

## Continuing Power of Attorney for Property

(Made in accordance with the Substitute Decisions Act, 1992)

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1. I, \_\_\_\_\_ revoke any previous continuing power of attorney  
(Print or type your full name here.)

for property made by me and **APPOINT:** \_\_\_\_\_

\_\_\_\_\_ to be my attorney(s) for property.  
(Print or type the name of the person or persons you appoint here.)

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words “jointly and severally” here: \_\_\_\_\_  
(This may be left blank.)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the court, **I SUBSTITUTE:** (This may be left blank.)

\_\_\_\_\_ to act as my attorney for property with the same authority as the person he or she is replacing.

4. I AUTHORIZE my attorney(s) for property to do on my behalf anything in respect of property that I could do if capable of managing property, except make a will, subject to the law and to any conditions or restrictions contained in this document. I confirm that he/she may do so even if I am mentally incapable.
5. **CONDITIONS AND RESTRICTIONS** Attach, sign, and date additional pages if required.  
(This part may be left blank.)

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6. **DATE OF EFFECTIVENESS**

Unless otherwise stated in this document, this continuing power of attorney will come into effect on the date it is signed and witnessed.

7. **COMPENSATION**

Unless otherwise stated in this document, I authorize my attorney(s) to take annual compensation from my property in accordance with the fee scale prescribed by regulation for the compensation of attorneys for property made pursuant to Section 90 of the *Substitute Decisions Act, 1992*.

8. **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Sign your name in the presence of two witnesses.)

**ADDRESS:** \_\_\_\_\_  
(Insert your full current address here.)

**9. WITNESS SIGNATURE**

*[Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.]*

**Witness #1:** *Signature:* \_\_\_\_\_ *Print Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Witness #2:** *Signature:* \_\_\_\_\_ *Print Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Date:* \_\_\_\_\_