

## ENDURING POWER OF ATTORNEY

**THIS POWER OF ATTORNEY** is given by me, **[INSERT NAME OF DONOR]**, of the City/Town of \_\_\_\_\_, in the Province of Alberta.

1. *Revocation of Previous Powers of Attorney.* I REVOKE any previous powers of attorney granted by me.
2. *Applicable Law.* I make this Enduring Power of Attorney in accordance with the *Powers of Attorney Act* (Alberta).
3. *Appointment of Attorney(s).* I APPOINT my spouse, **[INSERT NAME OF SPOUSE]**, of \_\_\_\_\_, Alberta to be my Attorney. In the event of the death or refusal or inability of **[INSERT NAME OF SPOUSE]** to act or continue to act, I APPOINT **[INSERT NAME OF ALTERNATE ATTORNEY]**, of \_\_\_\_\_ *[insert place of residence]* to be my Attorney. Any person(s) acting as my Attorney may renounce their appointment at any time before this Enduring Power of Attorney comes into effect.
4. *Definitions.* In this Enduring Power of Attorney, the following terms shall have the following meanings:
  - (a) "Attorney" means the person(s) appointed by me in this document to act on my behalf, whether original or substituted, and includes my appointed Attorney, joint Attorneys, or joint and several Attorneys.
  - (b) "Full powers" means the general authority to perform all actions and do all things on my behalf, as fully as I could do if I were able to do so, that may lawfully be done by my Attorney. This power does not include the authority to write my will, or to maintain, educate, benefit and advance my spouse and dependent children.
  - (c) "Power" means the authority to act on my behalf and in my place for the purpose of holding and managing my property and financial affairs.
  - (d) "Spouse" means **[INSERT NAME OF SPOUSE]**, of \_\_\_\_\_, Alberta.
5. *Coming Into Effect.* This Power of Attorney shall not come into effect unless and until I am infirm or mentally incapable of making reasonable judgments about my property and financial affairs. *[NOTE: If you want the document to become effective immediately, strike this clause out.]*
6. *Powers to Endure.* The powers I give my Attorney in this document to take effect in the future, are to continue and are not to be revoked despite any incapacity I may suffer after signing this document. Unless revoked by me during my lifetime, this Enduring Power of Attorney terminates on my death.
7. *Revocation.* I may revoke this Enduring Power of Attorney at any time, in writing, as long as I have the capacity to do so.