

POWER OF ATTORNEY FOR PERSONAL CARE

THIS POWER OF ATTORNEY is given by me:

_____, [insert full name]
of _____ [insert street address]
_____, Ontario
Telephone Number(s): _____
Date of Birth: _____

BEING OVER 16 YEARS OF AGE, AND OF SOUND MIND.

1. *Revocation of Previous Powers of Attorney.* I REVOKE any previous Power of Attorney for Personal Care made by me.
2. *Applicable Law.* I make this Power of Attorney for Personal Care in accordance with the *Substitute Decisions Act, 1992*.
3. *Appointment of Attorney(s).* I APPOINT the following person(s) to be my attorney(s) for personal care:

Name of Attorney #1: _____

Address: _____

Phone Number: _____

AND [if you are appointing more than one attorney, name the second attorney below - otherwise, delete this part]

Name of Attorney #2: _____

Address: _____

Phone Number: _____

[If you have named more than one attorney, and you want them to have the authority to act separately, you must state that you want them to act jointly and severally. If you want them to act together, delete this sentence.]

I direct that my attorneys will have the authority to act jointly and severally.

[You do not have to name a substitute. If you do not wish to do so, delete the following paragraph.]

4. *Substitute Attorney.* In the event that the person(s) I have appointed, or any one of them, is unable or refuses to act as my attorney for any reason, I APPOINT the following person as my substitute attorney for personal care, with the same authority as the person s/he is replacing:

Name of Substitute: _____

Address: _____

Phone Number: _____

THIS IS A 5-PAGE DOCUMENT.