

Test Mode

THIS PERSONAL DIRECTIVE is given by me, Robert Wallace, in accordance with and pursuant to the Personal Directives Act, R.S.A .2000, c. P-6.

1. REVOCATION

I hereby revoke any prior Personal Directive.

2. APPOINTMENT

I appoint my wife, Mary Wallace, as my Agent under this my Personal Directive.

3. POWERS

I authorize my Agent to do, on my behalf, any and all acts that an Agent may lawfully do.

My Agent shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in a court proceeding regarding personal care.

My Agent shall have the authority to receive all information and records regarding my personal care.

4. EFFECTIVE

This Personal Directive shall not have any effect unless and until I am incapable of managing personal care.

The written declarations of two (2) licensed and qualified medical practitioners that I am incapable of managing personal care shall serve as conclusive proof that I am incapable of managing personal care.

My Agent shall exercise the authority given in this Personal Directive during and despite my incapacity to manage personal care.

5. DECLARATIONS

I am at least eighteen (18) years old.

I have the capacity to make a Personal Directive.

I have read and understand the nature and effect of this Personal Directive.

I am making this Personal Directive freely and voluntarily.

Each person I have appointed as Agent is at least eighteen (18) years old.

Each person I have appointed as Agent is eligible to be an Agent under a Personal Directive.

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No person I have appointed as Agent is an undischarged bankrupt or has been convicted of a crime involving dishonesty for which they have not received a pardon.

No person I have appointed as Agent is a person whom I pay for health care or for residential, social, training or support services, unless they are relative of mine.

DRAFT

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IN WITNESS WHEREOF I have signed this, my Personal Directive, consisting of this and preceding pages of paper,

at _____, _____, on _____, _____.
city or town province or territory month date year

SIGNED, PUBLISHED AND DECLARED

by Robert Wallace,

as their Personal Directive,

in the presence of both of us,

both present at the same time, who,

at their request, in their presence

and in the presence of each other, have

hereunto subscribed our names as witnesses.

ROBERT WALLACE

Witness (signature)

Name: _____

Occupation: _____

Address: _____
