

Test Mode

THIS POWER OF ATTORNEY FOR PERSONAL CARE is given by me, Daniel Smith, in accordance with and pursuant to the Substitute Decisions Act, S.O. 1992, c. 30.

1. REVOCATION

I hereby revoke any prior Power of Attorney for Personal Care.

2. APPOINTMENT

I appoint my daughter, Alexandra Smith, as my Attorney for Personal Care under this my Power of Attorney for Personal Care.

3. POWERS

I authorize my Attorney for Personal Care to do, on my behalf, any and all acts that an Attorney for Personal Care may lawfully do.

My Attorney for Personal Care 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 Attorney for Personal Care shall have the authority to receive all information and records regarding my personal care.

4. CONSENT TO TREATMENT

I authorize my Attorney for Personal Care, on my behalf, to give or refuse consent to treatment to which the Health Care Consent Act, 1996, S.O. 1996, c. 2, Sch. A, applies.

5. DECLARATIONS

I am at least eighteen (18) years old.

I have the capacity to make a Power of Attorney for Personal Care.

I have read and understand the nature and effect of this Power of Attorney for Personal Care.

I am making this Power of Attorney for Personal Care freely and voluntarily.

Each person I have appointed as Attorney for Personal Care is at least eighteen (18) years old.

Each person I have appointed as Attorney for Personal Care is eligible to be an Attorney for Personal Care under a Power of Attorney for Personal Care.

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

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

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IN WITNESS WHEREOF I have signed this, my Power of Attorney for Personal Care,
consisting of this and preceding pages of paper,

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

SIGNED, PUBLISHED AND DECLARED

by Daniel Smith,

as their Power of Attorney for Personal Care,

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.

DANIEL SMITH

Witness #1 (signature)

Name: _____

Occupation: _____

Address: _____

Witness #2 (signature)

Name: _____

Occupation: _____

Address: _____
