replaces.

Substitute Attorney

Name: _____ Age _____

Address: _____

The law allows you to limit your attorney’s authority. For example, you may limit your attorney to transactions concerning specific assets, such as your bank accounts, or prohibit him or her from dealing with a particular piece of property.

Conditions and Restrictions.(OPTIONAL)

You *may* put conditions and restrictions on your power of attorney if you wish. However, *you are not required* to put anything in this section.

THINK CAREFULLY before you limit the scope of your attorney’s authority. If your attorney does not have full authority, it may be necessary for your attorney or someone else to be appointed as your guardian in order to manage the balance of your property.

This document will give your attorney legal authority as soon as it is signed and witnessed unless you specify otherwise in this form. This does not prevent you from looking after your own affairs while you are still capable of doing so.

DATE OF EFFECTIVENESS

Upon signing Yes No

If No, upon incapacity determined by a medical doctor.

Please note that acting as an attorney under a Continuing Power of Attorney for Property for an incapable person can involve considerable time and effort. In recognition of the time spent and the care taken to manage an incapable person’s property, Ontario laws provide that compensation (or an allowance) may be payable to your attorney.

COMPENSATION

Do you wish for your attorney to receive compensation for any work done on your behalf? Yes No

BEFORE YOU SIGN, be sure that:

1. You understand the authority your attorney may have;
2. You trust your attorney to act responsibly and follow any instructions you may provide
3. You are giving this power of attorney of your own free will.
4. You have carefully considered advice you may have received from trusted advisors.

Power of Attorney for PERSONAL CARE QUESTIONNAIRE

Please Read this Section Carefully

The *Substitute Decisions Act* allows you to appoint someone you trust, in advance, to make decisions for you if you become mentally incapable. If you decide to appoint an attorney for personal care, it is important that you do so of your own free will, without pressure from anyone else. To appoint an attorney for personal care, **you must be 16 years of age or more** and have the mental ability to know whether your attorney truly cares about you and that he or she may make personal care decisions for you if necessary.

Certain people are NOT allowed to be your attorney. Do not appoint anyone who provides you with health care or residential, social, training, advocacy, or support services for compensation, unless that person is also your spouse, partner or relative.

Decisions about personal care involve things such as where you live, what your nutrition, and the kind of medical treatment you receive. Your attorney may become responsible for profoundly important decisions about your well-being and quality of life. The person you appoint should be someone you know very well and trust completely with your personal decisions. Your attorney must be 16 years of age or more.

You can name more than one person to be your attorney for personal care, however, you are **not required** to do so.

If you appoint more than one attorney, *your attorneys will be required to make every decision together all the time*, unless you instruct that they may act "jointly and severally". In other words, they may act together and separately, so if one attorney is unavailable, the other would be able to act.

Your appointed attorney may not be willing or able to act on your behalf because of refusal, resignation, death, mental incapacity or removal by the court. Your substitute attorney will have the same authority and powers as the attorney he or she replaces.

Your attorney will have the authority to make decisions about **any** category of your personal care if you are mentally incapable. Although you may limit your attorney(s) to specific categories of personal care by stating instructions, conditions and restrictions, think carefully before you do so. It may be necessary for the Court to appoint a guardian for a particular area if your attorney does not have the authority to decide for you.

You may have already completed an organization's form in which you recorded your choices about medical treatment. You may wish to attach it to your power of attorney. If so, please indicate this in the space provided.

Your Full Name: _____

Address: _____

Date of Birth: Day _____ Month _____ Year _____

Telephone: Home: _____ Work: _____

Power of Attorney to be granted to (Please print):

Name: _____ Age _____

Address: _____

2nd Attorney (OPTIONAL): _____ Age _____

Address: _____

IMPORTANT: If you have named more than one attorney, do you want them to have the authority to make decisions together AND separately from one another, i.e. jointly and severally? Yes No

Substitute Attorney

Name: _____ Age _____

Address: _____

Instructions, Conditions and Restrictions. (OPTIONAL)

You may, if you wish, give your attorney(s) instructions about specific decisions that you want made in certain circumstances. If you do not provide instructions, your attorney(s) will make decisions according to what he or she believes is in your best interest at the time. **One** type of instruction you can make concerns declining certain treatment, such as artificial life support, in the event of terminal illness. (Attach separate sheet if space below is insufficient.)

DATE OF EFFECTIVENESS: The Power of Attorney for Personal Care only becomes effective once you have been declared mentally incapable.

BEFORE YOU SIGN, be sure that:

1. You understand the authority your attorney may have;
2. You trust your attorney to act responsibly and follow any instructions you may provide
3. You are giving this power of attorney of your own free will.
4. You have carefully considered advice you may have received from trusted advisors.